



[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)()]. After a thorough investigation, our surveyors were unable to find evidence that substantiates the issue or issues you raised, **(Unsubstantiated and no citations, include the following sentence.)** and we have determined that [Facility Name()] was in compliance with regulatory requirements at the time of the investigation. Please be assured that we take your concerns very seriously but can only act on issues that are substantiated at the time of an investigation. **(Unsubstantiated, unrelated citation(s), use the following sentence.)** However, based on information gathered during the investigation of your allegations, the facility was found not to be in compliance and unrelated State and/or Federal violations were cited.

To view and print the Statement of Deficiencies online, please use the following link and filter based on the provider type and location: [http://publicapps.odh.ohio.gov/eid/Provider\\_Search.aspx](http://publicapps.odh.ohio.gov/eid/Provider_Search.aspx)

To request that a copy of the report be sent to you by mail or by email, please send a written request, including a self-addressed stamped envelope, to the address below or to [PRI@odh.ohio.gov](mailto:PRI@odh.ohio.gov). 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 Regulatory Operations  
Public Information  
246 North High Street, 3rd Floor  
Columbus, OH 43215-2412

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(Initials; e.g., AA/bb)]