

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Arlington Pointe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 Hendrickson Road Middletown, OH 45044	
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, staff interview, and review of facility policy, the facility failed to ensure the food was stored at safe temperatures and failed to ensure food was thawed appropriately. This had the potential to affect all the residents who receive food from the kitchen. The facility identified one resident (#73) who did not receive food from the kitchen. The facility census was 103. Findings include: Observation of the kitchen on 12/15/25 at 8:37 A.M. revealed the freezer door was open. The temperature reading on a thermometer inside the freezer was 50 degrees Fahrenheit (F). Water droplets were forming on the ceiling, and water was dropping on the floor and food items stored on shelves. Ice was formed on the freezers' cooling unit and had formed on boxes of food underneath the unit. Small containers of ice cream and a sponge cake were soft to the touch. In the main part of the kitchen, there eight hamburger patties thawing on a backing rack beside the oven. The hamburger patties were not cooled in any way or under running water. A plate of breakfast sausages, a cup of scrambled eggs, and a plate of breakfast pizzas were on a shelf. The items were not cooled or heated in any way. Interview with Dietary Supervisor (DS) #385 on 12/15/25 at 8:40 A.M. confirmed the freezer door was open and the temperature inside was 50 F. DS #385 stated the freezer may be going through a defrosting cycle. Interview with Dietary Manager (DM) #355 on 12/15/25 at 8:53 A.M. confirmed the findings in the freezer, DM #355 stated he would check with maintenance. DM #355 confirmed food items should be thawed in the refrigerator or under water and food prepared food should be stored under 41 F or above 135 F. Review of facility provided documentation revealed Resident #73 was nothing by mouth (NPO) and did not receive food prepared in the facility's kitchen. Review of the facility policy titled Food Storage Refrigerator/Freezers revised July 2025 revealed temperatures should be 35-40 degrees F for refrigerator and less than zero for freezers. Review of the facility policy titled General Hazard Analysis Critical Control Points Guidelines for Food Safety dated 2023 revealed safe thawing practices included: - Meat, fish and/or poultry should be thawed in a refrigerator in a drip proof container and in a way that prevents cross contamination (on a lower shelf with nothing underneath it). - Completely submerge the item in clean running water (less than 70F) that is running fast enough to agitate and float off loose ice particles. - Thaw the item in a microwave oven using the defrost mode only if it is cooked immediately after thawing. - Thaw as part of the cooking process.		

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)		
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation of meal preparation, record review, staff interview, and review of recipes, the facility failed to ensure pureed food was prepared by the recipe to ensure nutritional value of the food was maintained. This had the potential to affect six residents (#34, #37, #62, #71, #76, and #116) who the facility identified as being ordered puree diets. The facility census was 103. Findings include: Observations on 12/17/25 at 10:07 A.M. revealed Dietary Supervisor (DS) #385 was completing pureed meal preparation and stated there were currently six residents on pureed diets and would be preparing a little extra food in case needed. DS #385 began with preparing pureed vegetable soup. DS #385 poured vegetable soup into a blender. DS #385 did not measure the amount of soup being put into the blender. DS #385 then proceeded to blend the vegetable soup without adding any extra ingredients including saltine crackers. The facility recipe titled Soup Chunky Pureed Thick revealed the recipe was for 20 servings. The recipe called for one and one-fourth and two cups of chunky vegetable soup, 60 saltine crackers, and one and one-third tablespoon of thickener. Liquid was to be drained from the soup and reserved. Soup ingredients and crackers were to be blended to a fine consistency. Food thickener and reserved liquid was to be added and blended until smooth. DS #385 then prepared pureed onion rings. DS #385 put deep fried onion rings into the blender. DS #385 did not count any onion rings. DS #385 blended the onion rings by adding hot water. DS #385 did not add any other ingredients including milk. The facility recipe titled Onion Rings Pureed Thick revealed the recipe was for 20 servings. The recipe called for 80 onion rings, two cups of two percent white milk, and one-third tablespoon of food thickener. Onion rings were to be blended by adding milk until smooth and adding thickener. DS #385 then prepared pureed grilled ham and cheese sandwiches. DS #385 put 18 ham slices, nine slices of cheese, nine slices of bread and blended together by using hot water. DS #385 did not add any other ingredients or food thickener. Ham and cheese were to be blended with hot water and by adding thickener. Bread was to be pureed separately. The facility recipe titled Sandwich Cheese & Ham Grilled Pureed Thick revealed the recipe was for 20 servings. The recipe called for two pounds and eight ounces of ham, 20 slices of cheddar cheese, five-eighth teaspoon of ham base concentrate, two-thirds cup of hot water, one-fourth cup and one tablespoon, and 40 two-thirds slices of bread. Interview with Dietary Director (DD) #355 and DS #385 on 12/17/25 at 10:30 A.M. confirmed the facility had recipes for pureed food items. Both DD #355 and DS #385 confirmed the recipes were not followed when preparing the pureed vegetable soup, pureed onion rings, and pureed grilled ham and cheese. Both DD #355 and DS #385 confirmed the purpose of using recipes was to maintain the nutritive value of food. Review of the facility's documentation revealed Residents #34, #37, #62, #71, #76, and #116 were ordered puree diets.		