COMMON PLEAS COURT
LICKING CO. OHIO
FILED: 3/26/2026 3:48 PM
OLIVIA C. PARKINSON
CLERK

IN THE COURT OF COMMON PLEAS
LICKING COUNTY, OHIO

ESTATE OF RAYMOND ERLENBACH, DECEASED Through Estate Representative Duane Erlenbach c/o Michael Hill Trial Law 815 Superior Avenue, Suite 623 Cleveland, Ohio 44114 Plaintiff, vs. THE LAURELS OF HEATH AKA THE LAURELS OF HEATH, LLC 717 S. 30th Street Heath, Ohio 43056 Also Serve c/o Registered Agent: Registered Agent Solutions, Inc. 4400 Easton Commons Way, Suite 125 Columbus, Ohio 43219 and CIENA HEALTHCARE/LAUREL HEALTH CARE AKA LAUREL HEALTH CARE COMPANY c/o Registered Agent: Registered Agent Solutions, Inc. 4400 Easton Commons Way, Suite 125 Columbus, Ohio 43219 and LAUREL HEALTH CARE HOLDINGS, INC. c/o Registered Agent: Registered Agent Solutions, Inc. 4400 Easton Commons Way, Suite 125 Columbus, Ohio 43219 and LAUREL OHIO OPERATIONS GROUP, LLC c/o Registered Agent:	CASE NO.	2026-CV-00587
	JUDGE	Marcelain, Thomas
	COMPLAINT	
	WITH JURY DEMAND	
	MOTION FOR EXTENSION OF TIME TO FILE AFFIDAVIT OF MERIT ATTACHED	

Registered Agent Solutions, Inc.)
4400 Easton Commons Way, Suite 125)
Columbus, Ohio 43219)
)
and)
)
LAUREL ACQUISITION HOLDING)
CORPORATION)
c/o Registered Agent:)
Registered Agent Solutions, Inc.)
4400 Easton Commons Way, Suite 125)
Columbus, Ohio 43219)
)
and)
)
HEATH NURSING REALTY, LLC)
c/o Registered Agent:)
Registered Agent Solutions, Inc.)
4400 Easton Commons Way, Suite 125)
Columbus, Ohio 43219)
)
and)
)
AMANDA BARRETT, CNP)
124 Parkdale Drive)
Johnstown, Ohio 43031)
)
Defendants.)

Plaintiff, the Estate of Raymond Erlenbach, Deceased, through Estate Representative Duane Erlenbach, for this Complaint against the above-named Defendants, states and avers upon information and belief:

INTRODUCTION

1. This action involves multiple claims (medical negligence, recklessness, wrongful death, Resident's Rights Law violations, civil conspiracy, and fraud) involving The Laurels of Heath aka The Laurels of Heath, LLC's ("Facility's") inadequate care of Raymond Erlenbach and the corporate control of the facility leading to such inadequate care that led to Raymond Erlenbach's untimely and wrongful death on May 26, 2025.

2. On August 3, 2022, Raymond Erlenbach was admitted to The Laurels of Heath for long-term care.

3. Upon his admission, and throughout his time at The Laurels of Heath, Raymond had established care plans that reflected his needs. Two significant care plans concerned Raymond's incontinence, and his difficulty breathing.

4. On August 3, 2022, the day Raymond was admitted to The Laurels of Heath, a care plan was established with the goal of keeping Raymond free of complications from incontinence, including skin breakdowns and UTIs. This care plan had been reviewed on January 16, 2025, and re-initiated on February 11, 2025.

Need	Goal	Interventions	Position	Freq/Resolved
• Raymond is incontinent of bladder & bowel R/T: - deconditioning -requires staff assist with toileting needs -non ambulatory -dx dementia -pressure ulcers Date Initiated: 02/11/2025 Created on: 08/03/2022 Created by: Kimberly Spooner (Unit Manager) Revision on: 02/19/2025 Revision by: Tracy Timbrook (Unit Manager)	• Will remain free of complications(skin breakdown, UTI, etc) from incontinence through the review date. Date Initiated: 08/03/2022 Created on: 08/03/2022 Created by: Kimberly Spooner (Unit Manager) Revision on: 09/24/2024 Revision by: Shannon Friend (MDS Nurse) Target Date: 07/01/2025	• BRIEF USAGE: Resident uses XL disposable briefs. Change prn. Date Initiated: 08/03/2022 Created on: 08/03/2022 Created by: Kimberly Spooner (Unit Manager) Revision on: 08/08/2022 Revision by: Adrienne.Bacon (Unit Manager/Nurse Manager) • Check q 2 hr and prn for incontinence. Wash, rinse and dry perineum. Change clothing after incontinence care as needed Date Initiated: 08/03/2022 Created on: 08/03/2022 Created by: Kimberly Spooner (Unit Manager)	CNA CNA	

Last Care Plan Review Completed:	01/16/2025

Raymond Erlenbach's care plan included the goal of keeping him free of complications from incontinence, including skin breakdowns and urinary tract infections.

5. On May 30, 2023, a care plan was established due to Raymond's potential for difficulty breathing and risk for respiratory complications. An intervention required that staff observe for signs of acute respiratory insufficiency, anxiety, confusion, restlessness, shortness of breath when resting, cyanosis or somnolence, and that any abnormal findings be reported to the doctor. This care plan had been reviewed on January 16, 2025.

Need	Goal	Interventions	Position	Freq/Resolved
• Raymond has a potential for difficulty breathing and risk for respiratory complications R/T: -chronic respiratory failure with hypoxia -COPD -SOB with exertion and lying flat -SOB at rest Date Initiated: 05/30/2023 Created on: 05/30/2023 Created by: Jessica Baker (LPN) Revision on: 10/09/2024 Revision by: Saunia Henderson (MDS Coordinator)	• Will be free from s/sx of respiratory difficulty every day through review. Date Initiated: 05/30/2023 Created on: 05/30/2023 Created by: Jessica Baker (LPN) Revision on: 09/24/2024 Revision by: Shannon Friend (MDS Nurse) Target Date: 07/01/2025	• Encourage frequent rest periods to help conserve energy. Date Initiated: 05/30/2023 Created on: 05/30/2023 Created by: Jessica Baker (LPN) Revision on: 07/16/2024 Revision by: Jessica Baker (LPN)	CNA	
		• Observe for difficulty breathing (Dyspnea) on exertion. Remind resident not to push beyond endurance and provide rest periods. Date Initiated: 05/30/2023 Created on: 05/30/2023 Created by: Jessica Baker (LPN)	LPN RN	
		• Observe for s/sx of acute respiratory insufficiency: Anxiety, Confusion, Restlessness, SOB at rest, Cyanosis, Somnolence. Report abnormal findings to the physician. Date Initiated: 05/30/2023 Created on: 05/30/2023 Created by: Jessica Baker (LPN)	LPN RN	
		• Observe for s/sx of respiratory infection: elevated temp, change in level of consciousness, malaise, Chills, increase in sputum (document the amount, color and consistency), chest pain, increased difficulty breathing (Dyspnea), increased coughing and wheezing. Report abnormal findings to the physician. Date Initiated: 05/30/2023 Created on: 05/30/2023 Created by: Jessica Baker (LPN)	LPN RN RT	
		• Obtain labs and diagnostics as ordered and report abnormal findings to the physician. Date Initiated: 11/29/2023 Created on: 11/29/2023 Created by: Shannon Friend (MDS Nurse)	Licensed Nurse	
		• Refer to Respiratory Therapy as needed. Date Initiated: 05/30/2023	LPN RN	

Last Care Plan Review Completed:	01/16/2025

Raymond Erlenbach's care plan included an intervention which required staff observe for signs of acute respiratory insufficiency, anxiety, confusion, restlessness, shortness of breath when resting, cyanosis or somnolence, and that any abnormal findings be reported to the doctor.

