| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365344 | A. Building<br>B. Wing | 04/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Luxe Rehabilitation and Care Center | 957 Becks Knob Road<br>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) |
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| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed record review, interview and facility policy review, the facility failed to notify the resident's representative of a change in condition. This affected one resident (#12) of 36 sampled residents. The facility census was 148. Findings Include:Review of the closed medical record for Resident #12 revealed an initial admission date of 02/03/26 with the diagnoses including but not limited to anemia, cystocele, osteoarthritis, diabetes mellitus, overactive bladder, chronic kidney disease, dementia, urinary tract infection, uterovaginal prolapse, spinal stenosis, osteoporosis, Alzheimer's disease and adult failure to thrive. Review of the resident's admission assessment with baseline plan of care dated 02/03/26 revealed the resident was alert and oriented to her name only. The resident was admitted to the facility with an indwelling urinary catheter for urinary obstruction and cystocele with prolapse. Review of the resident's bowel and bladder evaluation dated 02/05/26 revealed the resident had a urethral catheter due to cystocele with prolapse. The assessment indicated the resident was always continent of bowel and required extensive assistance from one staff member for toileting needs. Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had a severe cognitive deficit. The resident required substantial/maximal assistance with toileting. The resident had an indwelling urinary catheter and was frequently incontinent of bowel. Review of the progress note dated 02/10/26 at 4:30 A.M. revealed the resident removed her indwelling urinary catheter and stated, I didn't want this in me anymore. The physician was notified and a new indwelling urinary catheter was reinserted. Review of the medical record revealed no documented evidence the resident's power of attorney (POA) was notified of the removal of the indwelling urinary catheter by the resident. Review of the progress noted dated 02/22/26 revealed the resident removed her indwelling urinary catheter. The physician was notified and ordered to leave the catheter out and monitor. Review of the medical record revealed no evidence the POA was notified the catheter was ordered to be left out. On 03/26/26 at 4:30 P.M., an interview with the Administrator verified the resident's POA was not notified the resident had pulled her indwelling urinary catheter out on 02/10/26 and the discontinuation of the indwelling urinary catheter on 02/22/26. Review of the facility policy titled, Change in Condition Policy, dated 09/24 revealed the facility will promptly identify, assess and respond to any significant change in a resident's physical, mental or psychosocial condition. The licensed nurse will ensure timely notification of the physician and resident representative and implement appropriate interventions to maintain the resident's health and safety. This deficiency represents non-compliance investigated under Complaint Number 2799805. |

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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