

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER Fair Haven Shelby County		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Fair Road Sidney, OH 45365	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<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 staff interview, observation, policy review, and record review, the facility failed to ensure food was served and stored in a safe and sanitary manner. This had the potential to affect all 64 residents who receive food from the kitchen. The facility census was 64. Finding include: Review of food temperature logs from 01/10/26 through 02/26/26 with Dietary Manager (DM) #156 revealed the only meals with recorded temperatures during the review period were: 01/10/26 (breakfast, lunch, dinner), 01/10/26 (unspecified meal), 01/12/26 (dinner), 02/10/26 (lunch and dinner), 02/11/26 (lunch and dinner), 02/12/26 (breakfast, lunch, dinner), 02/13/26 (lunch), 02/14/26 (breakfast), 02/15/26 (breakfast), 02/16/26 (breakfast), 02/21/26 (breakfast, lunch, dinner, and one unspecified meal), and 02/22/26 (breakfast, lunch, dinner). All remaining required meal service times lacked documented food temperatures. Interview on 02/27/26 at 10:10 A.M. with DM #156 confirmed kitchen staff do not routinely check food temperatures as required. DM #156 confirmed she was unable to provide consistent and daily food temperature logs for each meal. Observation of the lunch meal service in the satellite kitchen on 02/27/26 from 11:18 A.M. through 11:58 A.M. revealed the food arrived in the satellite kitchen from the main kitchen at 11:18 A.M. At 11:21 A.M., a thermometer was observed above the stove; however, a temperature log could not be found and the steam table was set at 10 (maximum heat). At 11:28 A.M., the food remained uncovered without a lid and the plastic covering had been removed. At 11:42 A.M., the food continued to remain uncovered. Food service began at 11:48 A.M. At 11:49 A.M., [NAME] #163 picked up a thermometer and briefly looked at it; however, no food temperatures were taken or documented. Interview on 02/27/26 at 11:52 A.M. with [NAME] #172 and [NAME] #163 confirmed no food temperatures were taken upon arrival to the satellite kitchen prior to the initiation of meal service. Staff stated they were unsure whether the food had been held at safe temperatures. Interview conducted on 02/27/26 at 1:46 P.M. with DM #156 confirmed food temperatures should be taken upon arrival from the main kitchen and prior to meal service, and that food should remain covered to ensure it stays warm and free from contaminants. Review of the facility's Food Storage and Handling policy dated 2022 revealed employees are required to take food temperatures prior to serving food?out to confirm products are at the required temperature. Once temperatures are checked, employees are required to document the temperatures on a temperature log for record?keeping. This deficiency represents non-compliance investigated under Complaint Number 2712515.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 366235
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