

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Kettering		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Isaac Prugh Way Kettering, OH 45429	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44412</p> <p>Based on medical record review, staff interview, and review of the facility policy, the facility failed to follow physician orders to obtain daily weights. This affected one (Resident #81) of three residents reviewed for nutrition. The facility census was 80 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #81 revealed an admitted [DATE] with diagnoses including acute respiratory failure with hypoxia, congestive heart failure (CHF), atrial fibrillation, and generalized anxiety disorder, and a discharge date of [DATE]</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #81 dated 05/15/24 revealed the resident had intact cognition and was independent with eating and was dependent with toileting, bathing, dressing, and transfers.</p> <p>Review of the physician's orders for Resident #81 revealed an order dated 05/11/24 to weigh the resident once daily and notify physician if there was a weight gain greater than two and a half pounds (lbs.) in less than 24 hours or greater than five lbs. in a week.</p> <p>Review of the weight record for Resident #81 dated May 2024 revealed the staff did not obtain daily weights as ordered. Weights were only completed on the following four days in May 2024: 05/01/24, 05/14/24, 05/21/24, 05/29/24.</p> <p>Review of the weight record for Resident #81 dated June 2024 revealed the staff did not obtain daily weights as ordered. Weights were completed on the following 12 days: 06/01/24, 06/14/24, 06/15/24, 06/16/24, 06/17/24, 06/18/24, 06/19/24, 06/21/24, 06/24/24, 06/25/24, 06/27/24, and 06/28/24.</p> <p>Review of the weight record for Resident #81 dated July 2024 revealed the staff did not obtain daily weights as ordered. Weights were completed on 07/02/24 before the resident's discharge from the facility on 07/04/24.</p> <p>Interview on 08/13/24 at 12:51 P.M. with the Administrator confirmed Resident #81 had a physician's order for the staff to obtain daily weights. The Administrator further confirmed the facility staff did not obtain daily weights for Resident #81 as ordered for May through July 2024.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Kettering		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Isaac Prugh Way Kettering, OH 45429	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Physician's Orders dated 10/10/23 revealed physician orders were obtained to provide a clear direction in the care of the resident.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Kettering		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Isaac Prugh Way Kettering, OH 45429	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44412</p> <p>Based on record review, staff interview, and review of the facility policy, the facility failed to properly monitor resident weights and failed to implement nutritional recommendations to prevent weight loss. This affected one (Resident #83) of three residents reviewed for nutrition. The facility census was 80 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #83 revealed an admitted [DATE] with diagnoses including type two diabetes mellitus, anxiety disorder, and cerebral infarction, and a discharge date of [DATE].</p> <p>Review of the weight record for Resident #83 revealed the following weights: 05/07/24 -284 lbs., 05/14/24-310 lbs., 05/20/24-249.2 lbs., 06/03/24-248.7 lbs.</p> <p>Review of the care plan for Resident #83 dated 05/09/24 revealed the resident was unable to tolerate nutritionally adequate food and/or fluids by mouth and required the use of a feeding tube related to larynx cancer. Interventions included the following: administer tube feeding as ordered, staff to obtain weight at a minimum of monthly and report any significant weight changes to the physician and the dietician, staff to provide diet as ordered, staff to refer to dietician as needed.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #83 dated 05/14/24 revealed the resident had severe cognitive impairment, was dependent with toileting, bathing, dressing, and transfers and had a feeding tube.</p> <p>Review of the physician's orders for Resident #83 revealed an order dated 05/13/24 revealed for the resident to receive a tube feeding of Glucerna 1.5 at 80 milliliters (ml.) per hour (hr.) for 18 hours via pump with 240 ml of water every four hours.</p> <p>Review of the nutrition progress note for Resident #83 dated 06/05/24 revealed Resident #83 had a significant weight loss of 61.3 pounds, a 19.8 % loss from the weight dated 05/14/24 of 310 pounds. Further review of the note revealed the dietitian recommended Resident #83's tube feeding of Glucerna 1.5 to be increased from 80 ml./hr. to 95 ml./hr. and the total time of the feeding via pump to be increased from 18 hours to 20 hours.</p> <p>Review of the physician's orders for Resident #83 for June 2024 revealed there was no physician's order entered to increase the resident's tube feeding as recommended by the dietitian on 06/05/24.</p> <p>Review of the weight record for Resident #83 revealed the following weights: 05/07/24 -284 lbs., 05/14/24-310.4 lbs., 05/20/24-249.2 lbs., 06/03/24-248.7 lbs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Kettering		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Isaac Prugh Way Kettering, OH 45429	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 08/12/24 at 3:31 P.M. with Registered Dietician (RD) #50 confirmed Resident #83 weighed 284 lbs. upon admission on 05/07/24. RD #50 confirmed Resident #83 weighed 310.4 lbs. on 05/14/24 which was a significant weight gain of 26.4 pounds, but the facility did not obtain a reweight to determine if this was a true weight gain. RD #50 confirmed Resident #83 weighed 249.2 lbs. on 05/20/24, which was a significant weight loss. RD #50 confirmed he was not the dietician for the facility on 05/20/24, but if he had been, he would have requested a reweight for Resident #83 on 05/20/24 and if the weight loss was accurate, he would have recommended an increase in the tube feeding at that time. RD #50 further confirmed Resident #83 was not weighed again till 06/01/24 and the resident's weight was 248.7 which was a significant weight loss of 61.3 pounds which was 19.8 % loss from 05/14/24 to 06/01/24. RD #50 confirmed the previous dietitian had documented a recommendation on 06/05/24 to increase the resident's tube feeding but it was never implemented.