

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Vista Center at the Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 3379 Main Street Mineral Ridge, OH 44440	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>34297</p> <p>Based on observation and interview, the facility failed to ensure an effective pest control program. This finding had the potential to affect 122 residents of 125 who eat meals from the kitchen as three residents (Residents #99, #103 and #108) received nothing by mouth.</p> <p>Findings include:</p> <p>Interview on 05/03/24 at 9:18 A.M. with Resident #73 revealed he had concerns with flying ants which were all over the place.</p> <p>Interview on 05/03/24 at 9:33 A.M. with Kitchen Aide #808 revealed the facility used a green liquid in the mop water for gnats in the kitchen but the facility still had a lot of gnats flying around the kitchen.</p> <p>Observation on 05/03/24 at 9:35 A.M. with Kitchen Aide #808 of the food cart located right outside of the kitchen doors revealed five to six black gnats flying around inside the food cart.</p> <p>Observation on 05/03/24 at 9:38 A.M. with Kitchen Aide #808 of the kitchen area revealed multiple gnats flying around the dishwasher and sink area of the kitchen.</p> <p>Interview on 05/03/24 at 9:47 A.M. with Maintenance Director #809 confirmed the facility had a gnat problem and he was aware of the gnats in the kitchen.</p> <p>Review of a list of resident diets revealed Residents #99, #103 and #108 received nothing by mouth.</p> <p>Review of the undated Pest Control policy revealed the purpose of the policy was to attempt to prevent and control the entrance of pests and predators and eradicate infestations in the facility.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152338.</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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