

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365642	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2025
NAME OF PROVIDER OR SUPPLIER Country Club Ret Center I I I		STREET ADDRESS, CITY, STATE, ZIP CODE 925 E 26th St Ashtabula, OH 44004	

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 0689</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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure the environment remained free of accident hazards for residents who used the designated outdoor smoking area. The facility did not provide a safe environment for the disposal of smoking materials, resulting in potential fire hazard. This had the potential to affect all residents, employees, and visitors who use the facility smoking areas. The facility census was 72. Findings include: Observation of facility smoking areas on 11/05/25 at 10:45 A.M. revealed two large steel cigarette butt receptacles with the label butt cans that were overfilled and overflowing onto the pavement smoking area by the kitchen exit door. A large amount of cigarette butts were also present and scattered on the ground directly on top of a large amount dry leaves and debris. Interview with Director of Maintenance (DM) #539 on 11/05/25 at 10:45 A.M. confirmed overfilled cigarette butt receptacles as well as the cigarette butts on top of a large amount of dry leaves and debris. DM #539 agreed that it was a fire hazard and was going to empty the cans and remove cigarette butts. Review of the facility policy titled, Resident Smoking Policy, reviewed 01/08/25, revealed residents who smoke must use the facility designated outside area to smoke. Cigarette butts and matches used must be discarded in the appropriate receptacle. This deficiency is an incidental finding identified during the course of the complaint investigation.</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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