

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/21/2024
NAME OF PROVIDER OR SUPPLIER  The Laurels of Heath		STREET ADDRESS, CITY, STATE, ZIP CODE  717 South 30th Street Heath, OH 43056	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>50008</p> <p>Based on medical record review, observation, interview, the facility failed to provide dignity in dining for Resident #37 while being assisted with her lunch meal. This affected one resident (Resident #37) out of three residents reviewed for meal assistance. The facility census was 116.</p> <p>Findings include:</p> <p>Resident #37 was admitted to facility on 12/22/15 with diagnoses that included Alzheimers dementia, heart failure, and glaucoma. Her diet order as of 08/23/23 was regular diet, pureed texture with thin liquids.</p> <p>Review of Resident #37's Minimum Data Set (MDS) assessment on 08/01/24 revealed that Resident #37 required supervision and or touch assistance for eating.</p> <p>Review of Resident #37's care plan dated 08/12/19 and revised on 08/13/24 revealed that Resident #37 received assistance with eating from nursing staff as needed.</p> <p>Observations on 10/17/24 from 12:35 P.M. to 12:52 P.M. revealed that Resident #37 did not immediately initiate feeding herself her meal. On 10/17/24 at 12:53 P.M., Resident #37 was observed dipping her fork into her milk, then dipping her fork into her water, and then putting her fork into her ice cream. Resident #37 is observed feeding herself ice cream with her fork on 10/17/24 at 12:53 P.M.</p> <p>Observation on 10/17/24 from 12:57 P.M. until 12:59 P.M. revealed that State tested Nursing Assistant (STNA) #141 stood at Resident #37's bedside while feeding Resident #37 her meal. STNA #141 was observed putting the spoon to the plate of food and placing it in Resident #37's mouth while standing.</p> <p>Interview with STNA #141 on 10/17/24 at 12:59 P.M. confirmed that STNA #141 stood while feeding Resident #37 with her lunch meal.</p> <p>Review of Dignity with Dining Disciplinary Action on 10/17/24 revealed that nursing is to sit with a resident while feeding them.</p> <p>Review of Dignity with Dining Inservice Education on 10/17/24 revealed that nursing is to sit with a resident, make eye contact with the resident and converse with the resident while feeding them.</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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F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	This deficiency represents non-compliance investigated under Complaint Number OH00158242.		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50008</p> <p>Based on observations, staff interviews and facility policy, the facility failed to store resident food properly in the unit refrigerator on Unit 3. This had the potential to affect all of the residents on Unit 3 (17 residents on J Hall and 23 residents on K Hall). The facility census was 116.</p> <p>Findings include:</p> <p>Observation on 10/17/24 at 4:55 P.M. revealed that the Unit 3 refrigerator for resident food storage contained one container of unlabeled and undated food. Spillage was observed on the walls and floors of the Unit 3 refrigerator. A pool of orange liquid was observed on the bottle right of the fridge, and a soaked rag was on top of the orange liquid. On the left side of the fridge, the bottom drawer contained a pool of clear liquid. A soggy undated sandwich in a sandwich bag was observed floating in a pool of clear liquid, along with one health shake and one milk carton. The health shake carton and milk carton were observed to be soft and wet to the touch.</p> <p>Interview with State tested Nursing Assistant (STNA) #235 on 10/17/24 at 5:00 P.M. confirmed that the unit 3 refrigerator contained unlabeled and undated food, had spillage throughout the walls and bottom of the fridge and that pools of liquid were surrounding resident food in the unit 3 refrigerator.</p> <p>Review of a policy named Refrigerator and Freezer Maintenance created on 08/01/11 and updated on 11/13/24 revealed that to clean the refrigerators, the food must be removed from the shelves, the walls and surfaces should be washed with a detergent, rinsed with water containing a sanitizing solution, and wiped with a clean dry cloth.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157768.</p>		