STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365627	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurels of Huber Heights The	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observations, resident and staff interviews, and policy review, the facility failed to ensure residents who were dependent on staff for activities of daily living (ADLs) received timely and adequate assistance with personal hygiene and bathing. This affected three (#1, #9, and #95) of three residents reviewed for activities of daily living. The facility census was 70.Findings include:1. Review of the medical record for Resident #1 revealed an admission date of 04/12/26. Diagnoses included acute respiratory failure, anxiety disorder, type II diabetes mellitus, and pneumonia. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 had intact cognition and required substantial assistance from staff with bathing. Review of the ADL task log dated April 2026 revealed Resident #1 did not receive a shower on 04/14/26, 04/17/26, and 04/24/26.The ADL task log dated May 2026 revealed Resident #1 did not receive a shower on 05/08/26 and 05/15/26. Interview on 05/17/26 at 3:28 P.M. with Resident #1 revealed she had not had a shower in over a week. Resident #1 also reported she had one shower at midnight and was unable to fall asleep due to wet hair and being cold. Resident #1 stated she had asked several staff members to give her a shower during the day but was told it wasn't her time.Interview on 05/19/26 at 2:53 P.M. with the Director of Nursing (DON) verified showers were not completed on 04/14/26, 04/17/26, 04/24/26, 05/08/26 and 05/15/26. The DON also reported he would get Resident #1's showers changed to days.2. Review of the medical record revealed Resident #95 was admitted to the facility on [DATE] and discharged from the facility on 03/27/26. Diagnoses included nontraumatic intracerebral hemorrhage, muscle wasting and atrophy, hemiplegia and hemiparesis following cerebral infarction, and heart disease.Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #95 was had moderate cognitive impairment, had no behaviors, did not reject care, and did not wander. Resident #95 was dependent on staff with bathing. There was no documentation that Resident #95 was offered and or received a shower or bath during her stay at the facility. There was no documentation that Resident #95 refused bathing. Interview on 05/19/26 at 11:43 A.M. with DON revealed all showers/bathing or refusals were documented in the resident medical records. The DON confirmed there was no documentation for any showers/bathing for Resident #95 during her stay at the facility.3. Review of the medical record for Resident #9 revealed an admission date of 05/07/25. Diagnoses included end stage renal disease, type II diabetes mellitus, and heart failure. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #9 had intact cognition and required substantial to maximum assistance from staff with personal hygiene.Observation on 05/19/26 at 9:27 A.M. revealed Resident #9 had gray facial hairs lined across her chin and down her jawline.Interview on 05/19/26 at 9:29 A.M. with Resident #9 revealed she was bothered by the facial hair and wanted them shaved.Interview on 05/19/26 at 9:31 A.M. with Certified Nursing Assistant (CNA) #86 verified Resident #9 had chin hairs present.Review of the facility policy titled Routine Resident Care dated 03/12/25 revealed residents receive the necessary assistance to maintain good grooming and personal/oral hygiene. Daily personal hygiene minimally included assisting or encouraging residents with washing their face and hands, shaving, nail care, combing their hair each morning, and brushing their teeth and/or providing dental care. Showers, tub baths, (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and/or shampoos were scheduled according to person centered care or state specific guidelines.This deficiency represents non-compliance investigated under Complaint Number 3008891.