STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395331	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain Laurel Healthcare and Rehabilitation Ctr	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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on review of policies, information provided by the facility, as well as staff interviews, it was determined that the facility failed to make prompt efforts to resolve grievances regarding concerns voiced by residents during resident council meetings.Findings include:A facility policy for Resident and Family Grievances, dated April 10, 2026, indicated that grievances may be voiced during resident or family council meetings. The staff member receiving the grievance will record that nature and specifics of the grievance on the designated grievance form or assist the resident or family member to complete the form. Report any allegations involving neglect, abuse, injuries, of unknown source, and/or misappropriation of resident property immediately to the administrator and follow procedures for those allegations. The grievance official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. Steps to resolve the grievance may involve forwarding the grievance to the appropriate department manager for follow up. The facility will make prompt efforts to resolve grievances. Resident council meeting minutes dated February 16, 2026, indicated that residents had a general concern that lots of clothes are missing. Resident council meeting minutes dated March 16, 2026, indicated that clothes are still missing for three residents. Resident council meeting minutes dated April 20, 2026, revealed that a resident still had missing clothes. There was no documented evidence that the residents' concerns about missing clothes were addressed. Interview with the Director of Nursing on May 12, 2026, at 1:05 p.m. revealed that the social worker did not attend the resident council meetings, and the activity director was unaware that she was responsible for filing a grievance for concerns identified in resident council meetings. Interview with the Activity Director on May 12, 2026, at 1:48 p.m. confirmed that the residents said there were concerns related to missing clothing, however she was new to this position in a skilled nursing facility and did know that she was responsible for filling out a grievance form for the concern. She revealed that she did report the concern to laundry but did not complete a grievance form, report it to the grievance officer, or follow up on the concern. 28 Pa. Code 201.29(i) Resident Rights.

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