

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 03/17/2026
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** Based on medical record review, staff and physician interviews and review of information from the American Diabetes Association, the facility failed to assess a resident and notify the physician of a resident's elevated blood glucose levels. This affected one (#11) or three residents reviewed for blood sugar readings. The facility census was 75. Findings include: Review of medical record for Resident #11 revealed admission date of 12/18/25. Diagnoses include post hemorrhagic stroke, diabetes mellitus type two, congestive heart failure, depression and anemia. Resident #11 was discharged home with home health on 01/13/26. Review of Resident #11's admission Minimum Data Set (MDS) dated [DATE] revealed the resident had a Brief Interview Mental Status (BIMS) score of 15 indicating intact cognition. He was independent with eating and required touching assistance with toileting hygiene, bed mobility and transfers. Review of the physician orders revealed an accu check order before meals and at bedtime with a start date of 01/03/26. Review of the blood glucose results were as follows: 01/10/26 the 9:31 P.M. result was 403 milligrams (mg) per (l) deciliter (dl); on 01/11/26 the 7:30 A.M. result was 195 mg/dl, 11:30 A.M. result was 236 mg/dl, the 4:30 P.M. result was 326 mg/dl 9:00 P.M. was 376 mg/dl; on 01/12/26 7:30 A.M. result was 353 mg/dl, 11:30 A.M. was 399 mg/dl, the 4:30 P.M. was 277 mg/dl, the 9:00 P.M. was 373 mg/ml; on 01/13/26 the 7:30 A.M. result was 443 mg/dl and the 11:30 A.M. result was 493 mg/dl. Further record review revealed there was no further assessment of Resident #11 regarding the elevated blood sugar readings and there was no notification to the physician. On 03/17/26 at 11:20 A.M. an interview with the Director of Nursing (DON) stated there were no parameters on Resident #11's accu check order on when to notify the physician. The DON verified Resident #11 was not further assessed regarding the elevated blood sugars and the physician was not notified. The DON verified Resident #11 had been discharged prior to addressing the elevated glucose levels. Interview on 03/17/26 at 12:02 P.M. with Physician #120 revealed she had not been informed of elevated blood glucose levels of Resident #11. Physician #120 stated she would expect to be notified for a blood glucose greater than 350 mg/dl. Review of information from the American Diabetes Association at https://diabetes.org/living-with-diabetes/treatment-care/hyperglycemia revealed hyperglycemia is when blood sugar levels are above 240 mg/dl milligrams. Hyperglycemia could be a serious problem if untreated and could lead to ketoacidosis (diabetic coma). Ketoacidosis is life threatening and needs immediate attention. This deficiency represents non-compliance investigated under Complaint Number 2723164.</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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