

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER Embassy of Winchester		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110	

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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32654</p> <p>Based on the unprecedented global pandemic that resulted in the Presidential declaration of a State of National Emergency dated [DATE], Department of Health and Human Services, Centers for Medicare & Medicaid (CMS) Memos, Nursing Home Guidance from the Centers for Disease Control (CDC), review of facility policy and procedures, review of the facility floor plan, observations, staff interviews and record reviews, the facility failed to implement effective and recommended infection control practices, including the implementation of appropriate isolation and quarantine procedures to prevent the spread of COVID-19 within the facility. This resulted in Immediate Jeopardy when the facility failed to implement adequate infection control measures increasing the resident outbreak status of five residents (#22, #47, #61, #128 and #383) testing positive for COVID-19 on [DATE] to seven residents (#44, #52, #59, #64, #115, #384 and #482) testing positive for COVID-19 on [DATE]. Furthermore, Resident #128 who was COVID-19 positive expired on [DATE] in the facility.</p> <p>On [DATE] observations made onsite revealed the COVID-19 unit and quarantine units lacked personal protection equipment (PPE) carts and biohazard waste receptacles for each room, resulting in staff walking down the hallways in soiled PPE, staff wearing N95 masks without a covering while entering and exiting quarantine rooms, staff not wearing goggles or face shield and not cleansing the goggles and/or face shield if worn when exiting COVID-19 positive rooms and/or quarantine rooms. Biohazard receptacles were overflowing with soiled PPE, staff were observed not washing hands after removing PPE and transporting soiled linens, and staff placed soiled N95 mask on the clean PPE storage cart while donning clean PPE then picking the soiled N95 mask up with clean PPE. The lack of current effective infection control practices during a COVID-19 outbreak in the facility placed all 134 residents at risk for the likelihood of harm, complications and/or death. The facility census was 134 residents.</p> <p>On [DATE] at 3:37 P.M. the Administrator was notified that Immediate Jeopardy began on [DATE] when infection control practices were not maintained resulting in the risk of continued transmission of COVID-19 amongst staff and residents. Continued breaches in infection control practices on the COVID-19 and quarantine unit after five residents tested positive on [DATE] and seven more on [DATE] put all 134 residents at risk of potential harm.</p> <p>The Immediate Jeopardy was removed on [DATE] when the facility implemented the following corrective actions:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER Embassy of Winchester		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 2:30 P.M. immediate education was provided to 14 State tested Nursing Assistants (STNA), four Licensed Practical Nurses (LPN) and two Registered Nurses (RN) on duty by RN #540 regarding PPE for quarantine and isolation rooms, and PPE should be readily available near rooms. N95 masks should be changed out within each room or a surgical mask placed over and then the surgical masks changed out after each room. Goggles should be cleaned in between each room. Biohazard boxes should be emptied when full and joint equipment must be cleaned before exiting hall of quarantine or isolation hallways.</p> <p>On [DATE] at 3:05 P.M. education was provided to all facility staff by RN #406 via text application. The RN sent all staff education including PPE must be placed near each door for easy reach and use. Trash can bins must be placed inside the doorway of each room on quarantine or isolation units. N95 masks must be changed after each room or place a surgical mask over N95 in each room and discard after each room. Goggles are to be cleaned in between use. Biohazard boxes must be emptied and not allowed to spill over. PPE must be changed between units and equipment cannot be taken off quarantine or isolation units with cleaning.</p> <p>On [DATE] at 3:05 P.M. review of all residents potentially affected per RN #406 revealed all residents from G unit (quarantine unit for COVID-19 exposure) were already in quarantine due to potential exposure. Review of all residents on the F unit (COVID-19 positive unit) revealed all residents were already in quarantine.</p> <p>On [DATE] at 3:30 P.M. all staff working completed competency on correct process and procedure including changing the N95 mask between each room or place a surgical mask over the N95 mask and change the surgical mask in between each room. When entering a COVID-19 or quarantine room all PPE (gown, gloves, N95 (surgical mask over) and eyewear must be worn. When leaving an isolation room all PPE must be removed inside the doorway and eye coverage must be cleansed between each room per the Administrator.