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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>365443</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                    | (X3) DATE SURVEY COMPLETED<br><b>09/04/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>THE LAURELS OF MILFORD</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>934 STATE ROUTE 28<br/>MILFORD, OH 45150</b> |   |
| 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 0689<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on medical record review, review of a smoking list, observations, staff interview, and review of facility policy, the facility failed to ensure a resident engaged in safe smoking practices during a staff supervised smoke break. This affected one (#35) of the one resident observed smoking during the survey. The census was 122. Findings include: Review of the medical record for the Resident #35, revealed the resident was admitted on [DATE]. [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment, dated 07/10/20, revealed Resident #35 was cognitively intact and required limited assistance with activities of daily living. Review of plan of care for Resident #35 dated 07/10/20 revealed resident used smoking products and was assessed as being unsafe to smoke without supervision and resident was required to wear a protective smoking vest/apron or other devices as needed during the smoking activity. Review of smoking assessment for Resident #35 dated 06/14/20 revealed resident was a supervised smoker per guardian and residents request. Review of physician orders [REDACTED]. Review of August and September 2020 Medication Administration Record [REDACTED]. Review of the daily smokers list for 09/02/20, revealed Resident #35 was a supervised smoker. Observation of the resident's smoke break on 09/02/20 at 1:38 P.M. revealed Resident #35 was sitting in a wheelchair actively smoking with a paper mask positioned just below the resident's mouth and without a smoking vest/apron on. Observation also revealed Dietary Staff #11 with his head down looking at a mobile phone. Interview with Dietary Staff #11 on 09/02/20 at 1:12 P.M. indicated he was tasked with monitoring the smoking break. Dietary Staff #11 stated he was looking at his personal phone and was not paying attention. Dietary Staff #11 verified he allowed Resident #35 to smoke with her paper masks positioned just below resident's mouth. Dietary Staff #11 stated he was aware of the fire hazard while resident smoked with paper mask near mouth. Subsequent interview with Dietary Staff #11 on 09/02/20 at 1:45 P.M. verified Resident #35 did not have a smoking vest/apron on while she smoked. Dietary Staff #11 stated he was not aware resident was ordered to wear a smoking vest/apron. Review of 07/30/20 facility policy titled Guest Smoking Policy revealed the facility will provide and maintain guest smoking practice to ensure the safety and comfort of all guests, staff and visitors.</p> |   |   |
| F 0880<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, staff interviews, review of facility policy, review of online resources from Ohio Department of Health (ODH), Centers for Medicare and Medicaid (CMS) and Centers for Disease Control (CDC), revealed two randomly observed facility staff (State tested Nursing Assistant (STNA) #40 and Medical Records #13) failed to wear a facemask while in the facility to potentially prevent the spread of Coronavirus Disease 2019 (COVID-19). Facility census was 122. Findings include: 1. Observation of the main resident's hallway while being screened at front receptionist area with Director of Nursing (DON) on 09/02/20 at 7:48 A.M. revealed STNA #40 was observed walking in hallways without a mask in place. Interview with STNA #40 on 09/02/20 at 7:49 A.M. verified she did not have a mask on. STNA #40 stated she got off at 7:00 A.M. and left her mask at the nurse's station. Interview with DON on 09/02/20 at 7:50 A.M. verified STNA #40 did not have a mask on while being in the resident's area. 2. Observation of main resident's hallway with DON on 09/02/20 at 7:51 A.M. revealed Medical Records #13 was observed walking in hallway without a mask in place. Interview with Medical Records #13 on 09/02/20 at 7:52 A.M. verified she did not have a mask on. Medical Records #13 stated she had left her mask in her office. Interview with DON on 09/02/20 at 7:53 A.M. verified Medical Records #13 did not have a mask on while being in resident's area. Review of CMS memo dated 04/02/20 titled Nursing Home Guidance revealed all nursing homes shall ensure they are complying with all CMS and CDC guidance related to infection control. Review of ODH's COVID-19 website (coronavirus.ohio.gov) revealed Clermont County was at a level two (orange) public emergency indicating increased exposure and spread to COVID-19. Review of an online resource from the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html) revealed staff at minimum were to wear a surgical/medial facemask. Review of a facility policy titled Coronavirus Disease (COVID-19) Infection Control dated 08/21/20 revealed appropriate measures will be utilized for the prevention and control of the COVID-19. Policy also revealed the facility will follow CDC guidelines for personal protective equipment (PPE) and health care personnel (HCP) will wear a facemask at all times while in the facility per CDC guidelines.</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.