

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2025
NAME OF PROVIDER OR SUPPLIER  Mountain Laurel Healthcare and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Leonard Street Clearfield, PA 16830	
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 0801  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.  Based on observations and staff interviews, it was determined that the facility failed to employ sufficient staff with appropriate competencies and skills sets to carry out the functions of the food and nutrition service. Findings include: Interview with the facility's current Assistant Dietary Manager on December 15, 2025, at 9:44 a.m. revealed that he was hired as a dietary aide on September 23, 2025. On October 4, 2025, the dietary manager quit and he was promoted to Assistant Dietary Manager. The Certified Dietary Manager position remains vacant. The Assistant Dietary Manager stated he does not have all the required training as of this date but has completed one class of Serve Safe training (Food Handler Essentials Course). Interview with the Director of Nursing on December 15, 2025, at 1:45 p.m. confirmed that the facility has not had a Dietary Manager since October 4, 2025, and that they are actively interviewing. She also confirmed that the facility did not have a Registered Dietician from October 11, 2025, through November 17, 2025. The current Registered Dietician, (who was contracted through a Dietician agency) started on November 17, 2025. 28 Pa Code 201.18(e)(1)(6) Management. 28 Pa. Code 211.6(c)(d) Dietary Services.		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 395331	If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2025
NAME OF PROVIDER OR SUPPLIER  Mountain Laurel Healthcare and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Leonard Street Clearfield, PA 16830	
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)		
<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on review of facility reports as well as interviews with staff, it was determined that the governing body/owners failed to assume responsibility for effective management of the facility to ensure that it operated in compliance with state regulations and codes. Findings include:An interview with the Assistant Director of Nursing on December 15, 2025, at 11:13 a.m. indicated that the individual who is currently in the process of purchasing the building stated that he had lawyers working on the health insurance and that it was to be retroactive six months back to September 1, 2025. However, she also she spoke to another employee who contacted the insurance company, and they revealed that there had been no action from the facility to activate any health insurance. An interview with Registered Nurse Supervisor 1, on December 15, 2025, at 3:39 p.m. confirmed that she had no health insurance, and that the facility was still deducting money from employee paychecks for the premiums. Nobody knows where the money is going. She called the insurance company, and they revealed that the insurance had been cancelled due to lack of payment for the premiums. A spreadsheet provided by the facility, dated December 15, 2025, confirmed that monies were deducted from staff paychecks for their health insurance premiums from September 1, 2025, through December 5, 2025. However, according to the Director of Nursing by way of email communication on December 16, 2025, at 3:41 p.m., staff health insurance was cancelled on August 31, 2025. Interview with the Director of Nursing on December 15, 2025, at 10:19 a.m. indicated that she is not sure when the owners stopped paying for health insurance. 28 Pa. Code: 201.14 (a) Responsibility of licensee28 Pa. Code: 201.18 (b)(1)(3) (e)(1) Management</p>		