

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2025
NAME OF PROVIDER OR SUPPLIER  Laurel Center		STREET ADDRESS, CITY, STATE, ZIP CODE  125 Holly Road Hamburg, PA 19526	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and staff interview, it was determined that the facility failed to store and prepare food under sanitary conditions in the kitchen.</p> <p>Findings include:</p> <p>Observation of the kitchen on May 30, 2025, at 8:40 a.m., revealed the following:</p> <p>A black substance was observed on the kitchen ceiling around and on the vents.</p> <p>The floors in the two walk-in refrigerators and freezer were slippery to walk on, had white, black and red colored substances in the corners and garbage was observed on the floors beneath the shelves.</p> <p>A box of moldy cucumbers and a box of raw mushrooms on the top shelf in refrigerator #1 had spoiled and were dripping fluid onto boxes beneath.</p> <p>Brownies and pudding for lunch were placed in individual serving bowls on trays and stored in walk-in refrigerator #2 on a cart with no individual covering on the bowls or overall covering on the cart.</p> <p>The reach-in freezer had a white substance on the bottom.</p> <p>The floor was slippery, and dust and trash were observed under the shelves in the dry storage area.</p> <p>The floors around the steam table, ovens, grill, and steamer were slippery. A black substance and trash were observed on the floor beneath those appliances.</p> <p>A black substance and trash were observed beneath the dishwasher. Fruit flies were observed flying in and beneath the dishwasher. There was an unpleasant odor at the dish station.</p> <p>In an interview at 11:35 a.m., the Regional Executive Chef stated that the food storage and kitchen were not sanitary, and that food had not been prepared and stored in a sanitary manner.</p> <p>28 Pa. Code 201.18(b)(3) Management.</p>		

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
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