

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  05/14/2024
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 0584</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>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>44461</p> <p>Based on observation, interview and review of facility policy, the facility did not ensure the memory care unit environment was maintained in a clean, comfortable and homelike manner. This had the potential to affect all 22 residents</p> <p>(Residents #2, #3, #4, #7, #8, #12, #13, #16, #23, #32, #40, #55, #58, #62, #64, #67, #71, #72, #75, #85, #86, and # 94) living on the memory care unit out of 94 residents living in the facility. The facility census was 94.</p> <p>Findings include:</p> <p>Observation was conducted on 05/14/24 at 8:25 A.M. on the memory care unit and revealed upon entering the unit there was a strong, pervasive odor of foul smelling urine present, and the smell carried throughout the entire unit.</p> <p>Interview on 05/14/24 at 8:40 A.M. with Licensed Practical Nurse (LPN) #703 revealed he confirmed the memory care unit had a strong odor of foul smelling urine. LPN #703 stated housekeeping did clean on the unit, however, they did not spend much time on the memory care unit and did not remove the foul smelling urine odor.</p> <p>Observation was conducted on 05/14/24 at 10:30 A.M. of housekeeping on the memory care unit. The housekeeper was spraying air freshener throughout the memory care unit. A strong, pervasive odor of foul smelling urine could still be detected despite the air freshener.</p> <p>Review of the facility policy titled Homelike Environment last revised February 2021, revealed under section two it states The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include, under letter A. a clean, sanitary and orderly environment, under letter F. pleasant, neutral scents. Under section three the policy states The facility staff and management minimizes, to the extent possible, the characteristics of the facility that reflect a depersonalized, institutional setting. These characteristics include, under letter B. institutional odors.</p> <p>This deficiency identified non-compliance as an incidental finding during the investigation of Master Complaint Number OH00153659 and Complaint Numbers OH00153284 and OH00153155.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365795
		If continuation sheet Page 1 of 1