

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER The Laurels of Gahanna		STREET ADDRESS, CITY, STATE, ZIP CODE 5151 North Hamilton Road Columbus, OH 43230	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008</p> <p>Based on medical record review, observations, resident and staff interview, and review of the facility policy, the facility failed to provide a care planned fall intervention for Resident #63. This affected one resident (#63) out of four residents reviewed for accidents. The facility census was 102 residents.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #63 was admitted to the facility on [DATE] with diagnoses including weakness, dementia, history of transient ischemic attack and cerebral infarction. Resident #63 had falls in the facility on 09/10/24 and 12/18/24. On 09/10/24, the new fall intervention was to have non-skid strips placed to the floor in front of the resident's bed. The care plan dated 08/31/21, Resident #63 was identified at risk for falls related to gait and balance problems, dementia and obesity. A care planned intervention dated 09/10/24 was to have non-skid strips to the floor in front of the bed.</p> <p>Observations on 01/07/25 at 12:22 P.M. and 2:41 P.M. revealed that Resident #63 did not have non-skid strips on the floor of his room at all.</p> <p>Interview with Resident #63 on 01/07/25 at 2:41 P.M. revealed that he had non-skid strips placed to the floor in front of his bed for approximately one day. Resident #63 stated that the non-skid strips were easily removed and did not stick to his floor, so they were discarded.</p> <p>Interview with Licensed Practical Nurse (LPN) #338 and Maintenance Director #231 on 01/07/25 at 2:42 P. M. confirmed that there were no non-skid strips on the floor of Resident #63's room and that it was a care planned intervention. Maintenance Director #231 stated that he would install the non-skid strips.</p> <p>Review of the policy titled Fall Management, dated 09/22/23, revealed that residents will be evaluated by the interdisciplinary team for their risk of falls. A plan of care is developed and implemented based on this evaluation with ongoing review. Residents identified at risk for falls will have the plan of care developed to meet each resident's needs.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161313.</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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