

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Milford		STREET ADDRESS, CITY, STATE, ZIP CODE 934 State Route 28 Milford, OH 45150	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291</p> <p>Based on medical record review, observation, staff interview, and policy review, the facility failed to ensure a resident's pressure ulcer received the necessary treatment, consistent with professional standards of practice, to prevent infection. This affected one (#88) of three residents reviewed for pressure ulcers. The facility identified there were four residents with pressure ulcers. The facility census was 113.</p> <p>Findings include:</p> <p>Medical record review for Resident #88 revealed an admitted [DATE]. Diagnoses included coronary artery disease, cardiovascular attack (CVA) with hemiplegia and hemiparesis, and diabetes mellitus.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #88 was severely cognitively impaired. Her functional status was dependent on staff for eating, toileting, bed mobility, and transfers.</p> <p>Review of the care plan dated 04/03/24 revealed Resident #88 has an actual impairment related to stage three pressure ulcer (Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed.) to her right gluteus.</p> <p>Observation of a dressing change for Resident #88 on 04/25/24 at 9:00 A.M. revealed Licensed Practical Nurse (LPN) #143 washed her hands and applied gloves and removed the bandage from the resident's bottom. LPN #143 washed her hands and placed on a new pair of gloves. She proceeded to clean the wound with wound cleanser and with the same gloves she took the package of the calcium alginate and opened it and tore off a piece of the calcium alginate and placed it on the wound and then placed a foam dressing over the alginate. She went to the bathroom and removed her gloves and washed her hands.</p> <p>Interview with the LPN #143 on 04/25/24 at 9:20 A.M. confirmed she didn't remove her gloves after cleaning the wound for Resident #88 and verified she should have changed her gloves after cleaning the wound.</p> <p>Review of the facility policy titled Clean Dressing Change dated 09/18/23 revealed the nurse should remove old dressing and discard in the appropriate disposal bag. Remove gloves. Perform hand hygiene. Apply clean gloves.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Milford		STREET ADDRESS, CITY, STATE, ZIP CODE 934 State Route 28 Milford, OH 45150	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Cleanse the wound/site gently with solution ordered. Wash from the center of the wound/site to the periphery. Observe the wound/site for size, color, appearance, and amount of drainage. Remove gloves, perform hand hygiene (alcohol based hand rub may be used at this point). Apply clean gloves.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153094.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Milford		STREET ADDRESS, CITY, STATE, ZIP CODE 934 State Route 28 Milford, OH 45150	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291</p> <p>Based on medical record review, observation, staff interview, and policy review, the facility failed to ensure the residents received proper and thorough incontinence care. The affected two (#54 and #88) of three residents reviewed for incontinence care. The facility census was 113.</p> <p>Findings include:</p> <p>1. Medical record review for Resident #88 revealed an admitted [DATE]. Diagnoses included coronary artery disease, cardiovascular attack (CVA) with hemiplegia and hemiparesis, and diabetes mellitus.</p> <p>Review of the care plan dated 03/01/24 revealed Resident #88 was incontinent for bowel and bladder. Interventions included she used disposable briefs and change with each incontinence episode. Change every two hours and as needed. Wash, rinse and dry after each incontinence episode.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #88 was severely cognitively impaired. Resident #88 was dependent on staff for toileting and was incontinent for bladder and bowel.</p> <p>Observation of incontinence care on 04/25/24 at 9:25 A.M. with Licence Practical Nurse (LPN) #143 and Registered Nurse (RN) #231 revealed Resident #88 was on her back and the brief was taken down in the front of the resident and it was saturated with urine up to the bottom of the resident's stomach. The back of the brief was saturated with urine soaked all the way up the buttocks to the lower back. LPN #143 took a soapy cloth and wiped in a downward motion the right and left side of the leg and proceeded to fold the washcloth and wipe down the middle of the labia. She didn't clean the mons pubis and turned the resident over towards RN #231 and used a soapy washcloth and cleaned the anus, put the brief on the resident, and rolled the resident to herself and RN #231 pulled the brief up and fastened it and there wasn't any cleaning of the buttocks.</p> <p>Interview with RN #231 on 04/25/24 at 9:30 A.M. revealed she thought the incontinence care went alright and confirmed she didn't cleanse the buttocks of the resident on the left side when the resident was rolled for her to place the brief on the resident.</p> <p>Interview with the LPN #143 on 04/25/24 at 9:35 A.M. revealed she had been a LPN for many years and hasn't performed incontinence care for many years. She confirmed she didn't wash down each side of the labia and didn't cleanse the mons pubis or the buttocks. She said this wasn't her practice.</p> <p>2. Medical record review for Resident #54 revealed an admitted [DATE]. Diagnoses included schizophrenia, dementia, and non-traumatic brain injury.</p> <p>Review of the care plan dated 02/24/24 revealed Resident #54 was incontinent for bowel and bladder. Interventions included she used disposable briefs and change with each incontinence episode. Change every two hours and as needed. Wash, rinse and dry after each incontinence episode.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Milford		STREET ADDRESS, CITY, STATE, ZIP CODE 934 State Route 28 Milford, OH 45150	
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>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #54 was moderately cognitively impaired. Resident #54 was dependent on staff for toileting and was incontinent for bowel and bladder.</p> <p>Observation of incontinence care for Resident #54 with State tested Nursing Aide (STNA) #133 and STNA #234 on 04/24/24 at 1:11 P.M. revealed the resident had a bowel movement, so the STNAs rolled her to STNA #234. STNA #133 used a wet soapy washcloth and wiped in an upward motion to remove the stool and one could see visible stool on the washcloth. The STNA took the soapy washcloth and folded it over and over and wiped the labia from the back of the resident. The resident was turned over on her back and STNA #234 started wiping the stool in an upward motion towards the labia. The resident was turned on her side again and STNA #133 used dry washcloths removing stool from the anus until they came out clean.</p> <p>Interview with the STNAs #133 and #234 on 04/24/24 at 1:30 P.M. revealed it wasn't there normal practice to clean a resident starting with the back of her but since she had a bowel movement they decided to start that way. STNA #133 confirmed she used a dry cloth to remove stool instead of a soapy cloth to remove it and confirmed she wiped the labia when the resident was on her side. STNA #234 confirmed she wiped the stool in the wrong motion and this could potentially infect the resident.</p> <p>Review of the policy titled Perineal Care of a Patient Assigned as a Female at Birth dated 06/01/23 revealed perineal care, which includes care of the external genitalia and the anal area, should occur during the daily bath and if the patient is incontinent of urine or stool. The procedure promotes cleanliness and prevents infection. It also removes irritating and odorous secretions, such as smegma, a cheeselike substance that collects on the inner surface of the labia.</p> <p>Wet a washcloth with warm water from a running spigot (or from a bath basin) and apply mild soap.</p> <p>Separate the patient's labia with one hand.</p> <p>Using gentle downward strokes, clean the perineal area from the front to the back of the perineum to prevent intestinal organisms from contaminating the urethra or vagina. Avoid the area around the anus, and use a clean section of the washcloth for each stroke by folding each used section inward to prevent contamination with secretions or discharge.</p> <p>Wet a clean washcloth and rinse thoroughly from front to back because soap residue can cause skin irritation. Pat the area dry with a bath towel because moisture can also cause skin irritation and discomfort.</p> <p>Turn the patient onto the side to the Sims position, if possible, to expose the anal area.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Milford		STREET ADDRESS, CITY, STATE, ZIP CODE 934 State Route 28 Milford, OH 45150	

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>Clean, rinse, and dry the anal area, starting at the posterior vaginal opening and wiping from front to back.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153094.</p>