

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Legacy Marion		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Barks Road West Marion, OH 43302	

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>41266</p> <p>Based on observations, staff interview, and review of facility policy, the facility failed to ensure proper hand hygiene during lunch meal service. This had the potential to affect 113 residents who ate food served from the kitchen. The facility identified two (#21 and #107) residents who received no food from the kitchen. The facility census was 115.</p> <p>Findings include:</p> <p>Observations on 05/30/24 from 11:40 A.M. to 12:20 P.M. revealed Cook #309 donned clean gloves at 11:42 A.M., without completing any hand hygiene prior to donning the gloves. Cook #309 started the lunch meal service. At approximately 11:45 A.M., Cook #309 used his gloved hands to touch the spaghetti noodles that were hanging down off the plate to put them on the plate properly. At 11:48 A.M. and 11:50 A.M., Cook #309 adjusted his pants and pulled up his sweater sleeves with the same gloves on. At 11:50 A.M., Cook #309 was observed touching the inside of the plate prior to placing food items on it with the same gloved hands. Cook #310 was also observed opening the steamer by grabbing the handle with gloved hands. Cook #310 did not change her gloves or complete any hand hygiene. At 11:51 A.M., Cook #309 was observed touching spaghetti noodles again with the same gloved hands and placing them on the plate. At 11:52 A.M., Cook #309 adjusted his clothing again with the same gloves on. At 11:55 A.M., Cook #310 was observed touching a brussel sprout with the same gloves on to place it on the plate after it had rolled off of the plate onto the serving table. At 11:56 A.M., Cook #309 was observed returning to the kitchen. The cook grabbed clean gloves with bare hands prior to completing any hand hygiene. The cook carried the gloves over to the sink in his bare hands and placed them on the sink while he washed his hands. Cook #309 then donned the gloves that had been placed on the sink. At 11:59 A.M., Cook #309 touched spaghetti noodles with the same gloves on to place them on the plate. At 12:02 P.M., Cook #309 walked into the dry storage area and returned carrying several Styrofoam containers with the same gloves on. Cook #309 did not change his gloves or complete any hand hygiene and continued with the meal service. At 12:05 P.M., Cook #310 turned on the front knob of the stove with gloved hands. Without changing gloves or completing any hand hygiene, Cook #310 then grabbed two slices of cheese with the same gloves and placed them on top of a piece of bread in a skillet to make a grilled cheese. The cook did not change her gloves or complete any hand hygiene and continued with the meal service.</p> <p>Interview on 05/30/24 at 12:20 P.M. with Dietary Manager (DM) #304 confirmed the above observations. DM #304 stated Cook #309 had never been a cook in a nursing facility. DM #304 stated Cooks #309 and #310 would receive additional education on proper hand hygiene.</p> <p>(continued on next page)</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy titled, Hand Washing, dated 2023, revealed employees would wash their hands as frequently as needed throughout the day using proper hand washing procedures. Hands and exposed portions of arms should be washed immediately before engaging in food preparation. The policy further stated hands should be washed during food preparation, as often as necessary to remove soil or contamination and prevent cross contamination when changing tasks, before donning disposable gloves for working with food and after gloves are removed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153638.</p>		