6. On January 29, 2025, emergency medical services ("EMS") was contacted to transport Raymond to the Licking Memorial Hospital Emergency Department.

7. Mr. Erlenbach was treated at Licking Memorial Hospital from January 29, 2025, to February 11, 2025. During his stay, Mr. Erlenbach was diagnosed and treated for an "Acute Grand Mal Seizure" and "*E.coli* ESBL UTI," or an *E.coli* extended-spectrum beta-lactamase urinary tract infection, amongst other conditions

Discharge Summary Note

Discharge Summary by Bassam Kret, MD at 2/11/2025 1608

Author: Bassam Kret, MD | Service: Internal Medicine | Author Type: Physician
Filed: 2/11/2025 4:15 PM | Date of Service: 2/11/2025 4:08 PM | Status: Signed
Editor: Bassam Kret, MD (Physician)

Discharge Diagnosis[BK.1T]

1.[BK.1C] Acute g[BK.1M]rand mal seizure with suspected Todd's paralysis. Started on Keppra. Doing relatively well except some drowsiness
2. E. coli ESBL UTI, unclear if it is present on admission.[BK.1C] Finished course of antibiotics with Invanz during the hospitalization[BK.1M]

*From January 29, 2025 to February 11, 2025, Raymond Erlenbach was diagnosed and treated for an "Acute Grand Mal Seizure" and "*E.coli *ESBL UTI" at Licking Memorial Hospital, amongst other conditions.*

8. On February 11, 2025, at 10:00 P.M., Raymond returned to The Laurels of Heath.

9. On February 12, 2025, Raymond was examined by Dr. Randall Slaybaugh, M.D. at The Laurels of Heath. During this examination, Dr. Slaybaugh acknowledged that Raymond was diagnosed with and treated for an *E.coli* ESBL UTI while at Licking Memorial Hospital.

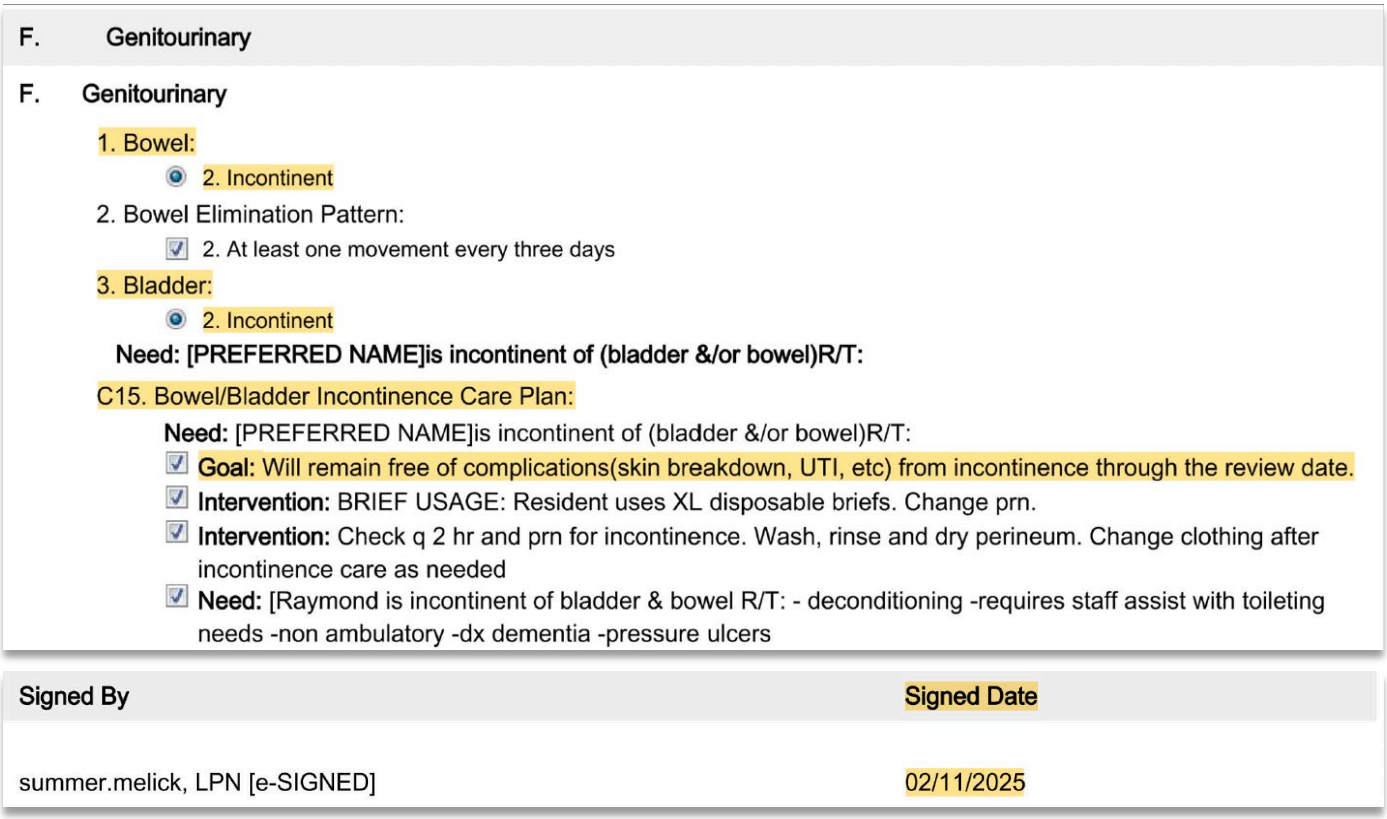
10. After being treated at Licking Memorial Hospital, Dr. Slaybaugh reports that Raymond denies any "chest pain, shortness of breath, fevers, chills or new neurological symptoms."

