

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Norworth The		STREET ADDRESS, CITY, STATE, ZIP CODE 6830 North High Street Worthington, OH 43085	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44070</p> <p>Based on observation, staff interview, medical record review and review of facility policy, the facility failed to ensure pureed foods were prepared in a manner to maintain nutritive value. This affected one (#46) of three residents reviewed for diet orders. The facility identified two residents with physician ordered pureed diets. The facility census was 112.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #46 revealed an admitted [DATE]. Diagnoses included cerebral infarct (stroke), epilepsy, malnutrition, dementia and heart disease.</p> <p>Review of a physician order dated 08/02/24 revealed Resident #46 had an order for pureed diet.</p> <p>Review of the care plan dated 08/02/24 revealed Resident #46 had a nutritional risk related to mechanically altered diet and requiring assistance with meals. Interventions included to provide diet as ordered (regular diet, puree texture.)</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #46 was severely cognitively impaired and required supervision/touch assistance with eating. The assessment also revealed the resident received a mechanically altered diet.</p> <p>Observation on 11/12/24 at approximately 3:00 P.M. of puree turkey burger preparation revealed Kitchen Manager (KM) #60 placed an unmeasured amount of turkey meat in the blender, along with one and a half hamburger buns, an unmeasured amount of broth (the container the broth was poured from contained approximately one quart of broth and over half of the broth was poured in the blender) and an unmeasured amount of thickener. Concurrent interview with KM #60 revealed he was preparing two servings, to have extra available, and estimated he used six to eight ounces of turkey meat, two and one-half cups of broth and two tablespoons of thickener. While blending the mixture, KM #60 added two more tablespoons of thickener, followed by an additional two tablespoons of thickener and finally added one more tablespoon of thickener, for a total of seven tablespoons for thickener. Continuous observation of the turkey burger puree revealed it lacked turkey flavor and tasted like paste/starch.</p> <p>Interview 11/12/24 at 5:42 P.M. with Resident #46 revealed she received the puree turkey burger. Resident #46 stated the turkey burger did not taste like turkey and the pureed food tasted awful.</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
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/13/24 at 11:00 A.M. with Dietician #59 revealed puree foods should be thickened to the right consistency by blending the food first then adding either liquid or thickener to reach the desired consistency.</p> <p>Interview on 11/13/24 at 11:08 A.M. with Regional Dietician (RD) #58 revealed staff should not add a significant amount of fluid or thickener when preparing pureed foods. Food should be blended to see what you have (baseline) and then add either liquid or thickener to reach desired consistency, but preparation should not include both.</p> <p>Review of the facility policy titled Pureed Food Preparation, undated, revealed the facility shall prepare puree foods in a manner that sustains nutritive value and taste. Puree foods shall be made from regular menu items to assure similar taste and nutritional quality and recipes would be followed for production. The puree procedures included: portion out the number of puree items needed to prepare, place food in processor to be blended to proper consistency, when blending meats liquid may need to be added and liquids should be used sparingly. If puree meats were served, portion one slice per three ounces (oz) meat and remember to increase serving size to four oz when served in this manner.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159365.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44070</p> <p>Based on observation, medical record review, review of a dietary meal ticket and staff interview, the facility failed to ensure diet textures were served per physician orders. This affected one (#77) of three residents reviewed for diet orders. The facility identified two residents with physician ordered pureed diets. The facility census was 112.</p> <p>Findings include</p> <p>Review of the medical record for Resident #77 revealed an admitted [DATE]. Diagnoses included respiratory failure with hypoxia, diabetes, chronic kidney disease, failure to thrive, vascular dementia, pneumonia muscle weakness and dysphasia.</p> <p>Review of the care plan dated 10/03/24 revealed Resident #77 had a nutritional risk related to mechanically altered/therapeutic diet and required assistance with meals.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #77 was severely cognitively impaired and required supervision/touching assistance with eating. The assessment also revealed the resident received a mechanically altered diet.</p> <p>Review of a physician order dated 11/11/24 revealed Resident #77 was ordered a mechanical texture diet with puree vegetables.</p> <p>Review of Resident #77's meal ticket dated 11/12/24 revealed Resident #77 received a mechanical soft diet with pureed vegetables. Further review revealed no indication of any vegetables Resident #77 could receive without being pureed.</p> <p>Observation on 11/12/24 at 6:12 P.M. revealed Resident #77 received her dinner meal tray. Resident #77's meal tray included pureed green beans and a cup of shredded lettuce.</p> <p>Interview on 11/12/24 at 6:20 P.M. with the Director of Nursing (DON) confirmed Resident #77 had a cup of shredded lettuce on her meal tray. The DON verified shredded lettuce should not have been served to Resident #77 due to her diet order for pureed vegetable. The DON removed the item from the resident's meal tray.</p> <p>Interview on 11/13/24 at 11:00 A.M. with Dietician #59 revealed puree should be smooth consistency, without chunks or pieces.</p> <p>Interview on 11/13/24 at 11:08 A.M. with Regional Dietician (RD) #58 revealed staff should provide all menu items as ordered. RD #58 stated if a resident was approved to eat an item that went against their diet restriction or texture recommendations it would be written on their meal ticket.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159365.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404</p> <p>Based on observation, medical record review, review of Enhanced Barrier Precautions (EBP) signage, staff interview and review of facility policy, the facility failed to follow infection prevention guidelines for EBP when staff failed to wear appropriate personal protective equipment (PPE). This affected one (#28) of three residents reviewed for infection control. The facility census was 112.</p> <p>Findings include:</p> <p>Review of Resident #28's medical record revealed an admitted [DATE] with pertinent diagnoses of: cerebral infarction, type two diabetes mellitus, chronic kidney disease and gastrostomy status.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 08/27/24, revealed Resident #28 was cognitively intact and used a wheelchair to aid in mobility. Further review revealed Resident #28 was always incontinent of bowel and bladder and used a feeding tube.</p> <p>Review of a physician order dated 08/01/24 revealed Resident #28 had an order to cleanse percutaneous endoscopic gastrostomy (PEG) tube (feeding tube placed through the stomach wall) site with wound cleanser and apply dry dressing.</p> <p>Observation on 11/18/24 at 12:40 P.M. revealed an EBP sign outside Resident #28's door. The sign stated to wear gloves and gown for high contact resident care activities, which included device care or use: feeding tube.</p> <p>Observation on 11/18/24 at 12:40 P.M. of Resident #28's PEG tube care revealed Licensed Practical Nurse (LPN) #90 gathered supplies, performed hand hygiene and donned gloves. LPN #90 did not don a gown. LPN #90 cleansed Resident #28's PEG tube site and applied dressing per physician orders and exited the resident's room.</p> <p>Interview on 11/18/24 at 12:52 P.M. with LPN #90 confirmed Resident #28 was on EBP due to having a PEG tube. LPN #90 verified she did not don a gown prior to providing PEG tube care for Resident #28 and further stated she should have worn a gown.</p> <p>Review of a facility policy titled Enhance Barrier Precautions dated 03/26/24 revealed it was the intent of the facility to use EBP in addition to standard precautions in preventing the transmission of targeted multidrug-resistant organisms (MDROs). EBP were indicated for residents with an infection or colonization with a targeted MDRO when contact precautions do not otherwise apply or for a wound or indwelling medical device, even if the resident was not known to be infected or colonized with a MDRO, and should remain in place for the duration of a resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that place them at higher risk. Indwelling medical devices include central lines, urinary catheters, feeding tubes and tracheotomies.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159038.</p>		