</p> <p>Review of the facility policy titled Weight Management dated 09/22/23 revealed residents would be monitored for significant weight changes on a regular basis. Residents were expected to maintain acceptable parameters of nutritional status. Any resident with unintended weight loss/gain would be evaluated by the interdisciplinary team and interventions would be implemented to prevent further weight loss/gain. Residents determined to be at risk or who had significant weight changes would be weighed on a weekly basis. Residents at risk included residents receiving total parental nutrition (TPN) for one month, newly tube fed residents, residents receiving a tube feeding with significant weight changes, or residents with insidious weight loss.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00156362.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Kettering		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Isaac Prugh Way Kettering, OH 45429	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44412</p> <p>Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure the medication error rate was less than five percent (%). The facility medication error rate was 7.14% based on 28 medication opportunities and two medication errors. This affected two (Residents #22 and #68) of five residents reviewed for medication administration. The facility census was 80 residents.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #22 revealed an admitted [DATE] with diagnoses including type two diabetes mellitus (DM II), peripheral vascular disease (PVD), and anxiety disorder.</p> <p>Review of the physician's order for Resident #22 revealed an order dated 03/30/24 for the resident to receive Refresh ophthalmic gel 1% instill one drop into both eyes two times a day for dry eyes.</p> <p>Observation on 08/07/24 at 8:24 A.M. of medication administration for Resident #22 per Registered Nurse (RN) #30 revealed the nurse did not administer Refresh ophthalmic gel 1% eye drops because the medication was not available.</p> <p>Interview on 08/07/24 at 8:31 A.M. with RN #30 confirmed Resident #22 had an order for Refresh ophthalmic gel 1% eye drops but they were not administered because the medication was not available.</p> <p>2. Review of the medical record for Resident #68 revealed an admitted [DATE] with diagnoses including malignant melanoma of skin, malignant neoplasm of brain, and obstructive and reflux uropathy.</p> <p>Review of the physician's orders for Resident #68 revealed an order dated 08/02/24 for Pradaxa (an anticoagulant medication) oral capsule 150 milligrams (mg) give one capsule by mouth every morning and at bedtime for 30 days.</p> <p>Observation on 08/07/24 at 8:42 A.M. of medication administration for Resident #68 per Licensed Practical Nurse (LPN) #20 revealed the nurse did not administer Pradaxa 150 mg because the medication was not available.</p> <p>Interview on 08/07/24 at 8:46 A.M. with LPN #20 confirmed Resident #68 had an order for Pradaxa 150 mg., but it was not administered because the medication was not available.</p> <p>Review of the facility policy titled Medication Administration dated 10/17/23 revealed resident medications were administered in an accurate, safe, timely, and sanitary manner. Medications were to be administered within 60 minutes of the scheduled time.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00156756 and OH00156263.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Kettering		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Isaac Prugh Way Kettering, OH 45429	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44412</p> <p>Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to follow proper infection control practices when providing direct care for residents with physician's orders for enhanced barrier precautions (EBP). This affected two (Residents #9 and #55) residents of three reviewed for infection control. The facility census was 80 residents.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #9 revealed an admitted [DATE] with diagnoses including hemiplegia affecting right dominant side, atrial fibrillation, and type two diabetes mellitus.</p> <p>Review of the physician's orders for Resident #9 revealed an order dated 07/05/24 for enhanced barrier precautions (EBP) due to the resident had the presence of a gastronomy tube (g-tube).</p> <p>Observation on 08/08/24 at 1:47 P.M. revealed State tested Nurse Aide (STNA) #10 performed hand hygiene and applied gloves and assisted Resident #9 into bed and checked the resident's brief for signs of incontinence. STNA #10 did not don a gown during care for Resident #9.</p> <p>Interview on 08/08/24 at 1:50 P.M. with STNA #10 confirmed she did not wear a gown in Resident #9's room when providing care.</p> <p>Observation on 08/08/24 at 2:04 P.M. revealed Licensed Practical Nurse (LPN) #20 performed hand hygiene and applied gloves prior to g-tube care for Resident #9. LPN #20 did not don a gown during care for Resident #9.</p> <p>Interview on 08/08/24 at 2:30 P.M. with LPN #20 confirmed she did not wear a gown in Resident #9's room when providing care.</p> <p>2. Review of the medical record for Resident #55 revealed an admitted [DATE]. Diagnoses included ileostomy status, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF).</p> <p>Review of the physician's orders for Resident #55 revealed an order dated 07/15/24 for EBP related surgical incision and the presence of an ileostomy.</p> <p>Observation on 08/12/24 at 11:58 A.M. revealed STNA #14 performed hand hygiene and applied gloves prior to performing ileostomy care for Resident #55. STNA #14 did not don a gown during care for Resident #55.</p> <p>Interview on 08/12/24 at 12:06 P.M. with STNA #14 confirmed she did not wear a gown in Resident #55's room when providing care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER The Laurels of Kettering		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Isaac Prugh Way Kettering, OH 45429	
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>Review of the facility policy titled Enhanced Barrier Precautions (EBP) dated 03/26/24 revealed EBP were indicated for residents with any of the following: infection or colonization with a multidrug-resistant organism (MDRO) when contact precautions did not otherwise apply, a wound or indwelling medical device even if the resident was not known to be infected or colonized with a MDRO. Staff should use personal protective equipment (PPE) including gowns and gloves when providing care for residents in EBP.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00156263 and OH00155935.</p>		