

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 11/26/2024
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>48568</p> <p>Based on observation, interview, and policy review, the facility failed to maintain the kitchen in a clean and sanitary manner. This had the potential to affect all residents who receive food and beverages from the kitchen in the facility. The facility census was 103.</p> <p>Findings include:</p> <p>Interview on 11/21/2024 at 2:17 P.M. with Resident #38's family member revealed his other family member was allowed to go into the kitchen to get ice and they stated the kitchen was very unsanitary.</p> <p>Observation on 11/26/2024 at 11:16 A.M. revealed a ceiling tile behind the tray line was water damaged, cracked, and bowing outwardly toward the floor.</p> <p>Interview on 11/26/2024 at 11:16 A.M. with Dietary Aide #72 confirmed the ceiling tile was water damaged, cracked and bowing. Dietary Aide #72 revealed the ceiling tile did leak sometimes when it rained.</p> <p>Interview on 11/26/2024 at 11:18 A.M. with Dietary Director #1 revealed that the ceiling did leak, but he had not seen it actively leak.</p> <p>Review of the policy titled Environment dated September 2017 revealed the Dining Services Director would ensure that the kitchen was maintained in a clean and sanitary manner, including floors, walls, ceiling, lighting, and ventilation.</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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