HISTORY OF PRESENT ILLNESSES
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General: Mr. Erlenbach is a 72-year-old male with a pmh of T2DM, HF, atrial fibrillation, CAD, HTN. He presented to the hospital for witnessed seizure on 1/29/25. The patient was admitted in seen by neurology and started on Keppra. He was found to have a 70 to 80% stenosis of the right internal carotid artery by CTA. Hewas already followed by vascular surgery and underwent a stress test, which was positive. However, he was not considered a candidate for coronary angiography due to be chronically bedbound. He was to continue surveillance. He was also treated for incidental discovery of an ESBL UTI. He was treated for decompensated heart failure as well with a reported ejection fraction of 38% in an RVSP of 42 mmHg. He is now transferred back to SNF for long-term care. I am seeing the patient today for admission. On today's visit, he is eating lunch without difficulty. He gives only short response responses, but denies chest pain, shortness of breath, fevers, chills, or new neurological symptoms.

On February 12, 2025, Dr. Slaybaugh acknowledged that Raymond was diagnosed with and treated for an E.coli ESBL UTI while at Licking Memorial Hospital, and reported that Raymond denies any "chest pain, shortness of breath, fevers, chills or new neurological symptoms."

11. Upon Mr. Erlenbach's return to The Laurels of Heath on February 11, 2025, a Nursing Comprehensive Evaluation was completed which indicated Raymond was completely incontinent. A care plan was established with the goal of preventing complications from incontinence, including UTIs.



F. Genitourinary

F. Genitourinary

1. Bowel:
- (•) 2. Incontinent

2. Bowel Elimination Pattern:
- [x] 2. At least one movement every three days

3. Bladder:
- (•) 2. Incontinent

Need: [PREFERRED NAME]is incontinent of (bladder &/or bowel)R/T:

C15. Bowel/Bladder Incontinence Care Plan:

Need: [PREFERRED NAME]is incontinent of (bladder &/or bowel)R/T:
- [x] **Goal:** Will remain free of complications(skin breakdown, UTI, etc) from incontinence through the review date.
- [x] **Intervention:** BRIEF USAGE: Resident uses XL disposable briefs. Change prn.
- [x] **Intervention:** Check q 2 hr and prn for incontinence. Wash, rinse and dry perineum. Change clothing after incontinence care as needed
- [x] **Need:** [Raymond is incontinent of bladder & bowel R/T: - deconditioning -requires staff assist with toileting needs -non ambulatory -dx dementia -pressure ulcers

Signed By	Signed Date
summer.melick, LPN [e-SIGNED]	02/11/2025

The February 11, 2025 Nursing Comprehensive Evaluation indicated Raymond was completely incontinent, and a care plan was established with the goal of preventing complications from incontinence, including UTIs.

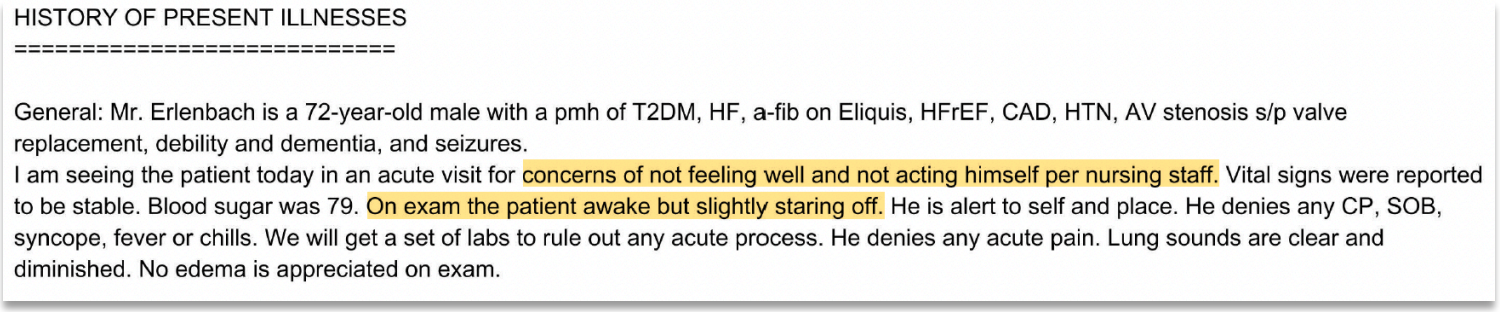
12. On March 19, March 20, and March 24, 2025, Mr. Erlenbach attended doctor appointments at Licking Memorial Hospital. These appointments were scheduled as follows up from his January 29, 2025, hospital admission. During all three appointments, Raymond's vitals were documented as normal.

13. On March 23, 2025, Dr. Riza Conroy, M.D. conducted a thirty-day follow-up evaluation of Raymond at The Laurels of Heath. Labs were taken during this examination, which revealed Raymond had a normal white blood cell count and no abnormal lab values.

14. On March 25, 2025, The Laurels of Heath failed to monitor or assess Raymond's vital signs – specifically, his blood pressure, temperature, oxygen saturation, heart rate and respiration rate. There is no documentation of Raymond's condition on March 25, 2025.

15. On March 26, 2025, at 12:00 A.M. per the records, Mr. Erlenbach was evaluated by Nurse Practitioner Amanda Barrett after he indicated, "Don't feel well." Nurse Practitioner Barrett was also told by other nurses that Raymond was not acting like himself. While the records document the time as 12:00 A.M., it is unclear the exact time of this observation.

16. During this appointment, Mr. Erlenbach's blood was drawn and sent to the laboratory for testing. The results indicated that Raymond's white blood cell count was elevated at 13.3, outside the normal range of 4.0 to 11.0.



HISTORY OF PRESENT ILLNESSES
==========

General: Mr. Erlenbach is a 72-year-old male with a pmh of T2DM, HF, a-fib on Eliquis, HFrEF, CAD, HTN, AV stenosis s/p valve replacement, debility and dementia, and seizures.
I am seeing the patient today in an acute visit for concerns of not feeling well and not acting himself per nursing staff. Vital signs were reported to be stable. Blood sugar was 79. On exam the patient awake but slightly staring off. He is alert to self and place. He denies any CP, SOB, syncope, fever or chills. We will get a set of labs to rule out any acute process. He denies any acute pain. Lung sounds are clear and diminished. No edema is appreciated on exam.

Nursing staff informed Nurse Practitioner Amanda Barrett that Mr. Erlenbach was not acting like himself.

17. Nurse Practitioner Barrett noted that Raymond was "blankly staring," and that his white blood cell count was elevated. Nurse Practitioner Barrett ordered a urine sample for a urinalysis with culture and sensitivity, placing the order at 2:06 P.M. on March 26, 2025.

18. On March 27, 2025, Raymond was no longer responsive. He was also in respiratory distress. His breathing was described as "audile wheezing noted with labored breathing and increased resp." At this point in time, Raymond was breathing 28 breaths per minute.

19. Facility staff did not obtain a urine sample until ***March 27, 2025 at 6:02 A.M.*** – sixteen hours after the order was placed, and thirty hours after Mr. Erlenbach was evaluated by Nurse Practitioner Amanda Barrett. Raymond's urine was described as a "cloudy straw color."

