

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2025
NAME OF PROVIDER OR SUPPLIER The Laurels of Chagrin Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Cleveland Street Chagrin Falls, OH 44022	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident interview, and staff interview, the facility failed to ensure sufficient bathing was provided to all dependent residents. This affected two (Residents #1 and #20) of three residents reviewed for activities of daily living (ADL). The census was 45.</p> <p>Findings Include:</p> <p>1. Resident #1 was admitted to the facility on [DATE]. His diagnoses were infection and inflammatory reaction due to indwelling urethral catheter, sepsis due to MRSA, COPD, muscle wasting and atrophy, dysphagia, type II diabetes, urinary tract infection, obstructive and reflux uropathy, unspecified severe protein calorie malnutrition, congestive heart failure, pleural effusion, hypertensive heart and chronic kidney disease, acute kidney failure, atrial fibrillation, anemia, aortic stenosis, and hyperlipidemia.</p> <p>Review of his Minimum Data Set (MDS) assessment, dated 04/17/25, revealed he had mild cognitive impairment and was dependent on staff for bathing/showering.</p> <p>Review of Resident #1 current shower schedule revealed he was scheduled to have a bath/shower on Mondays and Thursdays in the evening.</p> <p>Review of Resident #1 shower logs/documentation, dated 04/10/25 to 06/20/25, revealed the following dates did not have documentation as shower/baths being offered to Resident #1: 04/28/25, 05/01/25, 05/05/25, 05/08/25, and 05/15/25.</p> <p>Interview with Director of Nursing (DON) and Administrator on 06/20/25 at 3:30 P.M. confirmed there is no documentation for Resident #1 being offered a bath/shower on the above listed days. They confirmed the resident needs at least some physical assistance and/or reminders to take a bath/shower from staff.</p> <p>2. Resident #20 was admitted to the facility on [DATE]. His diagnoses were cognitive social or emotional deficit following other cerebrovascular disease, alcoholic cirrhosis of liver, dementia, patient's non-compliance with other medical treatment, adult failure to thrive, unspecified severe protein calorie malnutrition, edema, cellulitis of left axilla and right upper limb, anxiety disorder, asthma, hoarding disorder, delusional disorder, dietary folate deficiency anemia, restlessness and agitation, and alcohol abuse.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of his MDS assessment, dated 04/10/25, revealed he was cognitively intact. Review of Resident #20 MDS assessment, section GG, dated 04/10/25, revealed he refused to take a bath/shower during that time to determine his ability level.</p> <p>Review of Resident #20 current shower schedule revealed he was scheduled to have a bath/shower on Tuesdays and Fridays in the evening. The facility provided a list identifying Resident #20 needing physical assistance with bathing/showering.</p> <p>Review of Resident #20 shower logs/documentation, dated 04/10/25 to 06/20/25, revealed the following dates did not have documentation as shower/baths being offered to Resident #1: 03/27/25, 04/14/25, 04/21/25, 04/28/25, 05/09/25, 05/16./25, 05/30/25, and 06/06/25.</p> <p>Interview with Resident #20 on 06/20/25 at 2:30 P.M. confirmed he is not offered a bath/shower when he needs or wants it. He confirmed he will refuse at times, and there are times he does want to wash himself in the sink, but he stated he is not always offered a bath/shower when he desires it.</p> <p>Interview with DON and Administrator on 06/20/25 at 3:30 P.M. confirmed there is no documentation for Resident #20 being offered a bath/shower on the above listed days. They confirmed the resident needs at least some physical assistance and/or reminders to take a bath/shower from staff. Both confirmed Resident #20 will refuse care, including bath/showers quite often, but they confirmed there should be documentation for each scheduled bath/shower; whether it was completed or refused.</p> <p>This deficiency represented non-compliance investigated under Complaint Number OH00165113.</p>		