</p> <p>On [DATE] at 4:30 P.M. the Administrator and RN #406 verified all rooms on quarantine units (located on unit B and G) have a designated biohazard trash can in each room.</p> <p>On [DATE] at 4:45 P.M. signs were placed on hallways/doorways explaining PPE procedure by the Administrator.</p> <p>On [DATE] at 5:00 P.M. an emergency Quality Assurance Performance Improvement (QAPI) with the Administrator, Social Services #481, MDS Coordinator #453, Registered Dietician (RD) #488, Housekeeping/Laundry Supervisor #447, Admissions/Marketing #336, Human Resources #420, Director of Nursing (DON) #374, Activities #460, Therapy #548, Maintenance Director #346, Licensed Practical Nurse (LPN) #304 and Registered Nurse (RN) #406.</p> <p>On [DATE] at 9:00 P.M. a root cause analysis was completed by RN #406 and out of an abundance of caution the facility implemented the following QAPI measures:</p> <p>1. On [DATE] staff member and/or manager was assigned to oversee each designated unit to initiate and continue ongoing auditing of practices.</p> <p>Ongoing QAPI includes:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER Embassy of Winchester		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Infection Control Nurse/Infection Preventionist and governing body will review ongoing audits weekly and as needed.</p> <p>2. On [DATE] audits initiated per designated staff members of Interdisciplinary Team (IDT) to be assigned to each unit to complete audits of donning/doffing PPE, use of PPE, and hand hygiene every one to two hours for 12 hours on each hall, then reduce to three times daily on each hallway for two weeks or until outbreak is complete. Once outbreak completed, audits are to continue on each hall daily four times a week for two weeks.</p> <p>3. Weekly QAPI for four weeks per the Administrator.</p> <p>On [DATE] at 10:05 A.M. individual education was provided to STNA #423 by RN #540 on PPE (gown, gloves, N95, and goggles or face shield) use when escorting residents outside to smoke.</p> <p>On [DATE] at 4:54 P.M. education was provided to all facility staff by RN #406 via text application. The RN sent all staff education including all staff must wear PPE (gown, gloves, N95 mask, and goggles or face shield) when assisting residents outside to smoke who are residing in the quarantine areas (housed residents with COVID-19 exposure). PPE must be worn while assisting the residents.</p> <p>On [DATE] at 6:00 P.M. reeducation was provided to Admission/Marketing #334 on proper mask wearing and removal and disposal of soiled PPE (gown, gloves, masks, goggles/face shield).</p> <p>Although the Immediate Jeopardy was removed on [DATE], the facility remained out of compliance at Severity Level 2 (no actual harm with potential for more than minimal harm that is not Immediate Jeopardy) as the facility was still in the process of implementing their corrective actions and monitoring to ensure on-going compliance.</p> <p>Findings include:</p> <p>On [DATE] at 8:00 A.M. upon arrival to the facility the Administrator revealed the facility was in a COVID-19 outbreak from a positive staff member.</p> <p>Review of the facility's floor plan provided by the Administrator revealed the East building B unit had five resident rooms (Resident #18, #19, #20, #21 and #23's room) barriered off with plastic and labeled as a yellow quarantine unit for COVID-19 exposure. Further review revealed the [NAME] Building F unit had seven rooms (Resident #67, #68, #69, #70, #70, #72 and #73's room) barriered off with plastic and labeled as a red COVID-19 unit which housed the facility's COVID-19 positive residents. The three remaining rooms on the F unit (#65, #66 and #75) were labeled as a yellow quarantine unit. Additionally, the entire G unit of the [NAME] building was labeled as a yellow quarantine unit for COVID-19 exposure.</p> <p>Review of the COVID-19 test results provided by the facility revealed STNA #300 tested positive for COVID-19 on [DATE] at which time the entire G unit was placed on quarantine for COVID-19 exposure as well as five resident rooms on the B unit contained in the [NAME] building.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER Embassy of Winchester		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the Outbreak Timeline provided by the facility revealed on [DATE] mass testing was completed for both staff and residents following a COVID-19 positive staff result on [DATE]. Five residents (#22, #47, #61, #128 and #383) tested positive for COVID-19 and were moved to the [NAME] building F unit which contained the COVID-19 positive unit.</p> <p>Review of the COVID-19 test results provided by the facility revealed STNA #301 tested positive for COVID-19 on [DATE].</p> <p>The facility conducted mass testing on [DATE] and an additional seven residents (#44, #52, #59, #64, #115, #384 and #482) tested positive for COVID-19. The entire F unit was then converted to the COVID-19 unit. Additionally, LPN #302 tested positive for COVID-19 on [DATE].