

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Luxe Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 957 Becks Knob Road Lancaster, OH 43130	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008</p> <p>Based on observations, staff interviews, and review of facility policy, the facility failed to provide clean and sanitary resident equipment, such as bedrails and wheelchairs. This affected one (Resident #1) of six residents reviewed for cleanliness of resident equipment. The facility census was 130 residents.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy, mood affective disorder, heart transplant, cardiomyopathy, and frontotemporal neurocognitive disease.</p> <p>Review of Resident #1's Minimum Data Set (MDS) assessment dated [DATE] revealed that he utilized a wheelchair.</p> <p>Review of Resident #1's nursing progress notes revealed that on 04/14/25, Resident #1 stated that he was turning over in bed and hit his face on the bedrail and he had a skin tear to his left eyelid. Padding made of white cloth bandage wraps was placed on the bedrail's as an intervention.</p> <p>Observations of Resident #1's bed on 04/17/25 at 10:58 A.M. revealed that he had white cloth bandage padding to the top of his bilateral bedrail's at the top of his bed. The white padding on the bedrail on the right side of the bed contained a rust-colored stain that was visible.</p> <p>Observations of Resident #1's wheelchair on 04/17/25 at 10:58 A.M. revealed that there were white cloth bandage wraps bilaterally on the frame where a front rigging (for wheelchair foot pedals) can be attached. The white cloth wrap on the right side of the frame had a large patch of a brown substance on it. The wheelchair cushion also had black and brown smears on it.</p> <p>Interview with Licensed Practical Nurse (LPN) #257 on 04/17/25 at 11:05 A.M. confirmed that the white padding to Resident #1's bed had a rust-colored substance on it, the right side of the padding to the frame of Resident #1's wheelchair was dirty with a large patch of brown substance on it, and the wheelchair cushion had black and brown smears, and needed to be cleaned as well.</p> <p>Interview with the Director of Nursing on 04/17/25 at 11:55 A.M. revealed that the nursing staff was responsible for cleaning the resident equipment on an as needed basis.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled Homelike Environment, dated 2001, revealed that the facility will maximize the characteristics of the facility by maintaining a clean, sanitary and orderly environment.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164588.</p>