STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365656	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurels of New London The	204 W Main St New London, OH 44851

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, medical record review, staff interview, and review of the facility policy, the facility failed to develop and implement a contracture prevention and management program. This affected one (#3) of one resident reviewed for range of motion. The facility census was 44.Findings include:Review of the medical record for Resident #3 revealed an admission date of 12/04/25. Diagnoses included neuromuscular dysfunction of bladder, peripheral vascular disease, and contracture of left hand. Review of the quarterly Minimum Data Set (MDS) assessment, dated 03/13/26, revealed Resident #3 had intact cognition. Further review of the MDS revealed Resident #3 had impairment on one side and did not have a splint or brace assistanceReview of the care plan dated 12/04/25 revealed Resident #3 was at risk for impaired skin integrity related to impaired self-care ability. Interventions included observing skin with showers and care. Further review of the care plan revealed Resident #3 had a functional ability deficit and required assistance with self-care and mobility related to contractures to the left hand. Interventions included keeping fingernails trimmed and clean. Review of the Occupational Therapy (OT) evaluation and plan of treatment dated 03/27/26 through 04/23/26 revealed Resident #3 was evaluated by OT for a new wheelchair that fit better and increased his functional mobility within the facility. It was noted that Resident #3 had impairment to the Left Upper Extremity (LUE).Review of the physician's orders revealed no orders for a splint to the left hand, or orders for range of motion.Observation on 04/06/26 at 9:21 A.M. revealed Resident #3 was sitting in his wheelchair with the bedside table in front of him. Resident #3's left hand was visibly contracted with no barrier between his fingers and palm. Concurrent interview with Resident #3 revealed he did not have a splint for his left hand. Resident #3 stated he was able to slightly move his fingers and demonstrated moving fingers slightly off the palm of his left hand. Resident #3 further stated his hand frequently hurt, and staff did not provide any range of motion or place any barrier between his fingers and palm.Observation on 04/07/26 at 8:04 A.M. revealed Resident #3 was sitting in his wheelchair eating breakfast. There was no barrier between his fingers and palm on his left hand.Interview on 04/07/26 at 9:12 A.M. with Physical Therapy Assistant (PTA) #901 revealed Resident #3 did not admit to the facility with a splint for the left hand. PTA #901 stated she was unsure if OT had trialed one. PTA #901 further stated Resident #3 had a vibrating device for the left hand that he could use in his room but was unsure what it was called or if there was an order for it.Interview on 04/07/26 at 10:04 A.M. with Certified Occupational Therapy Assistant (COTA) #900 revealed Resident #3 was previously admitted to the facility and believed they had attempted a splint during that time but the resident's hand did not open enough to use one. COTA #900 confirmed that during the current admission, there were no attempts to try a splint. COTA #900 stated Resident #3 used a vibrating device to help stimulate his hand and confirmed there was no order for the vibrating device or instructions on how to use the device. COTA #900 also verified Resident #3 did not have a care plan for preventing further contracture to the left hand.Review of the facility policy titled, Contracture Prevention and Management Program, dated 05/01/24, revealed the facility would review the resident's status with the Interdisciplinary Team (IDT). Further review revealed a resident may benefit from a restorative contracture prevention and management program if the resident received (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Physical and Occupational therapy and included range of motion or split/brace application and removal. Goals and interventions would be modified as needed based on goal process and re-evaluation and the care plan and resident care guide would be updated.