</p> <p>Review of the CDC guidelines revealed for residents with new-onset suspected or confirmed COVID-19 test results the facility should: Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible pending results of SARS-CoV-2 testing. Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g., residents who have fever, for example, due to a non-COVID-19 illness could be put at risk if moved to a COVID-19 unit). If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross transmission. If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).</p> <p>On [DATE] at 11:18 A.M. through 12:30 P.M. an initial observation of the G hallway, quarantine unit for COVID-19 exposure, revealed two red plastic biohazard totes sitting on the left side of the hallway with overflowing soiled PPE. Further observations revealed each resident room was not allotted a PPE storage container or a biohazard container to discard soiled PPE prior to leaving various resident rooms. STNA #303, LPN #304 and Housekeeper #305 were observed entering and exiting quarantine rooms without having a covering over their N95 mask or changing their N95 mask upon exiting resident rooms. Additionally, the staff failed to cleanse their goggles between resident rooms. Three unidentified residents who were in quarantine were outside the exit door at the end of the hallway smoking without social distancing between residents and STNA #303. STNA #303 was not utilizing the required mask, eye protection, gown and gloves while supervising the quarantined residents who were smoking.</p> <p>On [DATE] at 1:11 P.M. observation of STNA #302 revealed she exited Resident #32 and Resident #74's room, who were on quarantine for COVID-19 exposure, without a covering on her N95 or changing her N95 mask, carrying a clear plastic bag of soiled linen. The STNA walked to the end of the hallway and placed the soiled linen in a black plastic covered trash can and entered Resident #36's room, who was on quarantine for COVID-19 exposure, without changing her N95 mask or washing her hands and assisted Resident #36. Interview with STNA #304 confirmed she did not change her N95 mask or wash and/or sanitize her hands.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER Embassy of Winchester		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 1:12 P.M. observation of Housekeeper #305 revealed she exited Resident #62 and Resident #83's room who were on quarantine for COVID-19 exposure without a covering to her N95 mask or changing her mask. She placed her housekeeping cart on the right side of the hallway and exited the G unit (quarantine unit) with the same N95 mask she had on in the above-named resident room and failed to wash or sanitize her hands. Interview with Housekeeper #305 confirmed she had not changed her N95 mask or washed and/or sanitized her hands.</p> <p>Observation on [DATE] at 1:14 P.M. revealed STNA #307 exited Resident #87's (quarantined for COVID-19 exposure) room after providing care, walked to a black covered trash can, removed gown and gloves and walked down the hallway. Interview with STNA #307 verified at the time of the observations she had not sanitized her hands or changed her N95 mask once she completed her care for Resident #87.</p> <p>On [DATE] at 1:22 P.M. Activity Assistant #306 was observed exiting the G unit (quarantine unit) with a mechanical lift without sanitizing the equipment prior to exiting the unit. After surveyor intervention, Activity Assistant #306 stopped RN #468 and asked if she was supposed to do anything with the mechanical lift.</p> <p>On [DATE] at 2:07 P.M. the G unit (quarantine unit) meal cart was delivered by an unidentified dietary aide wearing an N95 mask. The dietary aide's goggles were sitting on top of his head. The dietary aide was observed exiting the unit with the same N95 mask and failed to cleanse his hands and goggles.</p> <p>On [DATE] at 2:11 P.M. observation of STNA #307 revealed she delivered Resident #284, who was in quarantine, his lunch meal with a gown, gloves, N95 mask and goggles in place. She exited the room, walked down the hallway to the meal cart and obtained Resident #131's lunch tray. The STNA walked back to Resident #131's room and entered the room. The resident refused the meal after the STNA placed the tray on the resident's bedside table. STNA #307 exited the room, walked across the hallway and placed the meal tray in an empty wheelchair sitting against the wall. The STNA verified the observations and was unable to verbalize who the empty wheelchair belonged to. Further observations revealed LPN #304, STNA #303, and STNA #307 continued to deliver resident meal trays without washing and/or sanitizing hands between changing PPE. Interview with STNA #303, STNA #307 and LPN #304 verified the lack of handwashing and/or sanitizing their hands when changing PPE.