

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365454</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GREENEWOOD MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>711 DAYTON-XENIA ROAD XENIA, OH 45385</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b>  Based on observation, staff interview, and policy review, the facility staff failed to maintain hot foods at acceptable holding temperatures above 135 degrees Fahrenheit (F). This had the potential to affect six Residents (#5, #8, #9, #20, #22, and #24) who were identified by the facility who received meals from the steamtable. The facility census was 45. Findings include: Observation on 03/09/20 at 5:42 P.M. with Dietary Manager (DM) #13 revealed the temperatures of the hot foods held on the kitchen steamtable consisted of ground hot dog, pureed meat, gravy, and soup. The hot dogs were held at 110 degrees (F). The DM confirmed the hot foods on the steamtable were not above 110 degrees Fahrenheit. After surveyor intervention, the foods were heated to temperatures above 135 degrees (F) before serving the six Residents (#5, #8, #9, #20, #22, and #24). Review of the policy titled Recording Holding Food Temperatures and Guidelines, (undated) revealed the acceptable serving line holding temperature for hot food was at least 135 degrees (F).		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.