

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/13/2025
NAME OF PROVIDER OR SUPPLIER  Concordia at Sumner		STREET ADDRESS, CITY, STATE, ZIP CODE  970 Sumner Parkway Copley, OH 44321	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>35768</p> <p>Based on observation, interviews, and policy review the facility failed to serve food at an appropriate temperature. This affected the 22 residents observed for lunch service, Residents #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, and #43. Census was 43.</p> <p>Findings include:</p> <p>Observations on 12/13/25 at 12:55 P.M. revealed a test tray left the kitchen with resident meals trays and arrived at the unit at 12:59 P.M. Certified Nurse Assistant (CNA) #102 started passing the meal trays to the residents at 1:09 P.M. At 1:29 P.M., after the last resident was served, the test tray was sampled. The temperature of the roast beef and mashed potatoes was 100 degrees Fahrenheit. The roast beef was dry and the gravy was salty. The food temperatures were verified by CNA #102.</p> <p>The residents who received meal trays from the food cart with the test tray included Residents #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, and #43.</p> <p>Interviews on 02/13/25 from 1:33 P.M. to 1:40 P.M. with Resident #33, #34, and #43 revealed the food was not hot, it was warm. The residents also stated the meat was dry.</p> <p>Review of the facility policy Record of Food Temperatures, dated 2023 revealed foods were to be held at 135 degrees Fahrenheit or greater.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162594.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/13/2025
NAME OF PROVIDER OR SUPPLIER  Concordia at Sumner		STREET ADDRESS, CITY, STATE, ZIP CODE  970 Sumner Parkway Copley, OH 44321	
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>35768</p> <p>Based on observations, interview, and policy review the facility failed to serve food in a sanitary manner. This had the potential to affect all residents who ate meals prepared in the kitchen. The census was 43.</p> <p>Findings include:</p> <p>Observations on 02/13/25 from 12:03 P.M. to 12:55 P.M. revealed [NAME] #100 plating food and Kitchen Aide (KA) #101 placing food trays consisting of open roast beef sandwiches with mashed potatoes, gravy, fruit cup and coleslaw into the food cart for transportation. KA #101 did not cover the fruit or coleslaw before putting the trays in the transport cart. [NAME] #100 was observed donning and doffing gloves throughout lunch service without washing his hands between glove changes. In addition, after donning clean gloves Cook#100 was observed opening refrigerator doors, kitchen drawers and picking up non-food items then picking up food items. [NAME] #100 was observed picking up the mechanical altered roast beef with a gloved hand and spreading it on the bread. A cell phone charger and cell phone were observed on the serving counter amongst beverages and food items to be placed on the meal trays. An interview with [NAME] #100 at the time of the observation revealed a scoop was available which he could retrieve and use for placing the roast beef onto the bread.</p> <p>Review of the facility policy titled Food Safety Requirements, dated 2023 noted food should be covered when traveling down the hallway. Gloves should be worn when directly touching ready-to-eat foods, and staff should not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper, and spatulas.</p> <p>Interview with the Director of Nursing on 02/13/25 at 3:45 P.M. revealed all residents received food served in the kitchen. There were no residents who had orders to receive nothing by mouth.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162594.</p>		