</p> <p>On [DATE] at 2:27 P.M. observation of LPN #304 revealed she exited Resident #43 and Resident #125's room, who were in quarantine for COVID-19 exposure, with a soiled N95 mask on, walked across the hallway to the plastic cart containing clean PPE, removed the soiled N95 mask and placed it on top of the plastic cart containing clean PPE. The LPN then donned a gown, gloves, and a N95 mask. LPN #304 failed to wash and/or sanitize her hands or cleanse her goggles prior to donning the clean PPE. LPN #304 then picked the soiled N95 mask up and walked to a biohazard trash can and discarded the mask. LPN #304 then removed a tray from the meal cart to deliver. Interview with LPN #304 confirmed she placed a soiled N95 mask on the clean PPE container, failed to wash and/or sanitize her hands, and did not cleanse her goggles prior to donning the clean PPE.</p> <p>On [DATE] at 4:20 P.M. observation of STNA #506 revealed the STNA exited Resident #383's (COVID-19 positive resident) room wearing full PPE, walked to other end of the COVID-19 unit to the biohazard bin, took off her PPE, did not wash hands, washed her eye protection, donned clean PPE then washed hands. The STNA verified that she walked across the covid unit with soiled PPE and did not wash her hands after removing the soiled PPE.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER Embassy of Winchester		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 9:03 A.M. observation of STNA #539 revealed the STNA was wearing her eye protection on top of her head, not covering her eyes, while cleaning up a breakfast tray from Resident #65 in the unit lounge. Interview at the time of the observation with STNA #539 confirmed she was not wearing eye protection appropriately while providing resident care.</p> <p>Observation on [DATE] at 9:48 A.M. revealed Resident #73 (a quarantined resident) was outside smoking with STNA #423 assisting. The only PPE STNA #423 was utilizing was an N95 mask and a face shield, she did not have gloves or a gown on, and was not social distancing.</p> <p>Interview on [DATE] at 9:50 A.M. with RN #406 stated she would expect staff to wear full PPE when taking a quarantine resident out to smoke.</p> <p>Interview on [DATE] at 9:55 A.M. with STNA #423 and RN #406 present confirmed STNA #423 did not utilize all appropriate PPE while assisting a resident to smoke who was under quarantine status for COVID-19 exposure.</p> <p>On [DATE] at 3:37 P.M. observation of Admission/Marketing #336 exiting Resident #52's room, who was in quarantine for COVID-19 exposure, revealed she removed her N95 mask at the resident's door and put on a clean N95 mask. She then placed the soiled mask into her pocket and exited the G unit (quarantine unit for COVID-19 exposure) in the [NAME] building. Admission/Marketing #336 confirmed by pulling out the soiled N95 mask from her pocket and state, I don't know what to do with it.</p> <p>Review of the CDC guidelines Sparkling Surfaces: Stop COVID-19's Spread revealed the virus that causes COVID-19 can be spread by indirect contact with contaminated surfaces. Surfaces that were touched frequently increase the chance that germs could be spread to residents and staff. On surfaces which look clean, pathogens might be present. The coronavirus causing COVID-19 has been shown to survive on surfaces from several hours to days.</p> <p>Review of the facility policy titled, Care for the Patient with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19), last revised on [DATE], revealed the facility had designated specific areas within the facility, with facility staff to care for known or suspected COVID-19 patients with options for extended use of respirators, facemasks and eye protection on such units or patient areas. The facility would follow the CDC recommendations in caring for the known or suspected COVID-19 patient. Patients with known or suspected COVID-19 should be cared for in a single person room with the door closed with a private bathroom and/or bedside commode as able. A sign would be placed on the door and PPE will be placed outside of the resident room. N95 masks or disposable masks should be discarded after exiting the patient's room and/or quarantine unit or care area (COVID-19 unit) and closing the door. The staff member should then perform hand hygiene after discarding the respirator or facemask. Put on eye protection (goggles and/or disposable face shield) that covers the front and sides of the face upon entry to the patient's room or care area. Reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use. Staff should put on clean, non-sterile gloves upon entry into the patient room or care area. Remove and discard gloves when leaving the patient room or care area and immediately perform hand hygiene. The facility would utilize PPE items in facility and patient care areas in accordance to current guidance per local, state or federal guidance. Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19 as able. All non-dedicated, non-disposable medical equipment used for patient care will be cleaned and disinfected according to manufactures instructions and cleaning schedule.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER Embassy of Winchester		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>This deficiency substantiates Complaint Number OH00126920.</p>		