

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Scenic Pointe Nursing and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8067 Township Road 334 Millersburg, OH 44654	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>36650</p> <p>Based on observation and interview the facility failed to ensure residents were provided a dignified dining experience. This affected two residents (Resident #50 and #137) but had the potential to affect 16 residents (Resident #37, #46, #47, #52, #53, #55, #69, #80, #93, #94, #108, #109, #112, #120, #123 and #137) of 24 residents who ate meals in the 100 hall and 200 hall dining room and do not use adaptive cups. The census was 136.</p> <p>Findings include:</p> <p>Observation of dining room on the 100-Hall and 200-Hall on 09/18/24 at 5:00 P.M. revealed Resident #37, #46, #47, #52, #53, #55, #69, #80, #93, #94, #108, #109, #112, #120, #123 and #137) had styrofoam cups with water, coffee and/or hot chocolate.</p> <p>Interview on 09/18/24 at 5:10 P.M. with State tested Nurses Assistant (STNA) #321 verified that styrofoam cups were being used for water, coffee and hot chocolate for residents that did not require adaptive cups. STNA #321 stated the silverware, and drinks are brought to the dining room prior to the delivery of the meal trays and there are not enough cups for coffee/hot chocolate, so they use styrofoam cups and the large water glasses are not on the beverage cart, so styrofoam cups are also used for water.</p> <p>Interview of 09/18/24 at 5:19 P.M. with Resident #52 stated staff use styrofoam cups every day and he does not like to use styrofoam cups for his beverages.</p> <p>Interview on 09/18/24 at 5:23 P.M. with Resident #137 stated he does not like to drink out of a styrofoam cup and prefers to drink out of real cups and glasses.</p> <p>Interview of 09/19/24 at 11:15 A.M. with Dietary Manager (DM) #308 stated more coffee cups need to be ordered due to not having enough cups for mealtimes. DM #308 stated the water glasses are to be put on the meal tray for ice water during the meal. The drink cart is sent out to the dining rooms and staff will use the styrofoam cups for water, hot coffee and hot chocolate. When they run out of cups the staff are not asking for more cups and will just use the styrofoam cups and not ask for more cups or glasses.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156585.</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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(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>36650</p> <p>Based on observation and interview, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner. This had the potential to affect all residents. The census was 136.</p> <p>Findings Include:</p> <p>Observation of the kitchen on 09/19/24 from 11:00 A.M. through 11:30 A.M. revealed there was a five-pound bucket of pickle spears (half full), in the cooler, with no lid and the bucket was not dated when opened. The walk-in freezer floor had food and dirt buildup on the floor and the floor was sticky. The three sugar bins and one flour bin were not dated, and the outside of the bins were soiled with food and dirt buildup.</p> <p>Interview on 09/19/24 at 11:08 A.M. with [NAME] #307 verified the pickles were not dated or covered. [NAME] #307 verified the walk in-freezer was not clean and the floor was sticky.</p> <p>Interview on 09/19/24 at 11:15 A.M. with the Dietary Manager (DM) #308 verified all above findings.</p> <p>This deficiency is an incidental finding discovered during the investigation of Complaint Number OH00156585.</p>