

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  12/30/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46613</b></p> <p>Based on medical record review, review of list of medications available in emergency box, staff interview, and policy review, the facility failed to administer a medication as per resident request and physician order. The affected one (#65) out of the three residents reviewed for medications administered as ordered. The facility census was 59.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #65 revealed an admitted [DATE] with medical diagnoses of Coronavirus Disease 2019 (COVID-19), acute respiratory failure, chronic obstructive pulmonary disease, morbid obesity, hypertensive heart disease, and congestive heart failure. The medical record indicated Resident #65 discharged to a hospital on 12/05/24.</p> <p>Review of the medical record for Resident #65 revealed a discharge Minimum Data Set (MDS) assessment, dated 12/05/24, which indicated Resident #65 was dependent upon staff for toilet hygiene, bathing, and transfers, and required partial/moderate staff assistance for bed mobility and set-up assistance for eating. The MDS indicated Resident #65 had oxygen and had shortness of breath with exertion. No respiratory therapy was indicated on the MDS.</p> <p>Review of the medical record for Resident #65 revealed a physician order dated 12/04/24 for ipratropium-albuterol inhalation solution 0.5-2.5 (3) milligram (mg) per 3 milliliters (ml) to give one application inhale orally every six hours as needed for shortness of breath.</p> <p>Review of the medical record for Resident #65 revealed a nurse progress note, dated 12/04/24 at 7:29 P.M., which stated Resident #65 requested a breathing treatment. The note stated the nurse contacted the on-call Nurse Practitioner (NP) who ordered Duonebs (ipratropium-albuterol inhalation solution) every six hours for seven days and the orders were updated.</p> <p>Review of the medical record for Resident #65 revealed the Medication Administration Record (MAR) for December 2024 revealed no documentation to support Resident #65 received a breathing treatment on 12/04/24. Review of the MAR revealed Resident #65 received ipratropium-albuterol inhalation solution as ordered on 12/05/24 at 12:00 A.M.</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record for Resident #65 revealed hospital documentation, dated 12/05/24, which stated Resident #65 was admitted to the hospital for acute hypoxic respiratory and was treated for myocardial infarction and pulmonary edema.</p> <p>Review of the list of medications available in the facility emergency box (ebox) revealed documentation to support ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg per 3 ml was available in the ebox for administration.</p> <p>Interview with on 12/30/24 at 2:00 P.M. with Director of Nursing (DON) confirmed ipratropium-albuterol inhalation solution 0.5-2.5 (3) milligram per 3 ml was available in the facility ebox for administration to Resident #65 as requested and per physician orders. DON confirmed the medical record for Resident #65 did not have documentation to support the nurse administered the breathing treatment as requested on 12/04/24.</p> <p>Review of the facility policy titled, Medication Administration, revised 10/17/23 stated resident medications are to be administered in an accurate, safe, timely, and sanitary manner. The policy stated medications are to be administer in accordance with written orders of the attending physician. The policy stated for new medications to begin routine orders the same day ordered, unless the next dose would be normally given the next day.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160573.</p>		