20. On March 27, 2025, at 8:15 A.M., EMS transported Raymond to Licking Memorial Hospital Emergency Department, where he remained in the intensive care unit until he was discharged on April 2, 2025 to OSU Medical Center.

21. At Licking Memorial Hospital, Raymond was diagnosed with **septic shock**; **ESBL *E.coli* UTI** (the same type as his most recent UTI); **acute chronic hypoxic respiratory failure due to left lower lobe pneumonia related to underlying septic shock**; **acute metabolic encephalopathy**; **acute kidney injury related to underlying septic shock**; and **spontaneous truncal myoclonus** (involuntary body jerks).

22. Relative to the metabolic encephalopathy, the discharging doctor noted that it was caused by the septic shock, in addition to the bacteremia, urinary tract infection, acute respiratory failure, as well as potential stroke.

Acute metabolic encephalopathy
Multifactorial in the setting of septic shock along with bacteremia, urinary tract infection, acute respiratory failure, and possible component of subacute CVA. Head CT on admission with subacute infarct left hippocampal gyrus. MRI brain has been ordered, but unable to be performed due to pacemaker. EEG without evidence of epileptiform discharges. Sedation has been discontinued for 2 days. Repeat CT head today without acute pathology. Repeat EEG pending, patient has not shown any neurological improvement for the past 2 days patient has a gag, cough and intermittent truncal myoclonous repeat ct head with no acute process, concern for brian stem infarct, MRI cannot be done at our facility. Will transfer as noted above

At Licking Memorial Hospital, discharge notes stated that Raymond's metabolic encephalopathy was caused by the septic shock, bacteremia, urinary tract infection, acute respiratory failure, as well as potential stroke.

23. On April 2, 2025, Mr. Erlenbach was transferred to OSU Medical Center for persistent encephalopathy and comatose state. When he was admitted, Raymond was intubated and still unresponsive to painful stimuli.

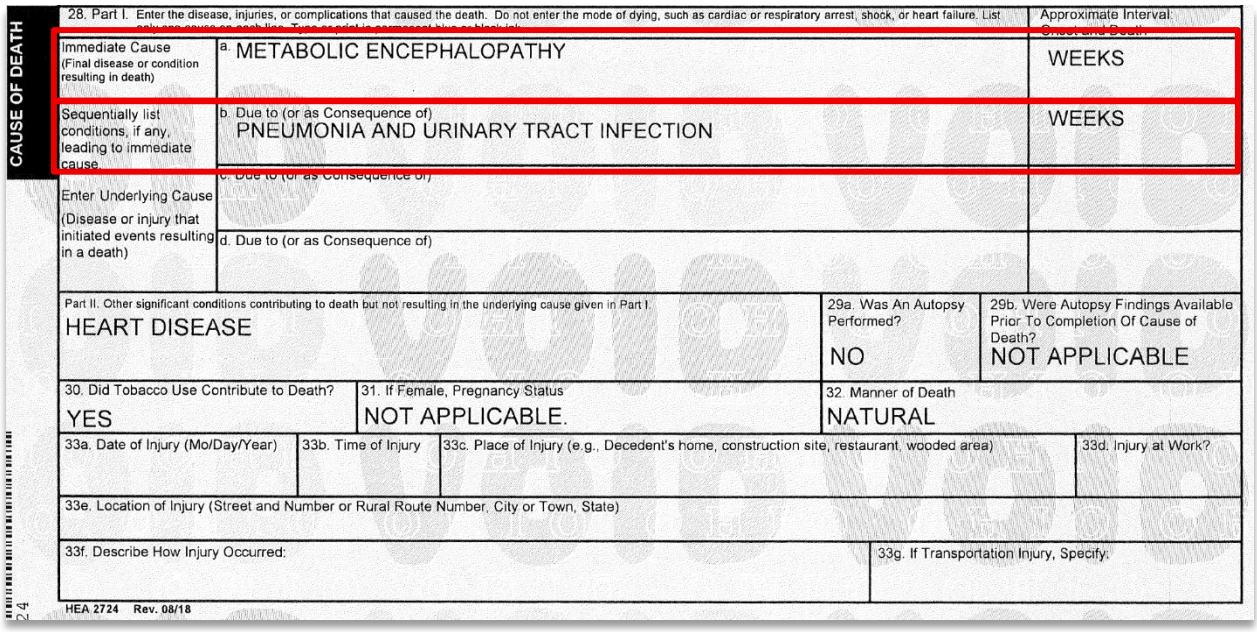
24. At OSU Medical Center, Raymond was additionally diagnosed with a **right caudate ischemic stroke**; **acute hypoxic respiratory failure requiring mechanical ventilation with poor window for safe extubation limited by mentation**; and **acute kidney injury** requiring dialysis. Because Raymond's level of consciousness was so low, he could not be taken off the ventilator, as he was not alert enough to safely breathe on his own.

25. On April 14, 2025, after they were told there were no other alternative options, Raymond's family made the decision to transition him to comfort care.

26. On April 17, 2025, Raymond was admitted to Altercare Newark South, Inc., where he received hospice services by Hospice of Central Ohio.

27. Raymond Erlenbach died on May 26, 2025, surrounded by his family.

28. Raymond Erlenbach's death certificate notes the cause of death as "Metabolic Encephalopathy" that occurred weeks before his death caused by pneumonia and a urinary tract infection that also occurred weeks before his death.



CAUSE OF DEATH

28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.

		Approximate Interval: Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. METABOLIC ENCEPHALOPATHY	WEEKS
Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of) PNEUMONIA AND URINARY TRACT INFECTION	WEEKS
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)	
	d. Due to (or as Consequence of)	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
HEART DISEASE

29a. Was An Autopsy Performed? NO

29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NOT APPLICABLE

30. Did Tobacco Use Contribute to Death? YES

31. If Female, Pregnancy Status NOT APPLICABLE.

32. Manner of Death NATURAL

33a. Date of Injury (Mo/Day/Year) | 33b. Time of Injury | 33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | 33d. Injury at Work?

33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)

33f. Describe How Injury Occurred: | 33g. If Transportation Injury, Specify:

HEA 2724 Rev. 08/18

Raymond Erlenbach's cause of death was "Metabolic Encephalopathy" caused by pneumonia and a urinary tract infection, all which occurred weeks before his death.

29. Plaintiff requests a trial by jury.

30. Plaintiff brings this action for compensation for the harms and losses sustained as the result of the negligence, recklessness, conscious disregard, reckless disregard, conduct by which—through heedless indifference to the consequences—the Defendants or their staff disregarded a substantial and unjustifiable risk that the health care provider's conduct is likely to cause, at the time those services or that treatment or care were rendered, an unreasonable risk of injury, death, or loss to person or property, or intentional misconduct or willful or wanton misconduct, and other wrongful conduct described herein or discovered during litigation.

DEFENDANTS

31. The Laurels of Heath aka The Laurels of Heath, LLC is an Ohio corporation that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and/or employees and does business as The Laurels of Heath aka The Laurels of Heath, LLC.

