

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER White Oak Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1926 Ridge Avenue Warren, OH 44484	
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and policy review, the facility failed to maintain a comfortable homelike environment in good repair. This had the potential to affect all 32 residents residing in the facility. The census was 32. Findings include:1. Observation on 04/21/26 at 10:45 A.M. revealed three burnt out ceiling hallway lights from room [ROOM NUMBER] until the end of the 300-hallway. The end of the hallway was darker than the rest of the hallway. Interview with Licensed Practical Nurse (LPN) #447 and Maintenance Director #417 at the time of the observation confirmed the three burnt out ceiling lights starting outside room [ROOM NUMBER] and extending to the end of hallway 300, making the end of the hallway darker than the rest of the hallway. 2. Observations on 4/22/26 between 9:06 A.M. to 9:20 A.M. during a tour with the Administrator revealed a hole, approximately three inches in diameter the wall on the left of the reception window, dark scuff marks across on the Administrator's door, scuff marks across the doors of occupied resident rooms 104, 105, 110, 111, 113, 114, and 116, missing paint and chipping paint on the door of occupied resident rooms [ROOM NUMBERS], a hole in the wall to the left side of the conference room door -scuff marks across the central bathing door on hall 100, the pillars in the main dining room by the east 200 unit having peeling paint, with the lower half of the pillars covered with scuff marks, the nurse's station by the west wing of the 200 unit is missing baseboards and the walls look like the paint has been pulled off, closet door on the west 200 unit with multiple scuff marks, the heating unit in Resident #23's had no cover, the kitchenette door entering the 300 unit with multiple scuff marks all over the lower half of the door, and dark scuff marks on occupied resident rooms [ROOM NUMBER].Interview with the Administer at the time of the tour verified the building was in general disrepair, stating all the doors and walls being scuffed are caused by resident wheelchairs. The Administrator stated approximately two months ago the building was bought out and with the change of leadership comes changes in the priorities and procedures. The Administrator also stated the Maintenance Director is fairly new and that he is trying to get him on board as far as prioritizing repairs needed for the building.Interview on 04/22/26 at 10:40 A.M. with Maintenance Director #417 verified the entire building was in the need of paint. Review of the Safe and Homelike Environment policy dated 02/01/26 revealed housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment. The Safe and Homelike Environment policy defines orderly as an uncluttered physical environment that is neat and well kept. Furthermore, section six of the policy indicated that the facility would provide and maintain adequate and comfortable lighting levels in all areas with even light levels utilized in common areas and hallways to avoid patches of low light. The policy also stated any unresolved concerns should be reported to the Administrator. This deficiency represents non-compliance investigated under Master Complaint Number 2809313, Complaint Number 2747524 and Complaint Number 2738046.</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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