

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER LAURELS OF DEFIANCE THE		STREET ADDRESS, CITY, STATE, ZIP 1701 S JEFFERSON AVE DEFIANCE, OH 43512	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, resident and staff interview, review of facility procedure in use, and policy review, the facility failed to ensure infection control prevention practices were implemented when facility staff failed to remove a urinal from the overbed table during meal time for one (Resident #100) resident randomly observed. The facility census was 81. Findings include: Review of Resident #100's medical record revealed an admission date of [DATE], [DIAGNOSES REDACTED]. Review of the most recent Minimum Data Set (MDS) assessment completed 04/16/20 revealed the resident was cognitively intact. Observation on 06/15/20 at 11:14 A.M. revealed an empty bedside urinal sitting on the overbed table next to Resident #100's meal tray. The urinal was approximately three inches from the resident's meal tray. Resident #100 was observed sitting on the side of his bed and Speech Therapist #200 was sitting in a folding chair across from Resident #100. Speech Therapist #200 left Resident #100's room and the bedside urinal remained next to Resident #100's meal tray. Interview on 06/15/20 at 11:18 A.M. with Resident #100 revealed Resident #100 placed the bedside urinal on his meal tray after it fell on to the floor. Observation at the time of the interview revealed Resident #100 continued to eat the lunch meal with the bedside urinal next to the meal. Interview on 06/15/20 at 11:20 A.M. with the Director of Nursing (DON) verified the urinal was next to Resident #100's meal tray and Speech Therapist #200 had been sitting with the resident. The DON exited Resident #100's room. The urinal was not removed and a new meal was not provided. Review of the Lippincott Procedures provided by the facility as facility procedure and titled Bedpan and Urinal Use, revised 05/15/20, revealed to not place a bedpan or urinal on top of the bedside table to avoid contaminating clean equipment and food trays. Review of the facility policy titled Infection Prevention Program Overview, revised 09/2019, revealed one of the major activities of the infection prevention program is to prevent the spread of infections with the use of standard precautions.</p>		
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.