

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2025
NAME OF PROVIDER OR SUPPLIER  Laurels of Defiance The		STREET ADDRESS, CITY, STATE, ZIP CODE  1701 S Jefferson Ave Defiance, OH 43512	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, medical record review, staff interview, and facility policy, the facility failed to ensure an incontinent resident received timely interventions. This affected one (#191) of two residents reviewed for urinary and bowel incontinence care and services in a facility census of 93.</p> <p>Findings include:</p> <p>Resident #191 admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease, hypertension, anxiety disorder, atrial fibrillation, myocardial infarction, type 2 diabetes mellitus, bipolar disorder, panic disorder, malnutrition, coronary artery disease, anemia, peripheral vascular disease, tracheostomy, and gastrostomy. According to the nursing admission assessment dated [DATE] Resident #191 was assessed with impaired cognition, was dependent on staff for the provision of activities of daily living, received nutrition via feeding tube, and was incontinent of bowel and bladder.</p> <p>On 06/04/25 a nursing plan of care was revised to address Resident #191's incontinent of bladder and bowel related to mobility impairment. Interventions included; Resident uses disposable briefs. Change as needed (PRN). Check every two (2) hours and PRN for incontinence. Wash, rinse and dry perineum. Change clothing after incontinence care as needed.</p> <p>Observation on 06/09/25 at 8:53 A.M. noted Resident #191 in bed. Interview with Resident #191 at the time revealed he was experiencing loose stools and urinary incontinence. Resident #191 reported he frequently does not receive timely assistance with incontinence care.</p> <p>Review of Plan of Care Task documentation noted Resident #191 provided with incontinence care on 06/09/25 at 2:59 A.M. Resident #191 was documented with bowel and bladder incontinence. No further documentation recorded incontinence checks or associated care.</p> <p>Interview on 06/10/25 at 8:05 A.M. with Certified Nurse Aide (CNA) #438 revealed she assumed care of Resident #191 at 6:00 A.M. and was unaware when Resident #191 was last checked for incontinence. CNA #191 verified she had not checked Resident #191 since assuming care at 6:00 A.M.</p> <p>On 06/10/25 at 8:59 A.M. Resident #191 was noted in bed, awake and alert, and stated he had not been checked for incontinence by current shift and he was currently incontinent.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/10/25 at 9:02 A.M. observation with CNA #438 and CNA #482 noted Resident #191 in bed. Resident #191 stated he was incontinent and needed changed. CNA #438 and CNA #482 verified this was the first incontinence check with Resident #191 since assuming care at 6:00 A.M. CNA #482 removed Resident #191's adult incontinence brief and noted he was incontinent of a large amount of urine. CNA #482 provided perineal care and turned the resident to the left side. Resident #191 buttock was noted to be soiled with urine and tissue appeared slightly red. Both CNA's stated Resident #191 was a heavy wetter and required frequent incontinence checks.</p> <p>On 06/11/25 at 11:04 A.M. interview with the Director of Nursing verified Resident #191 required two hour incontinence checks.</p> <p>Review of facility Nursing Rounds/Licensed Staff policy revised 02/15/24 revealed to check residents at least every two (2) hours. The routine check involves entering the residents room to determine if the residents needs are being met. If there has been a change in the resident's condition; or if the resident has any complaints.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165101.</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>Based on observation, medical record review, staff interview, and review of facility policy, the facility failed to ensure adequate infection control practices were carried out. This affected three residents (#82, #55, and #303) of five residents reviewed for infection control practices. The facility census was 93.</p> <p>Findings Include:</p> <p>1. Review of Resident #82's medical record reveals an admission date of 05/13/25 Diagnoses included right femur fracture subsequent encounter, type II diabetes, heart disease, chronic obstructive pulmonary disease (COPD) and clostridium difficile (C-Diff).</p> <p>Review of Resident #82's physician orders revealed an order dated 06/04/25 for oxygen at two liters via nasal cannula to maintain greater than 92% and an order for contact isolation for C-Diff all services provided in room and in room by self.</p> <p>Observation on 06/09/25 at 12:20 P.M. of Resident #82 found her in bed in her room. A sign was posted announcing Resident #82 was on contact precautions. Personal protective equipment including gloves, gowns, and facemasks was available in a cart outside her room. Certified Nursing Assistant (CNA) #477 delivered Resident #82 her breakfast tray and set her food items. Resident #82 requested assistance with adjusting her oxygen tubing. CNA #477 was observed adjusting Resident #82's oxygen tubing in her nose and around her ears. CNA #477 did not don gloves when she came in contact with Resident #82.</p> <p>Interview on 06/09/25 at 12:25 P.M. with CNA #477 verified gloves were available and she should have worn them when she came in physical contact with Resident #82.</p> <p>Review of the facility policy titled, Contact Precautions, revised 10/14/22 revealed health care personnel caring for residents on Contact Precautions should wear gloves and a gown for all interactions that may involve contact with the resident.</p> <p>2. Review of Resident #55's medical record revealed an admission date of 04/11/25. Diagnoses included hemiplegia and hemiparesis, dysphagia, chronic obstructive pulmonary disease, muscle weakness and cerebral infarction.</p> <p>Observation on 06/09/25 at 12:30 P.M. found CNA #482 delivering hall trays to the 400 hall.</p> <p>Observation on 06/09/25 at 12:35 P.M. found CNA #482 lifted her shirt collar with her left hand and coughed into her hand and shirt. CNA #482 did not use hand sanitizer and removed Resident #55's lunch tray from the meal delivery cart. CNA #482 delivered and set up Resident #55's lunch meal.</p> <p>Interview on 06/09/25 at 12:37 P.M. with CNA #482 verified she had not used hand sanitizer before delivering Resident #55's tray but had used the hand sanitizer in the room after setting up the meal.</p> <p>(continued on next page)</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>Review of the facility policy titled, Hand Hygiene, revised 05/08/25 revealed hand hygiene should be performed after contact with body fluids and when contaminated with proteinaceous materials (phlegm or sputum).</p> <p>3. Review of Resident #303's medical record revealed an admission date of 06/06/25. Diagnoses include nondisplaced fracture of seventh cervical vertebra, type two diabetes mellitus, history of transient ischemic attack (TIA) and cerebral infarction without residual deficits.</p> <p>Review of Resident #303's physician orders dated 06/06/25 revealed an order for an indwelling urinary catheter.</p> <p>Observation on 06/10/25 at 08:50 A.M. of Resident #303's door and wall outside of the room revealed there was no enhanced barrier precaution sign posted.</p> <p>Interview on 06/10/25 at 08:52 A.M. with Licensed Practical Nurse (LPN) #404 verified an enhanced barrier precaution sign was not present on the door or the wall outside of Resident #303's room. Furthermore LPN #404 verified Resident #303 had an indwelling urinary catheter.</p> <p>Review of the policy titled Enhanced Barrier Precautions (EBP) with a revision date of 03/05/25 revealed to post signage for precautions on the door or wall outside of the residents room indicating the type of precautions and required personal protective equipment (PPE). Furthermore EBP were indicated for residents with indwelling medical devices which included central lines, urinary catheters, feeding tubes, and tracheotomies.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00166459 and OH00165186.</p>		