

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/24/2024
NAME OF PROVIDER OR SUPPLIER  Laurels of Massillon, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Sherman Circle NE Massillon, OH 44646	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39968</p> <p>Based on record review and interview, the facility failed to issue refunded monies to discharged residents in a timely manner. This affected two residents (#145 and #160) of three residents reviewed for resident refunds. The total census was 130.</p> <p>Findings included:</p> <p>1. Closed record review revealed Resident #145 was admitted on [DATE] and was discharged on [DATE]. His payor source was Private Pay.</p> <p>On 06/24/24, a review of the Resident Ledger for Resident #145 revealed that a final payment was made on 03/13/24 of \$19,528.00. After the facility balance was paid, Resident #145 was due a refund of \$1,572.00. This was due within 30 days or by 04/13/24. The amount was approved on 05/17/24 and was paid out on 05/22/24.</p> <p>Interview on 06/24/24 at 1:15 P.M. with the Administrator confirmed the refund payment was issued almost six weeks late.</p> <p>2. Closed record review revealed Resident #160 was admitted on [DATE] and was discharged on [DATE]. Her payor source was Private Pay.</p> <p>On 06/24/24, a review of the Resident Ledger for Resident #160 revealed that a final payment was made on 07/01/23 of \$14,049.20. After the facility balance was paid, Resident #160 was due a refund of \$8,548.60. This was due within 30 days or by 07/30/23. The amount was approved on 07/26/23 and was paid out on 08/04/23.</p> <p>Interview on 06/24/24 at 1:05 P.M. with the Business Office Manager (BOM) #505 confirmed the refund payment was issued late.</p> <p>Review of facility policy titled Resident Refund Policy and Procedure, (updated 09/22/23), revealed refunds are due to residents within 30 days of discharge.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154375.</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
---	-------	-----------