STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365295	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Elm Health Care Center	370 Tarlton Road Circleville, OH 43113

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to ensure pre-admission screening and resident review (PASARR) was completed and updated to reflect a new qualifying diagnosis for a resident. This affected one (#5) of one resident reviewed for PASARR. The facility census was 88.Findings include:Record review for Resident #5 revealed the resident was admitted to the facility on [DATE]. Diagnoses included vascular dementia, hallucinations, and depression. Review of current and active diagnoses included a new diagnosis of unspecified psychosis not due to a substance or known physiological condition was added on 03/18/25.Review of the most recent PASARR documentation provided by the facility for Resident #5 revealed it was completed prior to admission on [DATE], with no further documentation which reflected the addition of the new diagnosis.Interview with Social Services Director #370 on 03/09/26 at 3:32 P.M. verified the last PASARR for Resident #5 was completed on 08/07/24. She verified a new diagnosis of unspecified psychosis was added on 03/18/25, and a new PASARR had not been completed.

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