STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366492	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwich Springs Health Campus	4680 Library Way Hilliard, OH 43026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed medical record review and staff interview, the facility failed to ensure timely coordination of outside medial appointments. This affected one (#77) of three residents reviewed for medical appointment follow-up. The facility census was 50. Findings include:Review of the closed medical record revealed Resident #77 was admitted to the facility on [DATE]. Diagnoses included Type II diabetes mellitus, chronic kidney disease, morbid obesity, and spinal stenosis. The resident discharged to the hospital on [DATE].Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #77 had mild cognitive impairment. Review of the hospital After Visit Summary (AVS), dated 05/01/26, revealed Resident #77 had spinal surgery and needed an orthopedic follow-up appointment within two weeks. Review of a nursing progress note dated 05/25/26 revealed Resident #77 should have a follow-up appointment with the (orthopedic) surgeon, please call to make appointment and arrange transportation. Review of a physician order dated 05/27/26 revealed Resident #77 had an orthopedic appointment scheduled for 05/28/26 at 1:20 P.M. Further review of Resident #77's medical record revealed no evidence an orthopedic follow-up appointment was scheduled, or was attempted to be scheduled, within two weeks as indicated on the hospital AVS. Interview on 06/10/26 at 10:03 A.M. with Resident #77 revealed that during the initial care conference at the facility, Social Services Director (SSD) #189 stated she would schedule the orthopedic appointment and arrange transportation. Interview on 06/10/26 at 11:15 A.M. with SSD #189 revealed she did not arrange outside physician appointments, but rather relayed the appointment request to the medical records nurse. A telephone interview on 06/10/26 at 2:17 P.M. with Patient Care Coordinator (PCC) #202 with the orthopedic physician's office revealed the facility's first contact with them regarding an appointment for Resident #77 was not until 5/26/26, when they received a voicemail from the facility. PCC #202 stated they returned the call on 05/27/26 at 9:26 A.M. and scheduled an appointment for 06/01/26. PCC #202 stated the facility called back on 05/27/26 at 3:04 P.M. and requested a sooner appointment, which was arranged for 05/28/26.This deficiency represents non-compliance investigated under Complaint Number 3026049.

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