

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Park Center Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5665 South Ave Youngstown, OH 44512	

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>Note: The nursing home is disputing this citation.</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48565</p> <p>Based on observation, interview and policy review the facility failed to ensure food was stored and served in a manner to prevent contamination and food born illness. This had the potential to affect all 92 residents residing in the facility. There were no residents identified as having a nothing by mouth diet. The facility census was 92.</p> <p>Findings include:</p> <p>On 09/09/24 at 10:02 A.M. a tour of the kitchen revealed in the small upright refrigerator a two-quart plastic container of chicken noodle soup that was half full and not dated as to when it was stored. There were slices of bologna wrapped in plastic with no date. There was sliced ham 48 oz open and undated. The refrigerator also contained eight hard-boiled eggs wrapped in plastic and undated. A two-pound package of cake mix was open and wrapped in plastic with no date as to when it was opened. An interview at the time of the observation with Director of Kitchen Operations (DKO) #149 verified the aforementioned findings. DKO #149 stated the items should have been dated.</p> <p>On 09/09/24 at 12:00 P.M. an observation of tray service in the kitchen revealed Dietary Aide (DA) #142 and DA #145 without hair nets. An interview at the time of the observation with DKO #149 verified the findings. DKO #149 stated DA #142 and DA #145 should be wearing hair nets.</p> <p>A review of the policy titled; Food Receiving and Storage dated December 2008 revealed, All foods stored in the refrigerator or freezer will be covered, labeled and dated.</p> <p>A review of the policy titled; Dress Code that was undated revealed in subpoint five: depending on duty assignment or work area. an employee with long hair may be required to wear a hair net.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>48565</p> <p>Based on observation, interview and policy review, the facility failed to provide a clean and homelike environment. This affected five residents (#42, #52, #62, #65) and had the potential to affect 16 residents living on Hall 2A (#79, #80, #81, #82, #83, #84, #85, #86, #87, #88, #89, #90, #91, #92, #93 and #94) and 25 residents living on Hall 3B (#52, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64, #65, #66, #67, #68, #69, #70, #71, #72, #73, #75, #76, #77 and #78). The facility census was 92.</p> <p>Findings include:</p> <p>On 09/09/24 at 10:25 A.M. a tour of the building revealed the shower room in Hall 2A had an overflowing sharps container with used razors. Razors were also noted sitting on top of the sharps container. The findings were verified at the time of the observation by Registered Nurse (RN) #201. At 10:50 A.M. on observation of Resident #42's room revealed built up dirt in corners of the bathroom. Resident #42 was laying in bed and appeared sleeping. On the right side of the bed on the floor was dried spit. On the wall was dried spit. On top of register there was dried spit. The aforementioned findings were verified by State tested Nurse Aide (STNA) #136 and STNA #126 at the time of the observation.</p> <p>On 09/09/24 at 10:50 A.M. an observation of hall 3B revealed a built-up black substance along the baseboards. Resident #72's room had a loaf of bread and pickles on the floor. There was also clothing on hangers on the floor. Built up dirt was noted at the door thresh hold. The room of Residents #52, #62 and #65 had dried spilled coffee on the floor by a fall mat. Upon lifting the fall mat and there was a puddle of wet coffee underneath. A garbage can had garbage in it and no bag. There was resident clothing on the floor against the left-hand wall when facing the windows from the doorway. The aforementioned findings were verified by Licensed Practical Nurse (LPN) #161 at the time of the observation. LPN #161 stated floors were not done on the weekends.</p> <p>On 09/09/24 at 11:45 A.M. an interview with Director of Environmental Services #159 revealed resident rooms were to be cleaned daily.</p> <p>A review of the document titled, Park Center Daily Housekeeping Room Checklist that was undated revealed resident rooms were to have floors swept and mopped daily.</p> <p>A review of the document titled, Room Cleaning Policy that was undated revealed the policy was established to ensure resident rooms within the Skilled Nursing Facility were maintained in a clean, sanitary, and safe condition to promote the health and wellbeing of residents. Under the subtitle Frequency of Cleaning it indicated resident rooms would be cleaned on a regular basis according to a predetermined schedule and high touch surfaces would be cleaned and disinfected daily. Under the subtitle Cleaning Procedures it indicated the facility would follow established cleaning procedures and protocols to ensure thorough and effective cleaning of resident rooms.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the policy titled, Quality of Life-Homelike Environment dated August 2009 revealed residents were provided with a safe, clean, comfortable, and homelike environment. The policy also indicated the facility staff and management should maximize, to the extent possible, the characteristics of the facility that reflected a personalized, homelike setting</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156539.</p>		