

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 09/06/2025
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. (continued on next page)

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, review of the housekeeping cleaning schedule, interviews and facility policy review, the facility failed to maintain a clean and sanitary environment for residents. This affected six (Residents #1, #2, #3, #4, #5, and #11) of 21 residents residing on the 400 unit and had the potential to affect all residents residing in the facility. The facility census was 144. Findings include: 1. Review of the medical record for Resident #1 revealed an admission date of 12/18/18. Diagnoses included schizophrenia and unspecified intellectual disabilities. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 had impaired cognition. 2. Review of the medical record for Resident #2 revealed an admission date of 10/07/21. Diagnoses included schizophrenia and catatonic disorder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #2 had impaired cognition. 3. Review of the medical record for Resident #3 revealed an admission date of 04/03/14. Diagnoses included schizophrenia and Alzheimer's disease. Review of the quarterly MDS assessment dated [DATE] revealed Resident #3 had impaired cognition. 4. Review of the medical record for Resident #4 revealed an admission date of 07/23/18. Diagnoses included schizophrenia and bipolar disorder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #4 had impaired cognition. 5. Review of the medical record for Resident #5 revealed an admission date of 08/12/20. Diagnoses included dementia and anxiety disorder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #5 had impaired cognition. 6. Review of the medical record for Resident #11 revealed an admission date of 08/09/24. Diagnoses included schizophrenia and unspecified psychosis. Review of the quarterly MDS assessment dated [DATE] revealed Resident #11 had intact cognition. Observations on 09/06/25 from 8:14 A.M. to 9:00 A.M. of the west 400 unit noted the following: Dried coffee stains and miscellaneous food and paper debris on the floor throughout the unit. Resident #11's room noted the trash can was heaped over with garbage, and there was food on the floor and ground in dry brownish/blackish marks on the floor. Resident #1's room noted five serving bowls with food stored in the dresser drawers and several butter knives stored in the nightstand. Resident #1's linens were stained with brownish debris. Resident #2, who also resides with Resident #1, had a pillow that was without a cover that was heavily stained with orange/brown substances. Resident #3 and Resident #4 noted several (plus ten) gnats sitting and flying around the sink and countertop. Resident #5's room noted a strong smell of urine; the bathroom floor was wet and rusted where Resident #5 would urinate. The toilet seat was covered with dried feces. Interview on 09/06/25 from 8:39 A.M. to 8:50 A.M. Certified Nursing Assistant (CNA) #200 was the only staff working on the unit at the time of observations. CNA #200 stated housekeeping services do not clean this unit daily. CNA #200 stated that the mess was a daily thing, and she had brought her own cleaning supplies in to clean the unit. CNA#200 stated the unit needed to be cleaned daily due to the acuity and behaviors of the residents. Interview and observations with Housekeeping Director #201 verified the findings. She would get staff to clean the unit; no other comments were provided regarding the condition of the unit. Interview on 09/06/25 at 10:00 A.M., Housekeeper #208 stated she was able to complete her cleaning tasks daily. Housekeeper #208 did not work on the west 400 unit and was pulled from another unit to clean the west 400 unit. Review of housekeeping cleaning schedule signoff sheet for the month of September 2025 noted cleaning services were not signoff for 09/01/25, 09/03/25, and 09/04/25. Review of the facility policy titled Housekeeping Policy/Procedure, dated 2019, noted the facility will be maintained and cleaned to meet a home like environment for our residents. This deficiency represents noncompliance investigated under Complaint Number 1290111 (OH00167443).</p>		