32. Ciena Healthcare/Laurel Health Care aka Laurel Health Care Company is an Ohio corporation that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and/or employees and does business as The Laurels of Heath aka The Laurels of Heath, LLC.

33. Laurel Health Care Holdings, Inc. is an Ohio corporation that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and/or employees and does business as The Laurels of Heath aka The Laurels of Heath, LLC.

34. Laurel Ohio Operations Group, LLC is an Ohio corporation that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and/or employees and does business as The Laurels of Heath aka The Laurels of Heath, LLC.

35. Laurel Acquisition Holding Corporation is an Ohio corporation that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and/or employees and does business as The Laurels of Heath aka The Laurels of Heath, LLC.

36. Heath Nursing Realty, LLC is an Ohio corporation that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and/or employees and does business as The Laurels of Heath aka The Laurels of Heath, LLC.

37. Defendant, Amanda Barrett, is a Certified Nurse Practitioner, licensed to practice nursing in the State of Ohio, who provided clinical oversight at The Laurels of Heath and was responsible for providing nursing and nursing related services in accordance with the standard of care.

38. The Defendants employ, manage, and direct the care and service providers who were responsible for Raymond Erlenbach's care, treatment, and safety at The Laurels of Heath aka The Laurels of Heath, LLC while he was a resident there, and/or are responsible for creating unsafe conditions at the Facility through their control of the Facility management that directly led to Raymond Erlenbach's injuries and untimely and wrongful death on May 26, 2025.

39. The Defendants direct and control operations at the Facility and are therefore directly liable for mismanagement of the Facility without regard to piercing the corporate veil.

40. The Defendant organization controls the other corporations in a way that is so complete that the corporations have no separate mind, will, or existence of their own, is exercised in such a manner as to commit fraud or an illegal act against the person seeking to disregard the corporate entity; and injury or unjust loss resulted to the plaintiff from such control and wrong, meaning the Defendants should be held directly liable for such harms and losses.

41. The Defendants collectively own, manage, control, and/or are responsible for the care delivered to residents of The Laurels of Heath aka The Laurels of Heath, LLC directly or through their domination and control of any putative entity license holder.

VICARIOUS LIABILITY

42. The Defendants employ the care providers who were responsible for ensuring Raymond Erlenbach's care and safety.

43. The Defendants manage, control, and/or employ the nursing staff at the Facility.

44. Duane Erlenbach and his family looked to the Defendants for care based upon their representations.

45. The Defendants are vicariously liable for the negligent actions of their employees and agents (respondeat superior and agency liability) and/or independent contractors (Clark v. Southview agency by estoppel), including visiting physicians and nurse practitioners contracted with any of the Defendants and/or provided to residents as default or house care providers.

JURISDICTION AND VENUE

46. This Court has Jurisdiction over Defendant(s) because, among other things, all Defendant(s) do, and all times relevant did, purposefully avail themselves of the laws of the State of Ohio, and/or committed tortious acts within the State of Ohio.

47. Venue is proper in Licking County, Ohio under Civil Rule 3(B) because, among other reasons: (a) one or more Defendants reside, domicile, or carry on their principal place of business in that county; and (b) part of the claim for relief arose in that county.

COMMON FACTS

48. Defendants hold themselves out to the public as providers of long-term nursing home, skilled nursing, and memory care services.

49. Defendants' for-profit model means their primary goal is to maximize profit, measured by revenues minus expenses.

50. For nursing homes generally, the largest individual revenue source is residents (filling beds), and the largest individual expense is the cost of employing nursing staff to provide care to those residents. This creates a financial incentive to take on more residents with greater care needs than the nursing staff can properly care for, a violation of federal nursing home regulations regarding staffing levels.

51. The Defendants manage, control, and/or employ the nursing staff at Facility.

52. The Defendants exercise actual control over the Facility's management and operations to maximize profits, including control over facility-level:

a. policies and procedures, including regarding resident care;
b. finances, including obtaining credit and loans, guaranteeing loans (both at the corporate and individual facility level), maintaining funds and banking, obtaining, owning, and leasing facility land and buildings, and capital expenditures;
c. budgeting, including controlling the amount of funds available for staffing facilities;
d. personnel management, including hiring and firing, or having authority to hire and fire, the supervisory and management personnel in each facility;
e. supervision of management, care providers, and staff in each facility, including compliance with federal and state regulations;
f. employment, such as setting pay scales, shifts, and time and vacation policies;
g. systems for training, monitoring, and supervising staff;
h. medical record systems and management;
i. financial control systems, including budgeting and payment processing;

j. marketing, including setting the image and expectations residents and their family should expect at the facility, and even the name of the facility; and
k. reporting procedures, including reporting to Medicare as to individual resident care and facility-wide issues.

53. As the result of this control, the Defendants make decisions that affect the day-to-day care of residents of the Facility, such as the resources available for providing nursing staff and care to residents like Raymond Erlenbach, meaning they are responsible for the foreseeable harm that results from careless decisions while voluntarily exercising that control.

54. Defendants failed to ensure, through their operational, budgetary, consultation and managerial decisions and actions, that the facilities were sufficiently staffed to meet the individual needs of its residents, including Raymond Erlenbach.

55. The Defendants also exercise operational and managerial control, and apply this profits-over-safety model, at the following facilities in the State of Ohio:

a. Laurel Healthcare
8181 Worthington Road, Westerville, Ohio 43082

b. Laurels of Athens
70 Columbus Circle, Athens, Ohio 45701

c. Laurels of Blanchester
839 Cherry Street, Blanchester, Ohio 45107

d. Laurels of Defiance
1701 S Jefferson Avenue, Defiance, Ohio 43512

e. Laurels of Gahanna
5151 North Hamilton Road, Columbus, Ohio 43230

f. Laurels of Huber Heights
5440 Charlesgate Road, Huber Heights, Ohio 45424

g. Laurels of Kettering
694 Isaac Prugh Way, Kettering, Ohio 45429

h. Laurels of Massillon
2000 Sherman Circle NE, Massillon, Ohio 44646

i. Laurels of Middletown
751 Kensington Street, Middletown, Ohio 45044

j. Laurels of Milford
934 State Route 28, Milford, Ohio 45150

k. Laurels of Mount Vernon
13 Avalon Road, Mount Vernon, Ohio 43050

l. Laurels of New London
204 W Main Street, New London, Ohio 44851

m. Laurels of Norworth
6830 N High Street, Worthington, Ohio 43085

n. Laurels of Steubenville
500 Stanton Boulevard, Steubenville, Ohio 43952

o. Laurels of Walden Park
5700 Karl Road, Columbus, Ohio 43229

p. Laurels of West Carrollton
115 Elmwood Circle, West Carrollton, Ohio 45449

q. Laurels of West Columbus
441 Norton Road, Columbus, Ohio 43228

r. Laurels of Worthington
1030 High Street, Worthington, Ohio 43085

s. Regency at Chagrin Falls
150 Cleveland Street, Chagrin Falls, Ohio 44022

Reporting Data – Nursing Home

56. The Defendants are required to report significant amounts of data to the federal agency that oversees operations of nursing homes receiving federal or state funding, the Centers for Medicare and Medicaid Services, or "Medicare."

