

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  01/24/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42728</b></p> <p>Based on medical record reviews, review of the facility census, review of the facility bed-board, staff and resident interviews, review of the facility policy, and review of Center for Disease Control and Prevention (CDC) guidance, the facility failed to implement their infection control policy to separate a positive Coronavirus Disease 2019 (COVID-19) resident from a negative COVID-19 resident to potentially prevent the spread of COVID-19. This affected two (Residents #110 and #111) of three residents reviewed for COVID-19 precautions. The facility census was 123.</p> <p>Findings include:</p> <p>1. Record review for Resident #111 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included atrial fibrillation, depression, and dementia.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was assessed to have intact cognition.</p> <p>2. Record review for Resident #110 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included diabetes mellitus, need for assistance with personal care, and chronic kidney disease.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed the resident was assessed to have intact cognition.</p> <p>Review of the physicians order dated 01/08/25 revealed Resident #110 was placed in isolation precautions due to testing positive for COVID-19.</p> <p>Review of the facility census for Resident #110 and Resident #111 revealed the residents remained together in the same room from 01/08/25 through 01/21/25, despite Resident #110 having an active COVID-19 infection. Resident #111 remained free from an active infection or symptoms of COVID-19 through the survey date of 01/24/25.</p> <p>Review of the facility bed-board from 01/08/25 revealed there were seven private rooms were available.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Resident #111 on 01/24/25 at 12:10 P.M. confirmed the resident had remained in the same room with Resident #110 while the resident had an active COVID-19 infection. Resident #111 confirmed he remained free from symptoms of COVID-19 and never tested positive.</p> <p>Interview with the Administrator on 01/24/25 at 1:45 P.M. confirmed Resident #111 tested negative for COVID-19 but had remained in the same room as Resident #111 while the resident had an active COVID-19 infection. The Administrator stated Resident #111 had been exposed to COVID-19 and was not moved to a different room due to concerns additional residents would be exposed.</p> <p>Telephone interview with the Administrator on 02/03/25 at 10:11 A.M. confirmed the facility did not contact the Local Health Department (LHD) to discuss the placement of Resident #111 after the resident's roommate tested positive for infection with COVID-19.</p> <p>Review of the facility policy titled, Coronavirus (COVID-19), last revised 02/15/24, revealed the facility should place a resident with suspected or confirmed SARS-CoV-2 infection in a single person room. The door should be kept closed (if safe to do so). Ideally, the resident should have a dedicated bathroom. When a private room is not available, cohort with a similar resident.</p> <p>Review of CDC guidance titled, Infection Control Guidance: SARS-CoV-2, revealed this guidance applies to all healthcare settings including nursing homes. If a patient tests positive for COVID-19, place the patient in a private room. If cohorting, only patients with the same respiratory pathogen should be housed in the same room. Facilities should consider designating entire units within the facility with dedicated health care professionals to care for COVID-19 patients.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161474.</p>		