

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 06/05/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>Based on observation, staff interviews and resident interviews the facility failed to ensure the facility was maintained in good repair. This affected six (#1, #7, #19, #41, #52 and #56) of nine residents reviewed for environment. The facility census was 59.</p> <p>Findings included:</p> <p>1. Observation on 06/03/25 at 8:18 A.M. of Resident #7's room revealed the wall to the right of the air conditioning unit had an unknown black substance and the drywall was crumbling. Additionally, there were brown stains on the wall above the air conditioning unit.</p> <p>Interview on 06/05/25 at 10:22 A.M. with Director of Maintenance (DOM) #428 verified the wall around the air conditioning was crumbling and a black mold-like substance was present. DOM #428 confirmed the brown stains on the wall above the air conditioning unit and stated the brown stains were the result of a water leak.</p> <p>2. Observation on 06/02/25 at 9:19 A.M. of Resident #52's bathroom revealed four tiles on the wall were missing and the sink was pulled away from the wall by approximately 1.5 inches.</p> <p>Interview on 06/05/25 at 10:18 A.M. with DOM #428 verified the missing wall tiles and the sink was pulling away from the wall in Resident #52's bathroom.</p> <p>3. Observation on 06/02/25 at 10:00 A.M. of Resident #19's room revealed deep gouges in the wall and the base molding was coming off the wall near the bathroom door.</p> <p>Interview on 06/05/25 at 10:36 A.M. with DOM #428 verified the deep gouges in the wall and the base molding was coming off the wall near the bathroom. DOM #428 stated it needed to be repaired.</p> <p>4. Observation on 06/02/25 at 10:30 A.M. of Resident #41's room revealed an area approximately four by four feet in size of a glue-like substance on the wall behind the bed.</p> <p>Interview on 06/05/25 at 10:32 A.M. with DOM #428 revealed there used to be a plastic protective board on the wall behind Resident #41's bed, but the resident pulled it off the wall. DOM #428 verified he was aware the plastic board had been removed and further confirmed the adhesive had not been cleaned up.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Observation on 06/02/25 at 10:50 A.M. of Resident #1's room revealed deep gouges in the wall and the base molding was coming off the wall by the bathroom door.</p> <p>Interview on 06/05/25 at 10:44 A.M. with DOM #428 verified the wall had deep gouges and the base molding was coming off the wall.</p> <p>6. Observation on 06/02/25 at 11:38 A.M. of Resident #56's room revealed the rubber base molding by the bathroom door was coming off, with an unknown black substance, and the drywall was crumbling. Inside the bathroom, there was one missing wall tile with an unknown black substance on the wall.</p> <p>Interview on 06/05/25 at 10:15 A.M. with DOM #428 verified the base molding was coming off the wall, missing tile and the bathroom, and confirmed the black substance was mold.</p> <p>Review of the facility policy titled, Preventative Maintenance Program dated 03/01/25, revealed a preventative maintenance program would be developed and implemented to ensure the provision of a safe, functional, sanitary and comfortable environment for residents, staff and the public.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164448.</p>