

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365831	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER Lincoln Knolls Health & Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 31 Maranatha Drive Youngstown, OH 44505	
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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interviews and facility policy review, the facility failed to ensure a safe, clean, comfortable, homelike environment for one Resident (#115) of 34 residents investigated for physical environment. This had the potential to affect all residents in the facility. The facility census was 34. Findings include: A review of Resident #115's medical record revealed an admission date of 06/15/20 and diagnoses including chronic obstructive pulmonary disease (COPD) diabetes mellitus type II, morbid obesity, major depressive disorder, cirrhosis of the liver, anxiety disorder, attention deficit hyperactivity disorder (ADHD), chronic pain syndrome, muscle wasting, venous insufficiency, acquired absence of left foot, and alcohol abuse. A review of Resident #115's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Basic Interview for Mental Status (BIMS) score of 15 out of 15 which indicated intact cognition. Resident #115 required set-up and clean-up for eating and oral hygiene and required moderate assistance with bed mobility. The MDS also indicated Resident #115 often refused showers and shower transfers and preferred to be in bed most of the time. An observation of Resident #115's room on 04/21/26 at 12:30 P.M. revealed the following:- Multiple dark-colored stains on the wall opposite the bed under the television- Multiple yellow streaks on the wall next to the bed- A large pile resembling drywall dust on the floor behind the head of bed- A clear plastic pitcher on the floor under the bed- A clear empty pill cup on the floor near the head of the bed- A balled-up baseball-sized piece of used clear plastic wrap under the bed- Multiple spots resembling dried food debris on the bed frame and oxygen concentrator. An interview on 04/21/26 at 12:35 P.M. with Licensed Practical Nurse (LPN) #547 confirmed the above findings. An interview on 04/21/26 at 12:36 P.M. with Resident #115 revealed he was unaware of the last time his room was cleaned and stated he shouldn't have to live this way. An interview on 04/21/26 at 2:20 P.M. with the Administrator revealed housekeeping was expected to thoroughly clean each resident's room daily. Review of the facility's policy titled Routine Cleaning and Disinfection dated 2023 revealed routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces and high touch areas and cleaning of walls, blinds and window curtains will be conducted when visibly soiled. Review of the facility's policy titled Safe and Homelike Environment dated 2025 revealed housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. This deficiency represents noncompliance investigated under Master Complaint Number 2969318 and represents continued noncompliance from the annual survey completed on 02/23/26.</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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