

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER LAURELS OF WEST CARROLLTON THE		STREET ADDRESS, CITY, STATE, ZIP 115 ELMWOOD CIRCLE WEST CARROLLTON, OH 45449	
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 0574 Level of harm - Potential for minimal harm Residents Affected - Many	The resident has the right to receive notices in a format and a language he or she understands. Based on record review and staff interviews, the facility failed to provide an accurate list of contact information for State Regulatory agencies and State Long-Term Care Ombudsman program. This affected all 45 Residents (#01, #02, #05, #08, #11, #12, #13, #14, #15, #18, #19, #20, #24, #25, #27, #28, #29, #30, #42, #47, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #63, #64, #65, #66, #68, #70, #71, #72, #73, #74, #79, #81, and #82) who were newly admitted and currently resided in the facility and the potential to affect all residents currently residing in the facility. The current census was 83 residents. Findings included: On 09/10/20, a review of the Facility Admission Packet revealed a State Agency information sheet that had the State Department of Health listed as one of the closed District Offices, with the closed offices address and out of service contact telephone number. The office listed had been closed over five years. A Postings and Reporting Concerns/Grievances contact list had the Long-Term care Ombudsman Program list in in the wrong city in which the facility was located. On 09/10/20 at 1:40 P.M., an interview with the Corporate Registered Nurse Regional Clinical Coordinator #1 confirmed the contact information for the Ombudsman on the Postings and Reporting Concerns/Grievances contact list was not the Local Ombudsman office. The Corporate Registered Nurse Regional Clinical Coordinator #1 further confirmed The Ohio Department of Health State Agency was listed in error on the State Agency list. This deficiency substantiates Complaint number OH 225.		
F 0575 Level of harm - Potential for minimal harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on observations and staff interviews, the facility failed to post accurate list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups. This had the potential to affect all 83 residents who resided in the facility. Findings included: Observation on 09/10/20 at 1:40 PM revealed the posted information in the front lobby listed the incorrect Ombudsman contact number and office. The posting of Postings and Reporting of concerns and grievances posted on the bulletin board in the main hallway listed the Concern Hotline as a former District Office which was no longer open. It had no current or valid information posted. Interview on 09/10/20 at 1:40 P.M., with the Registered Nurse Regional Clinical Coordinator #1 confirmed the inaccuracies in the postings and stated the postings were sent from the regional office. This deficiency substantiates Complaint Number OH 225		
F 0732 Level of harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, staff interview, and policy review, the facility failed to post the daily staffing and census information. This affected all 83 residents who resided in the facility. Findings include: Observation on 09/09/20 at 8:35 A.M., in the front lobby revealed the daily staff posting dated 07/30/20 with a census of 72 residents. On 09/09/20 at 8:37 A.M., an interview with Administrative staff # 74 confirmed the date on the daily staff posting. A review of the Facility policy titled Staffing - Required Posting Of, dated 03/2005, revealed the facility will post daily for each shift, the number of licensed and unlicensed nursing staff directly responsible for guest care in the facility. The posted information must include the actual number of licensed and unlicensed staff for that particular day on each shift.		
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.