

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Laurels of Worthington, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 High St 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review, observation, interview and policy review, the facility failed to ensure staff wore appropriate personal protective equipment (PPE) when caring for residents with Covid 19 infection. This affected five (Residents #13, #24, #40, #42 and #16) residents. The census was 90. Findings include:1. During an observation on 07/17/25 at 9:20 AM, Resident #13's room had two signs on the door, one for Enhance Barrier Precautions and one for Contact Isolation Precautions. There were four occupants in the room, Residents #13, #34, #40 and #42 . Residents #34, #40 and #42 were exposed to Resident #13, who was positive for Covid #19. Certified Nursing Assistant (CNA) #104 was taking care of Resident #40 and was wearing only a surgical mask, no other PPE. During an interview on 07/17/25 at 9:50 A.M., CNA #104 confirmed Resident #13 was the only resident with Covid 19 in his room. She should have been wearing a gown, face mask, N-95 and gloves due to the positive resident and the others were exposed to Covid 19. During an interview on 07/17/25 at 9:56 A.M., Infection Control Preventionist # 110 confirmed the droplet isolation sign should be the only sign on Resident #13's door and staff were to wear contact droplet isolation PPE when in Resident #13 room. 2. During an observation on 07/17/25 at 10:00 A.M., Licensed Practical Nurses (LPN) #106 and #202 donned a surgical mask, gloves and gown. They walked into Resident #16 room and closed the door. Th Infection Control Preventionist # 110 confirmed the nurses should have been wearing an N-95 mask, goggles or a face shield when giving care to Resident #16. Resident #6 tested positive for Covid 19 on 07/09/25. Review of facility policy titled Coronavirus (COVID 19), dated 02/28/25 , revealed appropriate measures will be utilized for the prevention and control of the Coronavirus (COVID 19) . All recommended COVID-19 PPE should be worn during care of residents under observation or Transmission Based Precautions , which include use of NIOSH approved N-95 mask or a higher-level respirator, eye protection (i.e. goggles or a face shield that covers the front and sides of the face) gloves and gown . This deficiency represents non-compliance investigated under Complaint Number 2563541</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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