

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Oasis Center for Rehabilitation and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 850 East Midlothian Blvd Youngstown, OH 44507	

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 0804</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48565</p> <p>Based on observation and interview the facility failed to provide palatable food when gelatine was served in a liquid form. This had the potential to affect all residents who received food from the kitchen. The facility identified five residents (#15, #16, #18, #28 and #31) who received nothing by mouth. The facility census was 92.</p> <p>Findings include:</p> <p>Interview on 04/11/24 at 11:30 A.M. with Resident #85 revealed no menus were provided to residents, and the food was not good.</p> <p>On 04/11/24 at 12:05 PM. observation of tray line in kitchen revealed a meal of pork chops, mashed potatoes, sauerkraut, and gelatine with diced pears. A test tray was requested.</p> <p>On 04/11/24 at 12:40 P.M. the food cart arrived to the 400-hall. At 12:50 P.M. the test tray was obtained after last the resident's tray was delivered. The gelatine was in a liquid form with diced pears in it. Interview at the time of the observation with Dietary Manager #675 verified the gelatine was not served as it should have been at the time of the test tray.</p> <p>Interview on 04/12/24 at 10:05 A.M. with Resident #69 revealed the food was terrible.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00152468.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48565</p> <p>Based on observation, interview, and review of the Hydrion Test Strip instructions the facility failed to maintain a sanitary kitchen to prepare food in a manner to prevent contamination and food borne illness. This had the potential to affect all residents (#15, #16, #18, #28 and #31) who received nothing by mouth. The facility census was 92.</p> <p>Findings include:</p> <p>Observation on [DATE] at 10:05 A.M. during a tour of the kitchen revealed a puree prep station with a buildup of grease and dirt on the bottom shelf. The top shelf of the puree prep station had a buildup of dirt on it. The white tiles around the walls in the kitchen had a buildup of black dirt on them. The microwave was dirty with dried food splatter in it. The three-sink sanitation station had a container of Hydrion strips (test strips to test the chemical levels for proper sanitization) expired [DATE]. The findings were verified by the Dietary Manager (DM) #675 at the time of the tour.</p> <p>On [DATE] an interview with DM #675 during the tour of the kitchen revealed food preparation stations were to be cleaned after each use. DM #675 also verified the Hydrion strips with the expiration date of [DATE] were being used to test sanitization levels.</p> <p>A review of the Hydrion Test Strip instructions on www.essentiallab.com revealed the test strips remain accurate until the expiration date.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00152468.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48565</p> <p>Based on observation, interview, and facility policy review, the facility failed to provide a clean and sanitary environment. This had the potential to affect all 92 residents in the facility.</p> <p>Findings include:</p> <p>Observation on 04/11/24 at 9:35 A.M. during a tour of the facility revealed the shower room on 300-hall had broken tile around shower drain. The handwashing sink was visibly dirty. The supply cart for shower items had visible dirt on it. The paper towel dispenser had visible dirt on top of it. Hair and dirt were noted on baseboard heating unit. The tub had dirt around the drain (dirty buildup of soap scum), and the area around the tub ledge had a buildup of dirt on it. The floor was dirty. The toilet was full of a bowel movement. There were two broken tiles noted at the bottom of the doorway to that hall. The activity lounge on the 400-hall had visible dirt on the walls and chair rail. The base board heating unit had a buildup of dust on it. The windowsill had a buildup of dust and dirt. All observations were verified by Concierge #808 at the time of the tour.</p> <p>On 04/11/24 at 11:40 A.M. an observation of room [ROOM NUMBER] revealed a broken screen in the window. The baseboard heating units had a buildup of dirt on them. There were leaves, built-up dust clumps, food and plastic silverware noted inside baseboard heating unit. There was a buildup of dirt on the windowsill. There was a buildup of visible dirt on the blinds. There was a buildup of dust on top of the paper towel holder and a buildup of visible dust on the overbed light fixture.</p> <p>On 04/11/24 at 1:35 P.M. an interview with Environmental Safety and Services Director (ESSD) #759 revealed resident rooms were to be cleaned daily. Rooms were terminally cleaned when a resident discharged . ESSD #759 also verified the findings in resident room [ROOM NUMBER].</p> <p>A review of the facility policy titled, Cleaning and Disinfection of Environmental Surfaces, dates August 2020, revealed environmental surfaces will be disinfected or cleaned on a regular basis (e.g. daily, three times per week) and when surfaces are visibly soiled.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00152468.</p>