STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365404	A. BUILDING _____ B. WING _____	03/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAURELS OF MT VERNON THE	13 AVALON ROAD MOUNT VERNON, OH 43050

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)
F 0677 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide care and assistance to perform activities of daily living for any resident who is unable.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure Resident #54 and Resident #69, who required staff assistance for activities of daily living received showers as scheduled and/or requested. This affected two residents (#54 and #69) of three residents reviewed for activities of daily living Findings Include: 1. Review of the medical record for Resident #54 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the current comprehensive care plan revealed Resident #54 required two person extensive staff assistance with bathing. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #54 was cognitively intact. Review of the bathing documentation for Resident #54 revealed he was scheduled to receive a shower on Monday, Wednesday, and Friday. Further review of the bathing documentation for Resident #54 dated 02/01/20 through 03/03/20 revealed Resident #54 did not receive a shower on 02/07/20, 02/12/20, and 0[DATE] as scheduled Interview with Resident #54 on 03/04/20 at 2:04 P.M. revealed he required staff to assist him with showering and does not always receive showers/baths as scheduled and/or requested. Interview with Director of Nursing (DON) on 03/04/20 at 4:18 P.M. verified Resident #54 did not receive a shower/bath on 02/07/20, 02/12/20, and 0[DATE] despite being scheduled to receive a shower/bath on these days. 2. Review of the medical record for Resident #69 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the current comprehensive care plan revealed Resident #69 required total dependence two staff assistance with bathing. Review of the quarterly MDS 3.0 assessment, dated 12/16/19 revealed Resident #69 was rarely/never understood. Review of the bathing documentation for Resident #69 revealed she was scheduled to receive a shower/bath two times per week on Wednesday and Saturday. Further review of the bathing documentation for Resident #69 dated 02/01/20 through 03/03/20 revealed she did not receive a shower/bath on 02/15/20 and 02/29/20. Interview with the DON on 03/04/20 at 4:18 P.M. verified Resident #69 did not receive a shower/bath on 02/15/20 and 02/29/20 despite being scheduled to receive a bath/shower on those days. Review of the policy titled Routine Guest/Resident Care, last revised October 2019 revealed showers, tub baths, and/or shampoos are scheduled at least twice weekly and more often as needed; bed linens are changed at this time. Additional showers were given as requested. This deficiency substantiates Complaint Number OH 281.
F 0689 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview the facility failed to ensure fall interventions were implemented as per Resident #4's comprehensive care plan This affected one resident (#4) of three residents reviewed for falls. Findings Include: Review of the medical record for Resident #4 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the comprehensive care plan for Resident #4 revealed Resident #4 was at risk for fall related injury and falls with interventions included do not leave resident unattended in the bathroom, encourage diversional activities after meals, encourage resident to rest in bed or chair when fatigued, encourage resident to wear non-skid footwear when out of bed, close supervision during meal times and snacks, offer diversional activities after family visits, provide safety devices as ordered which included bed in lowest position, bed to wall to define boundaries, perimeter mattress, and dycem to wheelchair. Review of the fall investigation, dated 12/23/19 revealed Resident #4 was found on the floor in front of her bed leaning against the bed. Further review of the fall investigation revealed Resident #4 received no injuries as a result of the fall and the new fall interventions initiated were a fall mat on the floor next to the bed and the bed was to be against the wall. Review of the five day Minimum Data Set (MDS) 3.0 assessment, dated 02/27/20 revealed Resident #4 was severely cognitively impaired and required extensive staff assistance with activities of daily living. Observation of Resident #4 on 03/04/20 at 11:02 A.M. revealed Resident #4 lying in bed. Resident #4's bed was not against the wall at the time of the observation. Interview with Licensed Practical Nurse #210 on 03/04/20 at 11:02 A.M. verified Resident #4's bed was not against the wall as indicated in the comprehensive care plan. Review of the policy titled Fall Management, last revised October 2019 revealed the facility would identify hazards and guest/resident risk factors and implement interventions to minimize falls and risk of injury related to falls. This deficiency substantiates Complaint Number OH 281.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to ensure bedpans were stored properly/appropriately to prevent the spread of infection. This affected one resident (#30) of three residents reviewed for proper storage of resident care equipment. Findings Include: Review of the medical record for Resident #30 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the nurse's note, dated 12/18/19 revealed Resident #30 had been requesting the bedpan regularly with no results at times. Review of the current comprehensive care plan revealed Resident #30 required extensive two staff assistance with toileting. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #30 was moderately cognitively impaired. Observation of Resident #30's bedpan on 03/05/20 at 9:50 A.M. revealed it was being stored uncovered on the floor in Resident #30's bathroom. Interview with the Director of Nursing on 03/05/20 at 9:50 A.M. verified Resident #30's bedpan was stored uncovered on the floor in her bathroom. Review of the policy titled Infection Prevention Program Overview, last revised September 2019 revealed staff and guest/resident education would focus on risk of infection and practices to decrease the risk. This deficiency substantiates Complaint Number OH 281.
F 0921 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to ensure resident rooms were maintained in a safe and sanitary manner, free from holes in the wall. This affected one resident (#31) of three residents reviewed for environmental issues. Findings Include: Review of the medical record for Resident #31 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #31 was moderately cognitively impaired. Observation of Resident #31's room in the presence of the Director of Nursing (DON) on 03/04/20 at 4:00 P.M. revealed a hole in the wall next to Resident #31's bed. At the time of the observation, the DON

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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F 0921 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) measured the hole in the wall next to Resident #31's bed and it was noted to be five inches wide by two inches long. Interview with the DON on 03/04/20 at 4:00 P.M. verified there was a five inch wide by two inch long hole in the wall next to Resident #31's bed. Review of the policy titled Physical Environment, last revised March 2018 revealed the facility would provide a safe, functional, sanitary and comfortable environment for their guests, staff and the public. This deficiency substantiates Complaint Number OH 281.