

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365994	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/29/2025
NAME OF PROVIDER OR SUPPLIER  Laurels of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Chillicothe Avenue Hillsboro, OH 45133	

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 0627</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</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:  365994	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/29/2025
NAME OF PROVIDER OR SUPPLIER  Laurels of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Chillicothe Avenue Hillsboro, OH 45133	
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 0627</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Based on closed medical record review, observations, interviews with facility staff and a facility resident, interview with Medical Director #275, interviews with Resident Representatives, interviews with Homeless Shelter employees, interviews with insurance employees, and interview with Ombudsman #250, the facility failed to provide a safe discharge to an appropriate location for Resident #79. On 12/08/25 Resident #79, who had resided in the facility for more than 22 years, was discharged to a homeless shelter with no income and had limited skills, knowledge, and resources required to provide for himself. In addition, the homeless shelter did not have staff with medical knowledge or training and had experienced recent funding cuts which resulted in no programs available to assist the resident in obtaining housing. The homeless shelter only provided food and housing for a maximum of 90 days. This resulted in Immediate Jeopardy and the potential for serious life-threatening harm, injuries, and/or negative health outcomes on 12/08/25 when Resident #79, who had diagnoses including type one diabetes mellitus, celiac disease, hypokalemia, degenerative disease of the nervous system, and long-term use of insulin was discharged to the homeless shelter without sufficient notice, preparation, skills, or knowledge to provide care for himself and to obtain income and housing before the 90 day stay at the homeless shelter expired. This affected one (Resident #79) of four residents reviewed for discharge. The facility census was 74. On 12/15/25 at 4:07 P.M., the Administrator and Director of Nursing (DON) were notified Immediate Jeopardy began on 12/08/25 when Resident #79 was discharged to a homeless shelter with limited diabetic supplies, insufficient skills and knowledge to provide adequate care for himself, and less than 90 days to obtain income and housing before the stay at the homeless shelter expired. Information obtained during the investigation revealed concerns identified by the local Ombudsman as well as homeless shelter staff related to the homeless shelter not being an adequate or appropriate and safe discharge location for Resident #79. The immediate Jeopardy was removed on 12/19/25, when the facility implemented the following corrective actions: -On 12/15/25, the Administrator immediately reviewed the last 30 days of discharges to ensure safe discharges occurred. No other areas of concern were noted. Follow up contact was made to Resident #83, # 84, #85, #86, #87, and #88 who were discharged in the last 30 days. No concerns regarding discharge and no additional needs were identified by each resident. -On 12/15/25, the Administrator immediately reviewed the pending discharges for Resident #16 and Resident #26 to ensure safe discharge plans with no other areas of concern noted. -Social Services Director #180 and/or designee will notify the Ombudsman of the date the discharge notice is given. -On 12/15/25, an in-service regarding the discharge process was completed by the Administrator with Social Services Director #180 that addressed the following: 1. Except as specified below, a resident, and/or his or her representative will be given thirty (30)-day advance notice of an impending transfer or discharge from our facility: a. The transfer is necessary for the residents' welfare and the residents' needs cannot be met in the facility. b. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the residents no longer need the services provided by the facility. c. The safety of individuals in the facility is endangered due to clinical or behavioral status of the residents. d. The health of individuals in the facility would otherwise be endangered. e. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. f. An immediate transfer or discharge is required by the residents' urgent medical needs. g. The resident is transferred for other than medical reasons. h. The resident has not resided in the facility for thirty (30) days; and/or i. The facility ceases operating. 2. The resident, and/or representative will be provided with the following information: The facility will send a copy of the discharge notice to a representative of the Office of the State Long-Term Care Ombudsman. a. The reason for the transfer or discharge. b. The effective date of the transfer or discharge. c. The location to which the resident is being transferred or discharged. d. The name, address, and telephone number of the state long-term care ombudsman. e. The name, address, and telephone number of each individual or agency responsible and the name, address, and telephone number of the state department agency that has been designated to handle appeals of transfers and discharge notices. 3. The facility will not transfer or discharge the resident while an appeal for discharge is pending, unless the failure to discharge or transfer will endanger the health or safety of the resident or other individuals in the facility. -On 12/15/25, a Quality Assurance and Performance Improvement (QAPI) meeting with the Administrator, Director of Nursing, Medical Director #275 and SSD #180 was held to review the discharge policy and procedure. No changes were made to the discharge policy and procedure at this time. -On 12/17/25 the Facility Administrator was in-service by</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365994	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/29/2025
NAME OF PROVIDER OR SUPPLIER  Laurels of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Chillicothe Avenue Hillsboro, OH 45133	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on closed record review and staff interviews, the facility failed to provide notice of discharge timely and appropriately. This affected one resident (#79) out of the four residents reviewed for discharge. The facility census was 74. Findings include: Closed record review for Resident #79 revealed the resident was admitted to the facility in 05/2003 and had diagnoses which included type one diabetes mellitus, celiac disease, hypokalemia, degenerative disease of the nervous system, and long-term use of insulin. Review of the quarterly Minimum Data Set (MDS) assessment, dated 10/13/25, revealed the resident was cognitively intact. Further record review for Resident #79 revealed no discharge notice had been provided to the resident or Ombudsman prior to the resident being discharged from the facility on 12/08/25. Interview on 12/11/25 at 1:59 P.M. with the Administrator and Social Service Director #180 confirmed no discharge notice had been provided to Resident #79 as he was agreeable to go. They confirmed no discharge notice had been made to the Ombudsman as of the present date and time. This deficiency represents non-compliance identified during the investigation of Complaint 2690578 and 2688635.</p>		