57. The data the Defendants submit to Medicare regarding its facility includes data on its residents (numbers, care needs, and bed days), its finances, and its nurse and nursing aide staffing levels as compared to resident care needs.

58. This data is certified correct by the Defendants and/or submitted under penalty of perjury and/or civil or criminal penalties.

59. Medicare uses some of this data submitted by Defendants to produce its nursing home 5-star rating system, also known as "Nursing Home Compare."

Nursing Home Resident Care Needs and Staffing Levels (MDS and PDPM Scores)

60. Every nursing home receiving Medicare or Medicaid funding—the clear majority of nursing homes, including The Laurels of Heath aka The Laurels of Heath, LLC and others operated and/or controlled by Defendants—is required to provide detailed information regarding the health status, care and treatment, and services provided to each resident in the facility using a questionnaire called the Minimum Data Set, or MDS. This evaluation is done for all nursing home residents regardless of whether their care is being paid for by Medicare.

61. Nursing homes like The Laurels of Heath aka The Laurels of Heath, LLC are required to evaluate every resident using the Minimum Data Set questionnaire shortly after the time of admission, every 90 days thereafter, when a resident has a significant improvement or decline in health (physical, mental, or psychosocial), and upon discharge.

62. Based on this Minimum Data Set, each resident's individual care needs (called "acuity level") are assigned into a group signifying how much nursing or staff care the resident requires, called a Patient-Driven Payment Model score, or PDPM score. The

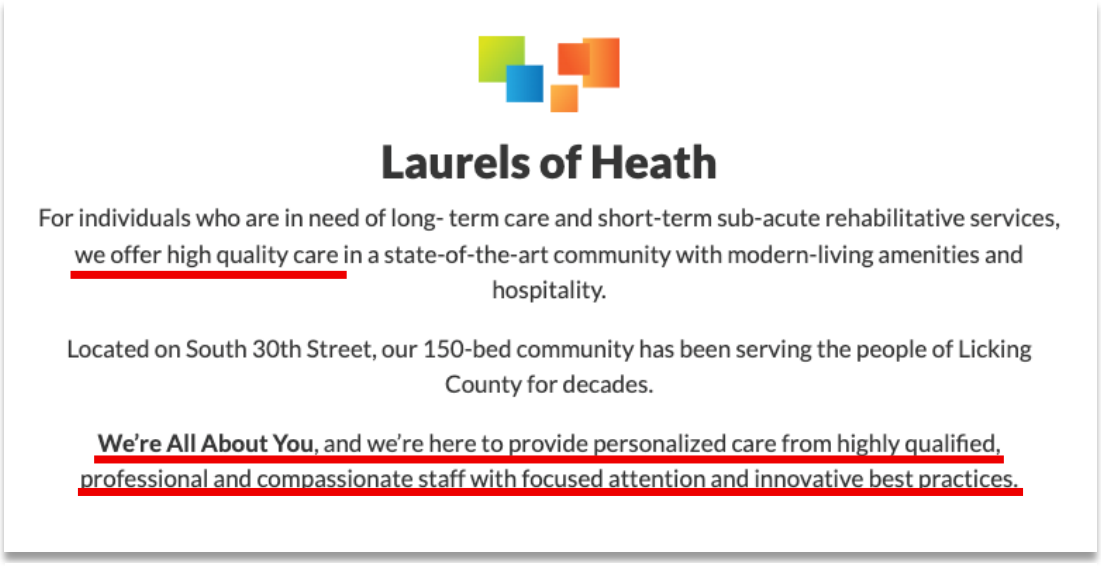
PDPM score is calculated for physical therapy, occupational therapy, speech-language pathology, non-therapy ancillary services, and nursing services.

63. Each resident's PDPM score for nursing services is contained in the patient's Minimum Data Set evaluations, meaning the total nursing care needs of the residents in any facility at a specific time is available by totaling the residents' PDPM scores from various sections of the Minimum Data Set evaluations corresponding to increased needs for nursing care.

64. When these PDPM scores are combined for all residents in a nursing home facility, the nursing home knows exactly how many minutes of nursing and nursing aide care should be provided, on average, to meet the expected care needs of their residents.

Misleading Advertising

65. In an effort to persuade the families of patients to become customers, Defendants make promises to the families of such potential residents that they will provide a level of care that they know they are incapable of providing.



The Laurels of Heath promises potential residents and their families "high quality care."

66. The intent and outcome of this misleading practice is to cause residents, their families, and external care providers to believe the nursing facility is much better staffed to provide the promised care than what is actually the practice of the Defendants with regard to staffing the Facility.

67. The intent and outcome of this misleading practice is to drastically limit the budget and overhead needed to run a safe facility in order to maximize profits and syphon resources at the expense of patient safety.

Systemic Understaffing and Raymond Erlenbach's Care

68. Defendants failed to ensure, through their operational, budgetary, consultation and managerial decisions and actions, that The Laurels of Heath aka The Laurels of Heath, LLC was sufficiently staffed, and the staff appropriately trained and informed, to meet the individual needs of Raymond Erlenbach during the period he was a resident at the facility.

69. Defendants engaged in a systemic practice to understaff The Laurels of Heath aka The Laurels of Heath, LLC to maximize profits at the expense of its residents' care.

70. This lack of sufficient staff directly resulted in Raymond Erlenbach not receiving basic and necessary services, assessments, and interventions to prevent, among other things, neglect leading to his injuries at The Laurels of Heath aka The Laurels of Heath, LLC during the period he was a resident at the Facility.

Defendants' Negligence and Recklessness with Raymond Erlenbach

71. Defendants accepted Raymond Erlenbach as a nursing home resident for long-term care.

72. Defendants agreed to accept Raymond Erlenbach into their facility and provide care to him in exchange for monetary payment.

73. Defendants knew of Raymond Erlenbach's medical conditions upon admission, including his risk of UTI and his respiratory issues. Defendants also knew of Mr. Erlenbach's most recent UTI in January of 2025, and his susceptibility to future UTIs.

74. On March 25, 2025, Facility nursing staff failed to monitor Raymond Erlenbach, his condition, and his vitals, including his blood pressure, temperature, oxygen saturation, heart rate and respiration rate.

75. On March 26, 2025, Facility nursing staff and Nurse Practitioner Amanda Barrett recognized signs of a urinary tract infection – including staring into space and an elevated white blood cell count – but chose not to send Raymond Erlenbach to the hospital for proper treatment.

76. It was not until March 27, 2025 at 6:02 A.M.—sixteen hours after an order for urine was placed and thirty hours after Raymond Erlenbach was evaluated by Nurse Practitioner Amanda Barrett—that the facility obtained a urine sample.

