STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366289	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Concordia at Sumner	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)
F 0812 Level of Harm - Potential for minimal harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to prepare food in a sanitary manner. This had the potential to affect all 43 residents who received meals from the kitchen. The census was 43.Findings include:Observation on 01/22/26 at 9:16 A.M. of Dietary Aide #709 in the kitchen revealed he was wearing a hairnet that only covered the top of his head. The hairnet did not cover his ponytail which was approximately eight inches long. Dietary Aide #709 also had a long beard that was not covered by a beard guard. Interview on 01/22/26 at 9:17 A.M. with Dietary Aide #709 thought he only had to wear it during meals. Interview on 01/22/26 at 9:17 A.M. with Registered Dietitian #838 verified the observation.Review of the facility policy titled Dietary Employee Personal Hygiene, dated 01/16/23 revealed all dietary staff must wear restraints to prevent hair from contacting food during food preparation.

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