STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366313	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scioto Pointe	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)
F 0563 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interviews and facility policy review, the facility failed to ensure visitation rights for Resident #33 were honored. This affected one of three residents reviewed for visitations. The facility census was 96.Findings include: Review of Resident #33's record revealed an admission date of 04/28/20 with diagnoses that included but were not limited to schizoaffective disorder, cerebral infarction and Parkinson's disease Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12. The resident was assessed to require supervision assistance from staff with toileting, transfers and personal hygiene. Review of Progress notes revealed an activity preference note dated 03/26/26 stating resident enjoys visits form her family and going on outside family visits. Interview with Resident #33 on 06/10/26 at 2:30 P.M. revealed she enjoyed it when her sister visited and wanted her to visit. Interview on 06/10/26 at 2:50 P.M. with the Administrator revealed she banned SR # 33's sister from visiting in March 2026 after an incident involving the family member and staff despite any formal or legal documents to prevent the family member from visiting. Administrator also confirmed Resident #33 still desired to visit with her sister and no accommodations had been made. Review of the facility policy titled Visitation dated November 2025 revealed residents are permitted to have visitors of their choice at the time of their choosing and the facility provides access for individuals visiting with the consent of the resident. This deficiency represents non-compliance investigated under Complaint Number 3039203 and 3013766.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interviews and facility policy review, the facility failed to maintain an environment free from pests. This affected five (Residents # 77, # 82, # 83, # 89 and # 90) of 22 residents residing on the 400 hall. The facility census was 96.Findings include:Observation of resident rooms on 06/10/26 from 9:00 A.M. to 10:00 A.M. revealed live cockroaches in Residents # 77, # 82, # 83, # 89 and # 90's bathrooms. Interviews during room observations on 06/10/26 from 9:00 A.M. to 10:00 A.M. with Maintenance Director # 423 and Housekeeping Director # 515 confirmed live cockroaches in the residents' rooms.Review of pest control service reports for May 2026 to June 2026 revealed no resident rooms on the 400 hall were treated for cockroaches. Review of facility policy titled Pest Control last revised May 2008 revealed the facility shall maintain an effective pest control program and the facility shall maintains an ongoing pest control program to continuously eliminate any insects and rodents. This deficiency represents non-compliance investigated under Complaint Number 3039203 and 3013766.