

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 09/26/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404</p> <p>Based on observation, record review, staff interview, and review of facility policy, the facility failed to report an allegation of resident-to-resident abuse to the state agency. This affected one (Resident #26) of three residents reviewed for abuse. The facility census was 118.</p> <p>Findings include:</p> <p>Record review of Resident #26 revealed an admitted [DATE] with diagnoses of cerebral infarction, type two diabetes mellitus, dementia without behaviors, hyperlipidemia, and anxiety disorder.</p> <p>Review of the 08/05/24 admission Minimum Data Set (MDS) assessment revealed Resident #26 utilized a wheelchair to aid in mobility and required partial/moderate assistance with Activities of Daily Living (ADLs).</p> <p>Review of the progress note dated 09/17/24 at 11:50 A.M. revealed the nurse was informed by a State tested Nurse Aide (STNA) Resident #26 received four scratches to her face and a small bruise to her right cheek from another resident. Residents were separated and first aid was provided. The Administrator, physician, and resident's son were notified.</p> <p>Record review of the progress note dated 09/17/24 at 6:46 P.M. revealed Resident #26 continued to roam in her wheelchair bumping into others. Resident #26 bumped into another resident causing an argument where Resident #26 was scratched in the face. Both residents were separated.</p> <p>Observation of Resident #26 on 09/25/24 at 9:34 A.M. revealed she had an approximately five centimeter (cm) scratch on the left side of her face from above her eye down to her cheek. The resident also had a scratch on the right side of her face that was barely visible and a small bruise. The resident was unable to voice what happened and was unable to be interviewed.</p> <p>Interview with the Director of Nursing (DON) on 09/25/24 at 12:34 P.M. revealed Resident #26 had a scratch and a bruise on her face from Resident #27, and the family didn't think it was intentional so the facility did not file a Self- Reported Incident (SRI). The DON revealed State tested Nurse Aide (STNA) #10 witnessed the incident.</p> <p>Interview with the DON on 09/25/24 at 1:34 P.M. verified Resident #26 still had two visible scratches and a bruise to her face.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with STNA #10 on 09/25/24 at 1:50 P.M. revealed she witnessed Resident #27 scratch Resident #26 on 09/17/24. STNA #10 revealed around lunch time, Resident #27 was sitting in the hallway in her wheelchair. Resident #26 attempted to roll by Resident #27 and ran into her wheelchair. Resident #27 talked to Resident #26 for about five seconds and said you are bumping into my wheelchair then swatted at Residents #26's face. STNA #10 said she was was probably 50 feet away when the incident occurred and she was the only staff witness. STNA #10 revealed Resident #26 had four scratches on her face and a bruise after the incident and she did not have any of those marks prior to the altercation.</p> <p>Review of SRIs on 09/25/24 revealed no SRI completed regarding the incident between Resident #26 and Resident #27.</p> <p>Review of the 09/09/22 abuse prohibition policy revealed the facility will notify any state of federal agencies of allegations per state guidelines.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158040.</p>		