77. It was not until 8:15 A.M. on March 27, 2025, that Raymond Erlenbach was transported to the hospital by ambulance.

78. As a result of the Defendants' failure to properly assess and diagnose an infection, Raymond Erlenbach was diagnosed with septic shock; ESBL E.coli UTI; acute metabolic encephalopathy; acute kidney injury related to underlying septic shock; spontaneous truncal myoclonus; a right caudate ischemic stroke; and acute hypoxic respiratory failure due to left lower lobe pneumonia related to underlying septic shock requiring mechanical ventilation with poor window for safe extubation limited by mentation.

79. From March 27, 2025, the day Raymond Erlenbach left The Laurels of Heath, until the day of his passing, he remained unresponsive and in respiratory distress.

80. Raymond Erlenbach died on May 26, 2025. His cause of death on his death certificate is listed as "metabolic encephalopathy" due to "pneumonia and urinary tract infection."

81. Raymond Erlenbach endured mental and physical pain suffering and death as a direct and proximate result of Defendants' failure to provide adequate care due to understaffing the facility.

FIRST CAUSE OF ACTION
(MEDICAL NEGLIGENCE/RECKLESSNESS)

82. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

83. Raymond Erlenbach depended on the Defendants, and their respective nursing and medical staff, for medical and nursing care, treatment, evaluation, and assistance.

84. The Defendants had a duty to provide proper care and treatment to Raymond Erlenbach and to avoid causing injury to Raymond Erlenbach.

85. The Defendants, including their medical and nursing staff, failed to provide proper care and treatment to Raymond Erlenbach, which they knew or should have known they required, and their negligence was the direct and proximate cause of the injuries that Raymond Erlenbach suffered.

86. The Defendants' failure to provide proper care and treatment included, but is not limited to:

a. choosing to put inadequate prevention and response interventions in place to prevent injuries;
b. choosing to provide inadequate resident observation, supervision, and monitoring;
c. choosing to provide improper training to staff members regarding resident monitoring, assessment, response, and treatment;
d. choosing to provide too few, and/or underqualified nursing staff members for resident needs at each facility to protect and provide adequate care to residents like Raymond Erlenbach;
e. choosing to not provide accurate, adequate, or timely information to Raymond Erlenbach's family;
f. choosing to violate orders relating to care of Raymond Erlenbach;
g. choosing to violate state and federal regulations governing care and staffing levels in nursing home facilities by which residents like Raymond Erlenbach are a member of the class of persons intended to be protected from injuries like those he suffered;
h. failing to ensure the rights and safety of its residents, including Raymond Erlenbach, as required by Ohio and federal regulations;

i. choosing not to provide appropriate care to Raymond Erlenbach while he was a resident of the Facility; and
j. such other acts or omissions described in this Complaint or discovered in litigation.

87. These actions constituted a conscious disregard for Raymond Erlenbach's rights and safety with a great probability of causing substantial harm from this misconduct, by which—through heedless indifference to the consequences—the Defendants or their staff disregarded a substantial and unjustifiable risk that the health care provider's conduct was likely to cause, at the time those services or that treatment or care were rendered, constituting an unreasonable risk of injury, death, or loss to person or property, or intentional misconduct or willful or wanton misconduct. The Defendants were aware of the great probability of the harm that could result from their willful, wanton, and/or reckless misconduct.

88. The Defendants' disregard for the rights and safety of residents like Raymond Erlenbach created circumstances under which it became substantially certain that serious injuries would result, entitling Plaintiff to awards for compensatory and punitive damages.

89. The Defendants are directly liable for their own willful, wanton, and/or reckless misconduct.

90. The Defendants are also vicariously liable for their employees' and agents' willful, wanton, and/or reckless misconduct.

91. The Defendants and their medical and nursing staff provided care to Raymond Erlenbach that fell below the standard of care expected of medical care and nursing home organizations, under the same or similar circumstances.

92. The departures from the standard of care are evidenced by violations of sections of Federal Regulations, 42 C.F.R. § 483 et seq., and Ohio Administrative Code sections, OAC 3701-17 et seq., and the Ohio Resident's Rights Law, R.C. section 3721.13.

93. As a direct and proximate result of the negligent and/or willful, wanton and/or reckless actions of the Defendants described above, Raymond Erlenbach sustained permanent injury and loss including, but not limited to, conscious pain and suffering, disability, and death.

94. WHEREFORE, Plaintiff demands judgment against the Defendants, jointly, in an amount more than Twenty-Five Thousand Dollars ($25,000.00), for conscious pain and suffering, loss of enjoyment, together with costs of suit, attorney's fees and expenses, punitive and exemplary damages, and any other relief to which the Plaintiff may be entitled to and/or that the court finds is appropriate and/or equitable.

SECOND CAUSE OF ACTION
(WRONGFUL DEATH)

95. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

96. Raymond Erlenbach depended on the Defendants, and their respective nursing and medical staff, for medical and nursing care, treatment, evaluation, and assistance.

97. The Defendants had a duty to provide proper care and treatment to Raymond Erlenbach and to avoid causing injury to Raymond Erlenbach.

98. The Defendants, including their medical and nursing staff, failed to provide proper care and treatment to Raymond Erlenbach, which they knew or should have

known they required, and their negligence was the direct and proximate cause of the injuries that Raymond Erlenbach suffered.

99. The Defendants' failure to provide proper care and treatment included, but is not limited to:

a. choosing to put inadequate prevention and response interventions in place to prevent injuries;
b. choosing to provide inadequate resident observation, supervision, and monitoring;
c. choosing to provide improper training to staff members regarding resident monitoring, assessment, response, and treatment;
d. choosing to provide too few, and/or underqualified nursing staff members for resident needs at each facility to protect and provide adequate care to residents like Raymond Erlenbach;
e. choosing to not provide accurate, adequate, or timely information to Raymond Erlenbach's family;
f. choosing to violate orders relating to care of Raymond Erlenbach;
g. choosing to violate state and federal regulations governing care and staffing levels in nursing home facilities by which residents like Raymond Erlenbach are a member of the class of persons intended to be protected from injuries like those he suffered;
h. failing to ensure the rights and safety of its residents, including Raymond Erlenbach, as required by Ohio and federal regulations;
i. choosing not to provide appropriate care to Raymond Erlenbach while he was a resident of the Facility; and
j. such other acts or omissions described in this Complaint or discovered in litigation.

100. Defendants, directly or through their employees or agents, violated Raymond Erlenbach's rights as a resident of the Defendants' facilities, as enumerated in Ohio Revised Code section 3721.13, including, but not limited to:

a. the right to a safe and clean living environment;
b. the right to be free from physical, verbal, mental, and emotional abuse and to be treated at all times with courtesy, respect, and full recognition of dignity and individuality;
c. the right to adequate and appropriate medical treatment and nursing care and to other ancillary services that comprise necessary and appropriate care;
d. the right to have clothes and bed sheets changed as the need arises, to ensure the resident's comfort or sanitation;
e. the right to participate in decisions that affect the resident's life; and

f. the right to have any significant change in the resident's health status reported to the resident's sponsor.

