

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Altercare Transitional Care of the Western Reserve		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 Sowul Boulevard Stow, OH 44224	

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>35771</p> <p>Based on observation, policy review, diet order list review, and interview, the facility failed to store food in a sanitary manner. This had the potential to affect all residents who received food from the kitchen except Residents #19, #28 and #73 who were ordered nothing by mouth. The census was 75.</p> <p>Findings include:</p> <p>Observation on 12/10/24 at 12:45 P.M. during tour of the kitchen with Dietary Manager (DM) #1 revealed there was an opened 32-ounce cardboard jug of liquid eggs without an opened date, a two-quart plastic container of what appeared to be sausage links without a label or date and a two-quart plastic container of what appeared to be hash browns without a label or date in the walk-in refrigerator. There was an opened plastic bag of shredded cheese without an opened date, three opened and varying sizes bags of parmesan cheese without an opened date, an opened bag of hot dogs without an opened date, a plastic gallon bag of what appeared to be sliced deli meat without a label or date, an opened bag of tortillas without an open date, a sandwich plastic bag of what appeared to be Swiss cheese without a label or a date, a plastic wrapped item of what appeared to be sliced cheddar cheese without a label or a date, a plastic wrapped item of what appeared to be four hardboiled eggs without a label or a date, a plastic wrapped item of what appeared to be two hardboiled eggs without a label or a date, three opened and varying sizes of sticks of butter without an opened date, a 12-quart plastic container of chicken noodle soup dated 11/30/24 and a 12-quart plastic container of wilted shredded iceberg lettuce dated 11/23/24. Interview, during the observation, with DM #1 verified the above findings and verified all food should be labeled and dated.</p> <p>Interview on 12/10/24 at 2:50 P.M. with the Administrator revealed all food should be labeled and dated.</p> <p>Review of the facility's undated Food Storage policy revealed all products should be inspected for safety and quality and be dated upon receipt, when open, and when prepared. Use use by date on all food stored in refrigerators and use dates according to the timetable in the Storage of Food Guidelines.</p> <p>Review of the facility's undated Storage of Food guidelines revealed raw refrigerated salad should be kept one to two weeks and refrigerated soups should be kept for three to four days.</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 diet order list dated 12/10/24 revealed all residents had a diet order except Residents #19, #28 and #73 who were ordered nothing by mouth.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159545.</p>		