

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Country Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 2765 North Elyria Road Wooster, OH 44691	

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 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>44808</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure garbage/refuse was contained within the dumpster. This had the potential to affect all 42 residents residing in the facility.</p> <p>Findings include:</p> <p>On 03/03/25 at 12:57 P.M., observation of the outside dumpster, which was in the parking lot approximately 50 feet away from the building, revealed the lid was broken and the trash in the dumpster was uncovered as a result. In addition, refuse including disposable gloves, disposable cups, straws, empty food packages and an incontinence brief were observed scattered about the dumpster.</p> <p>On 03/04/25 at 9:33 A.M., interview with the Administrator confirmed the dumpster lid was broken. She further stated the arm that held the dumpster lid in place was broken.</p> <p>Review of the facility policy titled Food-Related Garbage and Refuse Disposal, dated October 2017, revealed outside dumpsters would be kept closed and free of surrounding litter.</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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