

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Versailles Rehab + Healthcare Center</i>	Type of Inspection	Date <i>9/16/2020</i>
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Observations and Corrective Actions (continued)

Mark 'X' in appropriate box for COS and R. COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>closed to public due to COVID.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>NURSING DIRECTOR recommended not going</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>APPROVAL FROM ODH attached</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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Person in Charge:	Date:
Sanitarian: <i>[Signature]</i>	Licensors: <i>DC+HD</i>