101. These violations are evidence of negligence and conscious disregard of Raymond Erlenbach's rights and safety, and give rise to a statutory cause of action.

102. Raymond Erlenbach endured conscious pain, suffering, and disability, and other harms and losses as the direct and proximate result of Defendants' violations of R.C. 3721.13.

103. These actions constituted a conscious disregard for Raymond Erlenbach's rights and safety with a great probability of causing substantial harm from this misconduct, by which—through heedless indifference to the consequences—the Defendants or their staff disregarded a substantial and unjustifiable risk that the health care provider's conduct was likely to cause, at the time those services or that treatment or care were rendered, constituting an unreasonable risk of injury, death, or loss to person or property, or intentional misconduct or willful or wanton misconduct.

104. The Defendants were aware of the great probability of the harm that could result from their willful, wanton, and/or reckless misconduct.

105. The Defendants' disregard for the rights and safety of residents like Raymond Erlenbach created circumstances under which it became substantially certain that serious injuries would result.

106. The Defendants are directly liable for their own willful, wanton, and/or reckless misconduct.

107. The Defendants are also vicariously liable for their employees' and agents' willful, wanton, and/or reckless misconduct.

108. The Defendants and their medical and nursing staff provided care to Raymond Erlenbach that fell below the standard of care expected of medical care and nursing home organizations, under the same or similar circumstances.

109. The departures from the standard of care are evidenced by violations of sections of Federal Regulations, 42 C.F.R. § 483 et seq., and Ohio Administrative Code sections, OAC 3701-17 et seq., and the Ohio Resident's Rights Law, R.C. section 3721.13.

110. As a direct and proximate result of the negligence/recklessness described above, Raymond Erlenbach sustained injuries that caused his untimely and wrongful death.

111. Raymond Erlenbach's next-of-kin suffered damages as set forth in the Ohio Wrongful Death statute, R.C. 2125.01 et seq., including mental anguish and grief and loss of Decedent's society and companionship.

112. WHEREFORE, Plaintiff demands judgment against Defendants, in an amount more than $25,000.00 to compensate the decedent's next of kin and heirs at law, together with costs of suit, attorneys' fees and expenses, and any other relief the court finds is appropriate and/or equitable.

THIRD CAUSE OF ACTION
(NURSING HOME RESIDENT RIGHTS VIOLATION R.C. 3721.13)

113. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

114. Defendants, directly or through their employees or agents, violated Raymond Erlenbach's rights as a resident of the Defendants' facilities, as enumerated in Ohio Revised Code section 3721.13, including, but not limited to:

a. the right to a safe and clean living environment;
b. the right to be free from physical, verbal, mental, and emotional abuse and to be treated at all times with courtesy, respect, and full recognition of dignity and individuality;
c. the right to adequate and appropriate medical treatment and nursing care and to other ancillary services that comprise necessary and appropriate care;
d. the right to have clothes and bed sheets changed as the need arises, to ensure the resident's comfort or sanitation;
e. the right to participate in decisions that affect the resident's life; and
f. the right to have any significant change in the resident's health status reported to the resident's sponsor.

115. These violations are evidence of negligence and conscious disregard of Raymond Erlenbach's rights and safety, and give rise to a statutory cause of action.

116. As a direct and proximate result of Defendants' violations of R.C. 3721.13, Raymond Erlenbach conscious pain, suffering, and disability, and other harms and losses, including death.

117. WHEREFORE, Plaintiffs demand judgment against the Defendants, jointly, in an amount in excess of $25,000.00, together with costs of suit, attorney's fees and expenses, punitive and exemplary damages, and any other relief to which the court finds is appropriate and/or equitable.

FOURTH CAUSE OF ACTION
(CIVIL CONSPIRACY)

118. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

119. Defendants had an express agreement, mutual understanding, or tacit agreement to, and/or their agents maliciously combined efforts to:

a. defraud residents and their families by delivering wholly inadequate care, contrary to their promises;
b. systemically understaff their facilities in violation of federal regulations, and for the purposes of their own profit, at the expense of resident health and safety;

c. under-capitalize the facilities and syphon money to themselves and related entities for the purposes of their own profit at the expense of resident health and safety;
d. inflate resident PDPM levels to obtain excessive and unjustified payments from Medicare and Medicaid while not providing the care paid for with these taxpayer dollars;
e. not provide the level of care, by understaffing the facility, paid for by taxpayer dollars;
f. misrepresenting to Medicare the staffing level of the facility to increase their rating; and
g. as otherwise may be described in the Complaint or learned through discovery.

120. This understanding constitutes a malicious combination to injure residents of the Facility, including Raymond Erlenbach.

121. In pursuance of this common plan or design to commit tortious acts, the Defendants actively took part in it, or furthered it by cooperation or request, or lent aid or encouragement to the wrongdoers, or ratified and adopted the wrongdoers' acts done for their benefit.

122. The conspiracy caused injury to Raymond Erlenbach.

123. WHEREFORE, Plaintiffs demand judgment against the Defendants, jointly, in an amount in excess of $25,000.00, together with costs of suit, attorney's fees and expenses, punitive and exemplary damages, and any other relief to which the court finds is appropriate and/or equitable.

FIFTH CAUSE OF ACTION
(FRAUD)

124. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

125. Defendants concealed facts concerning their staffing levels, pay, and the amount of care they were actually capable of providing at The Laurels of Heath aka The Laurels of Heath, LLC.

126. Not only did Defendants conceal this information, they publicly and privately represented that they provide exceptional services in an effort to induce the family of Raymond Erlenbach and other potential customers to place their loved ones in their care and custody.

127. These inducements were made falsely, with knowledge of their falsity, or with such utter disregard and recklessness as to whether they were true or false that knowledge may be inferred with the intent of misleading Raymond Erlenbach's family and other potential customers into placing their loved ones in the care and custody of Defendants.

128. Raymond Erlenbach's family and the family members of other potential customers reasonably relied on Defendants' representations and concealments regarding the degree of care they provide.

129. The result of these inducements and concealments was that Raymond Erlenbach's family, and the family of numerous other residents, allowed their loved one to be placed in Defendants' facility.

130. As a direct and proximate result of Defendants' actions, representations, and concealments, Raymond Erlenbach suffered conscious pain and suffering and death.

131. As a direct and proximate result of Defendants' action, representations, and concealments, Raymond Erlenbach's next-of-kin have experienced harms and losses as a result of their death, including those damages set forth in Ohio's wrongful death statute, Ohio Revised Code section 2125.02 *et seq*.

132. WHEREFORE, Plaintiff demands judgment against the Defendants, jointly, in an amount in excess of Twenty-Five Thousand Dollars ($25,000.00), together with

costs of suit, attorney's fees and expenses, punitive and exemplary damages, and any other relief to which the court finds is appropriate and/or equitable.

A TRIAL BY JURY IS HEREBY DEMANDED

Respectfully Submitted,

/s/ C. Joseph McCoy

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