

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2025
NAME OF PROVIDER OR SUPPLIER Violet Springs Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 603 Diley Road Pickerington, OH 43147	

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (continued on next page)

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: 366474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2025
NAME OF PROVIDER OR SUPPLIER Violet Springs Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 603 Diley Road Pickerington, OH 43147	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, and facility policy review, the facility failed to document and address a resident representative grievance timely. This affected one (Resident #54) of three resident grievances reviewed. The census was 52. Findings Include: Record review for Resident #54 revealed he was admitted to the facility on [DATE]. His diagnoses were peritoneal abscess, sclerosing mesenteritis, other disease of stomach and duodenum, other specified diseases of intestines, syncope and collapse, unspecified severe protein-calorie malnutrition, occlusion and stenosis of bilateral carotid arteries, hypertensive heart and chronic kidney disease with heart failure, congestive heart failure, chronic kidney disease, other ventricular tachycardia, atherosclerotic heart disease, hypo-osmolality and hyponatremia, nonrheumatic aortic (valve) stenosis, unspecified right bundle-branch block, old myocardial infarction, and hyperlipidemia. Review of his Brief Interview for Mental Status (BIMS) assessment, dated 09/12/25, revealed he was cognitively intact. Review of Resident #54 medical records found that he was discharged from the facility on 10/02/25 to the hospital for a physician ordered direct admission to deal with on-going medical issues that was outside the scope of care for the facility to manage. Observation on 10/09/25 at approximately 9:15 A.M. revealed a black stand lamp brought to the conference room by the Administrator. The lamp matched the description of a lamp that was alleged to have been stolen from Resident #54 while he was in the facility. The Administrator verified during the observation the lamp belonged to Resident #54 and the facility was still in possession of it. Interview with Plant Operations Director #155 and Administrator on 10/09/25 at 9:50 A.M. and 9:58 A.M. confirmed the facility had Resident #54's lamp in the maintenance office. They confirmed they took it out of his room after it was discovered the family had plugged it into an extension cord, so they removed the extension cord and the lamp from his room. Plant Operations Director #155 stated he told Resident #54 he was taking the lamp out of his room. When asked what Resident #54's response was, he stated, he really didn't have a response. The Administrator confirmed that on 09/30/25, there was a note left on his room door by Resident #54's family, stating they were missing the lamp and would like it back. The Administrator confirmed he was aware the family had made the request, but had not gotten the lamp back to them. He stated he attempted to contact the family with no success. He confirmed he does not have the note the family left, and he confirmed there was no documentation to support he completed a grievance investigation/resident concern form and confirmed there was not a resolution to the grievance. Review of facility Resident Concern Process procedure, dated 12/16/24, revealed the facility will provide an open and customer friendly atmosphere for residents and their families and representatives to voice concerns and problems with their assurance that this concerns will be heard and acted upon. The facility will be committed to the on-going education of their employees on immediately responding to and resolving customer concerns. Enter the concern using the desktop icon labeled Resident Concern Form. All concerns should be entered electronically, however Environmental and Dining departments may use a paper Resident Concern form, submitting to their supervisor who will enter. Concerns are reviewed in morning meeting, noting new entries and assigning them for follow up and resolution. Follow up from the department leader will occur within 24-48 hours with resolution entered in the electronic record. The department leader will document the resolution on the concern form using an addendum when needed and will follow up with the person reporting the concern to explain the resolution.</p>		