

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2026
NAME OF PROVIDER OR SUPPLIER  Scioto Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  740 Canonby Place Columbus, OH 43223	
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 - Some</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>Based on observation, interview and review of facility policy the facility failed to maintain a clean, sanitary and pest free living environment for the residents. This affected six residents (Resident #9, #12, #18, #22, #24, and #84) of 95 residents reviewed for environment. The facility census was 95. Findings include: Findings include: Observation 03/30/26 at 9:16 A.M. of Resident #22's room revealed several holes on the top of the mattress and one bigger hole on the side of the mattress facing the doorway. The bathroom vanity was observed with rotted wood at the bottom. Observation on 03/30/26 at 10:10 A.M. of Resident #18's room revealed the floor was very dirty, his bed frame was coated with dust and food particles and the shower doors in the bathroom were removed from the tracks and sitting inside the shower. Observation on 03/30/26 at 10:53 A.M. of Resident #84's room revealed dried feces on the floor and bed and the shower doors in the bathroom were removed from the tracks and sitting inside the shower. Observation on 03/30/26 at 12:06 P.M. of Resident #24's room revealed the bed frame was dirty with food stains. Coackroaches were observed coming from her toilet after the bathroom door was opened and observed crawling across the floor. They resident stated the cockroaches are everywhere and it had started to piss her off because the facility should be doing something about the cockroaches. Observation on 03/30/26 at 12:28 P.M. of Resident #12's room revealed the bed frame was dirty with food stains and dust and the window sill was damaged with wood exposed. Interview on 03/30/26 at 2:16 P.M. with Resident #9's representative revealed the facility was not clean and had issues with cockroach infestation. Interview on 04/01/26 at 9:15 A.M. with Maintenance Supervisor #89 and Housekeeping Supervisor #52 verified the environmental and housekeeping issues. Review of facility policy titled Homelike Environment dated February 2021, revealed residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean, sanitary, and orderly environment. This deficiency represents non-compliance investigated under Complaint Number 2787253.</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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