

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365583	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER VILLA CAMILLUS THE		STREET ADDRESS, CITY, STATE, ZIP 10515 E RIVER RD COLUMBIA STATION, OH 44028	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations and resident and staff interviews, the facility failed to maintain housekeeping services to provide a clean and sanitary environment. This had the potential to affect 15 (#01, #02, #03, #04, #05, #06, #07, #08, #09, #10, #11, #12, #13, #14 and #15) of 15 residents who reside on the unit. The census was 55. Findings include: Observations made on 07/23/20 at 8:20 A.M., with State tested Nurse Assistant (STNA) #10 revealed a strong odor of urine in the Resident #01's bathroom. STNA #10 stated the resident had been moved to another room because the maintenance staff had to replace the carpet/flooring because it was saturated with dog feces and urine. All of the property was placed back into the room, however, the strong odor of urine and feces remained. Continued observations revealed packs of puppy urine pads located in the bathroom. STNA #10 stated Resident #01 does not use the bathroom, the current smell is still from dog urine and feces. Interviews on 07/23/20 between 8:11 A.M. and 9:26 A.M., with STNA #11, Human Resource Director (HRD), Dietary Manager (DM), Housekeeper (HK) #22, Registered Nurse (RN) #12 and Administrator stated Resident #01's dog would urinate and defecate on the bed and floor. Staff stated the dog is blind, deaf and can barley walk so the dog was not walked outside. HK #22 stated she had to wear foot covers on her shoes because the carpet was saturated with feces and urine. HK #22 also stated the smell turned her stomach and made her nauseated daily. STNA #11 verified that the smell of urine and feces remained. Resident #01 would refuse care for himself but would require staff to care for the dog. Staff stated the care is not the responsibility of staff and has been a battle for years. Staff stated the facility was managed by a management company until they were released for wanting to remove the dog from the premises. Staff stated the Administration and department heads were aware of the extreme circumstances with Resident #01, but felt like their hands were tied. Staff stated this has been an ongoing problem for months now. Interview on 07/23/20 at 9:00 A.M., with Resident #03 who resides in the room next door to Resident #01 stated the smell was terrible and remained daily. Resident #03 stated the only reason the smell has dissipated some is because Resident #01 is out of the facility and the dog was with family. This deficiency substantiates Complaint Number OH 336.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.