

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366326                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>04/16/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Geneva Center for Rehabilitation and Nursing                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1140 South Broadway<br>Geneva, OH 44041 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                 |
| F 0804<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation and interviews, the facility failed to serve hot and palatable foods. This affected four residents (Residents #2, #6, #8 and #61) and had the potential to affect all 68 residents residing in the facility. The facility census was 68. Findings include: Interview with Resident #2 on 04/13/26 at 10:41 A.M. revealed the facility's food was The worst food I ever ate in the world. It's cooked until it's leather and dry. Interview with Resident #8 on 04/13/26 at 11:06 A.M. revealed the facility's food was scrambled eggs terrible, tasteless, and not real hot. Interview with Resident #61 on 04/13/26 at 11:11 A.M. revealed the facility's food was not hot, tasteless sometimes, and the meat is hard. Interview with Resident #6 on 04/13/26 at 12:49 P.M. revealed the facility's food was okay sometimes, most of the time it's cold by the time it gets to me. Observation of the test tray with Dietary Manager (DM) #236 on 04/15/26 at 1:09 P.M. revealed the tray consisted of chicken pot pie filling, cauliflower, a biscuit, and a brownie. The pot pie filling was 105 degrees Fahrenheit (F). The cauliflower was 116 degrees F and contained a lot of stems which were tough. Interview at the time of the observation with DM #236 verified the findings of the test tray.</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 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, interviews, and review of email correspondence, water temperature audit forms and facility policy, the facility failed to maintain adequate hot water temperatures in resident rooms. This affected four residents (Residents #9, #14, #17 and #54) out of 12 residents reviewed for hot water temperatures. The facility census was 68. Findings include: Interview on 04/13/26 at 4:10 P.M. with Resident #9 complained of his hot water not being warm enough when taking a shower and it was uncomfortable. Observation at the time of the interview revealed the hot water temperature in Resident #9's sink was 88 degrees Fahrenheit (F). The Administrator and Director of Maintenance (DM) #248 were notified of the temperature result at the time of the observation. An interview with DM #248 revealed he had increased the hot water tank temperature level. Observation on 04/14/26 at 7:35 A.M. of Resident #9's hot water temperature resulted in a reading of 92 degrees F. The Administrator was notified of the temperature result at the time of the observation. Review of email correspondence dated 04/14/26 at 3:02 PM from a local heating and cooling company confirmed an appointment with the facility for 04/15/26. Observation on 04/14/26 from 4:15 P.M. to 4:40 P.M. with Regional Maintenance/Environmental Services (RMS) #251 and DM #248 revealed Resident #14's hot water temperature was 101.4 degrees F; Resident #54's hot water temperature was 93 degrees F; Resident #17's hot water temperature was 93.4 degrees F; and Resident #9's hot water temperature was 90.6 degrees F. Interview at the time of the observation with RMS #251 and DM #249 verified the hot water temperature findings. Interview with the Administrator on 04/14/26 at 4:40 P.M. revealed the Administrator conducted interviews with 12 residents (Residents #9 #13, #17 #24, #27, #35, #38, #51, #54, #62, #69 and #71) regarding hot water temperatures, and two residents (Residents #9 and #17) reported not being satisfied with the hot water temperatures in their rooms. Residents #9 and #17 agreed to use the 100-hall shower room until the hot water issue was resolved. Interview on 04/15/26 at 4:45 P.M. with Resident #17 complained of her hot water being on the cooler side for about one month and stated she preferred a hot shower. The hot water temperature in her shower was medium-warm to cold, and it was uncomfortable to take a shower. Resident #17 stated she reported it to someone but could not remember who. Review of the facility water temperature audit form undated revealed a blank form which was used to test and then log water temperatures to ensure water temperatures were between 105 degrees F and 120 degrees F. Interview on 04/15/26 at 5:32 P.M. with the Administrator verified there were no previous water temperature audits. Review of the facility policy titled, Water Temperatures, Safety of, revised December 2009, revealed maintenance staff was responsible to conduct periodic tap water temperature checks and record the water temperatures in a safety log.</p> |                                                                                      |                                                 |