

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2025
NAME OF PROVIDER OR SUPPLIER Scenic Pointe Nursing and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8067 Township Road 334 Millersburg, OH 44654	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, interview, policy review, the facility failed to ensure home health services were arranged prior to resident discharge from the facility. This affected one resident (#139) of three resident records reviewed. The census was 136.</p> <p>Findings include:</p> <p>Review of Resident #139's medical record revealed he was admitted to the facility on [DATE] and discharged on 03/20/25. Diagnoses included cerebral infarction, hemiplegia and hemiparesis, vascular dementia, dysphagia, impulse disorder, major depression, and intermittent explosive disorder.</p> <p>Review of the annual minimum data set (MDS) assessment dated [DATE] revealed his cognition was intact. He required supervision or touching assistance with eating, oral hygiene, dependent on toileting, dressing, personal hygiene and turning and repositioning. He was frequently incontinent of urine and always incontinent of bowel.</p> <p>Review of the physician's orders revealed an order on 03/20/25 to discharge home. Review of the progress notes dated 03/18/25 at 10:54 A.M. by Social Service revealed Social Worker #256 faxed the resident's needed information to [NAME] Bridge Home Health.</p> <p>On 04/07/25 at 11:28 A.M. interview of Social Service Designee (SSD) #201 revealed on resident discharge they make the arrangements for home health, follow-up appointments, equipment and therapy prior to them going home. In regard to Resident #139, SSD #201 did not discharge Resident #139 but will check and see if therapy was ordered since therapy suggested it be ordered.</p> <p>On 04/07/25 at 1:08 P.M. during phone interview with [NAME] Bridge Home Health Staff #200 revealed they did not have a client by that name (Resident #139).</p> <p>On 04/07/25 at 9:52 A.M. and 1:10 P.M. phone interviews with Resident #139 revealed the resident has not had home health services since he was discharged from the facility and came home. The home health agency the facility contacted do not take care of residents under the age of 60.</p> <p>On 04/07/25 at 1:15 P.M. interview with the Administrator and Director of Nursing (DON) revealed they were not aware Resident #139 was not receiving Home Health services. They thought they had been arranged prior to the resident's discharge.</p> <p>(continued on next page)</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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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Discharge Process for Planned Discharge policy and procedure dated 08/15/13 and revised 04/30/18 revealed Social Service or designated person will coordinate the resident's discharge planning process.</p> <p>The discharge process should include, but not limited to, an assessment of:</p> <ol style="list-style-type: none"> 1. Resident/Primary Caregiver responsibilities, capabilities, and educational needs. 2. Transportation home. 3. Equipment needed at home and obtain the equipment. 4. Supplies needed at home and instruct residents home to obtain. 5. Housekeeping, laundry, grocery shopping, bill paying etc. 6. Psycho-social systems available at home. 7. Physical support systems available at home (accessible phone, utilities, access to bathroom, and bedroom access to entry of home etc.) 8. Referral for therapy after discharge. 9. Community referrals needed for support services at home (Home Health, Emergence Alarm Necklace, housekeeping etc.) 10. Follow-up appointments with physician/specialists, arrangements for labs and testing etc. 11. Make arrangements for medications. <p>Discharge Follow-Up revealed a representative of the facility will place follow up calls to the resident or designated contact person in about 3 days and again in 3 weeks after discharge back to the community. Give the opportunity for the resident to ask questions and express concerns to seek direction. Follow up calls will be made on the Home Discharge Follow Up Log There was no documented evidence any follow up calls were made.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164217.</p>		