

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Auburn Skilled Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 451 Valley Road Salem, OH 44460	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, record review and review of the facility policy, the facility failed to maintain the unit refrigerator in a sanitary manner that followed acceptable standards of food safety. This had the potential to affect 37 residents receiving meals from the kitchen as Resident #14 and Resident #35 were ordered nothing-by-mouth (NPO). Facility census was 39 residents. Findings include: Observation on 02/20/26 at 10:15 A.M. with Licensed Practical Nurse (LPN) #130 revealed a refrigerator on the unit used for resident food which contained an undated opened bottle of Amish orange juice, an undated and unlabeled tub of tuna salad and an undated and unlabeled tub of egg salad in addition to a black Styrofoam container with the date 02/11/26 and Resident #17's last name on it. LPN #130 verified the unlabeled and undated foods at the time of observation and indicated housekeeping staff was responsible for maintaining this refrigerator. Interview on 02/20/26 at 10:20 A.M. with Housekeeping and Laundry Supervisor (HLS) #103 revealed the observed egg salad and tuna salad was from the previous weekend and confirmed they should have been removed from the refrigerator prior to the observation. HLS #103 stated housekeeping staff were to check this refrigerator daily when recording the temperature and to go through the food inside at that time. HLS #103 showed the surveyor the sheet used for documenting the temperatures and confirmed this sheet did not contain a sign off or cue for staff to go through undated or expired foods in the refrigerator. Review of this provided document, Storage Room Temperature Log, dated February 2026 revealed daily temperatures of the refrigerator and freezer were documented on the log. The log contained no guidance or staff sign off on checking food items in the refrigerator for labels and dates as well as disposing of expired or unlabeled food. During an interview on 02/20/26 at 10:28 A.M. the Director of Nursing (DON) was made aware of the above findings and shared Residents #14 and #35 were NPO thus were not able to utilize the unit refrigerator. Review of the facility policy titled, Food Receiving and Storage, revised October 2017, revealed food services, or other designated staff, will maintain clean food storage areas at all times. All foods stored in the refrigerator or freezer would be covered, labeled and dated. This deficiency represents noncompliance investigated under Complaint Number 2651150.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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