

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 01/15/2026
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and facility policy review, the facility failed to maintain a clean and sanitary homelike environment. This had the potential to affect all 92 residents residing in the facility. The facility census was 92. Findings include: On 01/12/26 between 9:45 A.M. and 11:00 A.M. an initial tour of the building was conducted. The following findings were observed:- room [ROOM NUMBER] was noted to have stained tiles in the room. A buildup of visible dirt and debris was noted behind the entrance door. The tiles in the bathroom were noted to be coming up. Visible dirt and debris were noted within the heating unit. Visible dirt and food were noted on the floor beneath the locked closet. The findings were verified by Certified Nurse Aide (CNA) #316 at the time of the observation.- room [ROOM NUMBER] was noted to have a buildup of visible dirt and debris behind the entrance door. Room floor tiles were noted to be stained. The bathroom was noted to have chipped floor tile. The bathroom door was noted with a hole in it. The toilet paper holder was noted to be broken. The bathroom sink was noted with visible dirt and what appeared to be beard shavings in it. Findings were verified by CNA #316 at the time of the observation.- room [ROOM NUMBER] was noted to have a buildup of visible dirt and debris behind the entrance door. Assistant Director of Nursing (ADON) #429 verified the findings at the time of the observation.- room [ROOM NUMBER] was noted with damaged tile next to A bed. ADON #316 verified the findings at the time of the observation.- The common area was noted to have a dirty floor. There was breakfast tray of food on an end table. The garbage was overflowing. ADON #316 verified the findings at the time of the observation. On 01/12/26 at 4:20 P.M. a subsequent tour of the building with Maintenance Director (MD) #409 revealed the following:- rooms [ROOM NUMBER] were noted to have a buildup of visible dirt and debris behind the entrance doors.- Rooms 404, 407, 408, and 412 were noted to have a buildup of visible dirt and debris behind the entrance doors.- room [ROOM NUMBER] was still noted to have a dirty bathroom sink with apparent beard shavings in it. The toilet paper holder was broken. Floor tiles in the bathroom were noted to be coming up. The bathroom door had a hole in it.- The common room on the 400 unit was noted to have a floor with visible dirt on it. The food tray remained on the end table.- rooms [ROOM NUMBERS] were noted to have a buildup of visible dirt and debris behind the entrance doors.- The mechanical lift on the 100 unit was noted to have visible dirt on the base of the unit.MD #409 verified the aforementioned findings at the time of the observation.A review of the facility policy titled; Homelike Environment, dated 02/2021, revealed residents were provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, home like setting. These characteristics include a clean, sanitary and orderly environment.This deficiency represents noncompliance investigated under Complaint Number 2678224.</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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