STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 50536 Based on observation, staff interview, resident interview, and review of the facility policy, the facility failed to provide residents with a dignified dining experience by serving resident meals on Styrofoam tableware and cups with plastic cutlery. This affected three (Residents #30, #42, and #73) of three residents observed for meal service and had the potential to affect all of the residents residing in the facility. The facility census was 74 residents. Findings include: Observation on 11/19/24 at 9:16 A.M. of random residents on the memory care unit revealed one resident who had a Styrofoam cup with a plastic spoon in it, a Styrofoam plate, and a Styrofoam bowl sitting on the table in front of her. No staff were seen in the vicinity at the time of this observation. Observation on 11/19/24 at 9:26 A.M. revealed a large box of three-compartment aluminum trays, and stacks of Styrofoam plates, cups and bowls in the tray line/meal preparation area of the kitchen. Interview on 11/19/24 at 9:26 A.M. with Dietary Coordinator (DC) 133 confirmed that the dish machine in the kitchen was the only dish machine in the facility and had been broken down for at least a month. DC #133 confirmed that the facility was using the three-sink hand washing protocol for washing dishes and had been using three-compartment aluminum trays with lids to plate and serve most of the resident meals. DC #133 confirmed that the facility was awaiting corporate approval of the bid submitted on 11/18/24 to an outside vendor to fix the dish machine. Interview on 11/19/24 at 9:35 A.M. with Certified Nursing Assistant (CNA) 229 confirmed some residents had found it hard to cut meat with plastic silverware. Interview on 11/19/24 at 9:41 A.M. with Resident #30 confirmed it was difficult to eat things like meat with plastic silverware. Interview on 11/19/24 at 9:47 A.M. with Resident #42 confirmed since his admission to the facility two weeks ago the food has been served on Styrofoam plates or aluminum trays with plastic cutlery. Interview on 11/19/24 at 9:51 A.M. with Resident #73 confirmed her eggs were served this morning in an aluminum tray with a lid and that she was unable to open the container on her own. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 11/19/24 at 10:09 A.M. with the Administrator confirmed the dish machine had been broken down since June 2024 of this year and was outside of the warranty date. The Administrator confirmed the facility had been using Styrofoam, aluminum, and plastic dinnerware and eating utensils for resident meals since the dish machine had broken down. Review of the facility policy titled Room Tray Service dated November 2017 revealed residents who were unable to come to the dining room or who preferred to eat in their own room should be provided with a meal to their room served on room trays, using glassware and china and/or dining ware. This deficiency represents noncompliance investigated under Complaint Number OH00159475.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 50536 Based on observation, staff interview, and review of the facility policy, the facility failed to ensure staff performed proper hand hygiene during meal service. This affected four (Residents #34, #35, #36, #37) of 44 residents residing on the Pleasantville Unit. The facility census was 74 residents. Findings include: Observation on 11/19/24 at 11:48 A.M. of meal service revealed Certified Nursing Assistant (CNA) #112 was wearing gloves while passing meal trays. CNA #112 delivered trays to Residents #34, #35, #36, and #37 in their rooms and did not remove gloves or perform hand hygiene between residents. Interview on 11/19/24 at 11:54 A.M. with Dietary Coordinator (DC) #133 confirmed that DC #133 was present and had participated in meal service on the Pleasantville Unit and had observed CNA #112 wearing the same pair of gloves throughout the tray pass on the Pleasantville Unit. DC #133 also confirmed that CNA #112 had not followed the facility's infection control policy and procedure by entering multiple resident rooms without changing gloves and/or performing proper hand hygiene. Review of the facility policy titled Room Tray Service dated November 2017 revealed nursing staff should follow infection control protocols when passing trays. Staff should use hand sanitizer between all rooms when passing trays. If staff touched anything other than the tray during meal service pass, then staff must wash their hands prior to serving the next tray. The policy did not include a recommendation for staff to wear gloves during tray service. Review of the facility policy titled Hand Washing/Hand Hygiene undated revealed the staff would follow proper and appropriate hand washing and hygiene techniques that would aid in the prevention of the transmission of infections. The use of gloves did not replace handwashing. If hands were not visibly soiled staff s hould use an alcohol-based hand rub after contact with inanimate objects in the immediate vicinity of the resident.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50536 Based on observation, staff interview, and review of a repair bid from an outside vendor, the facility failed to maintain the dish machine in the kitchen in safe operating condition. This had the potential to affect all of the residents residing in the facility. The facility census was 74 residents. Findings include: Observation of the kitchen on [DATE] at 9:21 A.M. revealed the dish machine had a bright, red sign posted on the front telling staff not to remove the towels that were placed at the base of the machine where it met with the sink, and that any staff who removed the towels, would be responsible for cleaning the water out of the dish machine. Interview on [DATE] at 9:21 A.M. with Dietary Coordinator (DC) #133 confirmed the dish machine was broken, and kitchen staff were required to keep towels in place at the base of the machine where it met with the sink in order to prevent water from backflowing into it when the water sprayers were used. DC #133 confirmed that if the towels were removed, staff would have to remove water out of the dish machine. DC #133 confirmed the dish machine in the kitchen was the only dish machine in the facility and had been broken down for at least a month. DC #133 confirmed the facility was using the three-sink hand washing protocol for dishes and was awaiting corporate approval of a bid submitted by on outside vendor on [DATE] for repair of the dish machine. Interview on [DATE] at 9:57 A.M. with Maintenance Coordinator (MC) #302 confirmed the dish machine was replaced one year ago and broke down three or four days after the warranty ran out. MC #302 stated that the dish machine had been down for at least four weeks and the facility was awaiting corporate approval to get the machine fixed. Interview on [DATE] at 10:09 A.M. with Administrator #211 confirmed that the dish machine had been broken down since [DATE] and the warranty had expired. Review of a bid from an outside vendor dated [DATE] revealed the facility dish machine needed the following repairs: replace the air trap, replace the O-ring, replace the booster heater, replace the booster tank, replace the drain pump, test to ensure proper operation, clean up any work-related debris. Work was expected to begin on-site three to five days following approval subject to change based upon availability of parts. The proposal was valid till [DATE] and had not yet been signed by the facility. This deficiency represents noncompliance investigated under Complaint Number OH00159475.