

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365550	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2025
NAME OF PROVIDER OR SUPPLIER Oak Hills Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3650 Beavercrest Drive Lorain, OH 44053	

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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have policies on smoking.</p> <p>38091</p> <p>Based on observation, interview, and policy review, the facility failed to implement their resident smoking policy related to the outside smoking area. This had the potential to affect Residents #4, #8, #12, #13, #17, #21, #25, #27, #29, #30, #32, #34, #35, #36, #40, #41, #42, #46, #54, #56 and all facility residents. The facility census was 58.</p> <p>Findings Include:</p> <p>Observation of the outside smoking area on 04/05/25 at 1:30 P.M. with the Administrator revealed approximately 75 to 100 cigarette butts on the ground. Multiple piles of leaves were also noted on the ground with cigarette butts intertwined in the piles of leaves. Additionally six cigarette receptacles made of combustible plastic were observed in the area and were all approximately 75% or more full. A seventh receptacle container made out of a plastic bucket from a local big box home improvement store was also used as a cigarette receptacle and was over ninety percent filled to the top with cigarette butts. In total approximately three to four hundred cigarettes butts were present in the area on the ground and in the receptacle containers. Interview with the Administrator verified the findings at the time of observation.</p> <p>The facility identified twenty residents (Residents #4, #8, #12, #13, #17, #21, #25, #27, #29, #30, #32, #34, #35, #36, #40, #41, #42, #46, #54, and #56) who actively smoked.</p> <p>Review of the policy Resident Smoking dated 01/16/25 revealed It is the policy of this facility to provide a safe and healthy environment for residents, visitors, and employees, including safety as related to smoking. Safety protections apply to smoking and non smoking residents. Additionally the policy noted Safety measures for the designated smoking area will include, but not limited to: Provision of ashtrays made of noncombustible material and safe design.</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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