

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Ohio Veterans Home - Georgetown		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 Veterans Blvd Georgetown, OH 45121	

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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and staff interview, the facility failed to ensure regulatory physician visits were conducted by the physician or authorized designee at least every 60 days. This affected four (#75, #84, #88, and #94) of four residents reviewed for physician services. The facility census was 102.</p> <p>Findings include:</p> <p>1. Record review for Resident #88 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included Alzheimer's disease, Diabetes Mellitus, and emphysema.</p> <p>Review of the significant change Minimum Data Set (MDS) assessment, dated 05/28/25, revealed the resident was assessed to have intact cognition.</p> <p>Review of the facility assessments for Resident #88 revealed the most recent regulatory visit and exam had been completed by the physician on 03/24/25.</p> <p>2. Record review for Resident #75 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included Alzheimer's disease, dementia, and major depressive disorder.</p> <p>Review of the quarterly MDS assessment, dated 04/16/25, confirmed the resident was assessed to have severely impaired cognition.</p> <p>Review of the facility assessments for Resident #75 revealed the most recent regulatory visit and exam had been completed by the physician on 03/24/25.</p> <p>3. Record review for Resident #74 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included cerebrovascular disease, hemiplegia and hemiparalysis, and seizures.</p> <p>Review of the quarterly MDS assessment, dated 04/09/25, revealed the resident was assessed to have intact cognition.</p> <p>Review of the facility assessments for Resident #94 revealed the most recent regulatory visit and exam had been completed by the Nurse Practitioner (NP) on 03/28/25.</p> <p>4. Record review for Resident #84 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included non-traumatic brain dysfunction, heart failure, and hypertension.</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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the quarterly MDS assessment, dated 04/23/25, revealed the resident was assessed to have mildly impaired cognition.</p> <p>Review of the facility assessments for Resident #84 revealed the most recent regulatory visit and exam had been completed by the NP on 03/25/25.</p> <p>Interview with the Director of Nursing (DON) on 06/13/25 at 1:00 P.M. confirmed the facility did not currently have a physician to conduct in-person regulatory visits. The DON confirmed the last regulatory visits for four residents (#75, #84, #88, and #94) had been conducted in March 2025.</p> <p>This deficiency represents non-compliance identified during the investigation of Complaint Number OH00165866.</p>