



[Today in Words()]

[Complainant Names()]

[Complainant Address()]

RE: Complaint Control Number: [Complaint Number()]

Dear [Complainant Names()]:

I want to thank you for taking the time to share with the Ohio Department of Health your concerns regarding [Facility Name()].

As a result of your information, we conducted an on-site investigation of [Facility Name()], on [Exit Date (Words())]. The investigation included a thorough review of your allegations and completion of an abbreviated survey of the facility under the provision of State and Federal regulations as appropriate. Based upon the findings of the investigating surveyors, the complaint was substantiated. [Facility Name()] was cited for violations of State and/or Federal regulations.

If you would like a copy of the Statement of Deficiencies and Plan of Correction FORM CMS-2567 by e-mail, please send us a written request to PRI@odh.ohio.gov – and be sure to include the facility name and Investigation Control Number listed above. To request that a copy of the report be sent to you by mail, please send a written request, including a self-addressed stamped envelope, to the address below. Please be sure to include the facility name and Investigation Control Number listed above. If you request a copy by mail, please note that there is no duplication charge for the first 40 pages, but you will receive a bill at 5 cents per page thereafter. We strive to process requests within 4 to 6 weeks, but the actual time may vary.

Ohio Department of Health
Bureau of Information and Operational Support
Public Information

246 North High Street, 3rd Floor
Columbus, OH 43215-2412

[Complainant Names()]

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The mission of the Ohio Department of Health is to protect and improve the health of all Ohioans, and we are deeply committed to this work. If you have any questions, please contact [Custom Text Prompt(Kathleen Mitchell, R.N. **OR** Karen Gingery, R.D., L.D.)], at [Custom Text Prompt(Telephone: 330-643-1300 **OR** 419-245-2840)]. In addition, the Long-Term Care Ombudsman may be able to work with you to help address concerns with the provider. Your local Long-Term Care Ombudsman may be reached at 1-866-243-5678.

Sincerely,

[Custom Text Prompt(Kathleen Mitchell, R.N. **OR** Karen Gingery, R.D., L.D.)], Survey
Administrator

Bureau of Survey and Certification

[Custom Text Prompt(Region; e.g., Eastern **OR** Western)] Region

[Custom Text Prompt(Initials; e.g., AA/bb)]