

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365627	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Laurels of Huber Heights The		STREET ADDRESS, CITY, STATE, ZIP CODE 5440 Charlesgate Road Huber Heights, OH 45424	
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and policy review, the facility failed to ensure timely notification to the physician and responsible party when a residents wound changed. This affected one (#83) out of three residents reviewed for wounds. The facility census was 83. Findings Included: Review of the medical record revealed Resident #83 was admitted to the facility on [DATE]. Diagnoses included spinal stenosis lumbar, end stage renal disease, dependent on renal dialysis, anemia, and type two diabetes. Review of the admission Minimum Data Set (MDS) dated [DATE] revealed Resident #83 had a Brief Interview of Mental Status (BIMS) of 13 indicating he was cognitively intact. Resident #83 required substantial to maximal assistance for bathing, dressing the upper body, oral care, and personal hygiene. Resident #83 was dependent on placing shoes on and off feet, dressing the lower body, and toileting hygiene. Resident #83 was set up for all meals. Resident #83 used a wheelchair at the facility to ambulate. Review of the plan of care dated 09/11/25 revealed Resident #83 was at risk for complications related end stage renal disease and the need for dialysis. Interventions included do not drawing blood or taking blood pressure in arm with graft, right arm. Encouraged residents to go for scheduled dialysis appointments, observe for signs and symptoms of infection, and observe for signs of fluid retention. Review of a progress note dated 10/02/25 written by Wound Nurse #201 documented treatments continue as ordered. Resident #83 had an infected back surgical wound. The third finger on the right hand remained infected awaiting for surgical amputation scheduled. The guest remained in good spirits and cooperated with care. Will have the wound doctor continue to see Resident #83 wounds. Review of a progress note dated 10/08/25 written by Wound Nurse #201 documented dressing changed as ordered for Resident #83. Resident #83 had large amount of bloody/purulent drainage noted from back wound. Wound Nurse #201 stated Resident #83 wound was cleansed and packed with Iodoform 1/4 inch and a dressing was applied. Resident #83 tolerated procedure well. Review of the order dated 10/12/25 revealed Resident #83 had an order for a treatment to the lower back to wash with normal saline and pat dry. Pack with Iodoform gauze packing every day and as needed. Cover with a dry clean dressing. Review of a progress note dated 10/12/25 written by Registered Nurse (RN) #212 documented Resident #83 had purulent drainage noted from the back wound. The dressing was changed per the physician's order. Interview on 01/20/26 at 3:50 P.M., the Wound Physician #206 stated he was unsure if he was notified by staff about Resident #83's thoracic surgery site having had pus or drainage. The Wound Practitioner #206 stated if he was notified, he would not have changed the treatment until he came back into the facility. The Wound Practitioner #206 said Resident #83 had a messy wound on his back and came to the facility after having back surgery with hard appliances added. Interview on 01/20/26 at 4:36 P.M., the Director of Nursing (DON) stated on 10/12/25 Registered Nurse (RN) #212 had not notified a physician or the family in the progress note for Resident #83's thoracic wound. The DON stated she would expect the nurse to at least notify the on-call physician</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365627
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>for any new development. The DON stated if it was a new development, the nurses were responsible to notify the physicians. Interview on 01/20/26 at 4:46 P.M., RN #212 said it had been a long time since she wrote the progress note for Resident #83 and could not remember if she notified the family or the physician of the purulent drainage on the date of 10/12/25. RN #212 verified she had not documented the notification in the progress note she wrote on 10/12/25. Review of the facility policy titled Notification of Change dated 02/14/24 revealed the facility must inform the resident, consult with resident's practitioner, and notify consistent with his or her authority, the resident representative when there was a change in status. Even when a resident was mentally competent, his or her designated resident representative or family, as appropriate, should be notified of significant changes in the resident's health status unless the resident does not want the notification. This deficiency represents non-compliance investigated under Complaint Number 2685424.</p>		