

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 09/13/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244</p> <p>Based on clinical record review and observation, it was determined that the facility failed to provide assistance with dining in a manner that promoted and maintained dignity for two of 25 sampled residents. (Residents 23, 46)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 23 had diagnoses that included Parkinson's disease, dysphagia (difficulty in swallowing), and anxiety. Review of the Minimum Data Set (MDS) assessment, dated August 28, 2024, revealed that the resident had cognitive impairment and needed staff assistance with eating. On September 10, 2024, from 12:23 p.m. through 12:31 p.m., registered nurse (RN) 1 was observed standing while assisting Resident 23 with lunch. On September 11, 2024, from 12:12 p.m. through 12:18 p.m., nurse aide (NA) 1 was observed standing while assisting Resident 23 with lunch.</p> <p>Clinical record review revealed that Resident 46 was admitted to the facility on [DATE], with diagnoses that included metabolic encephalopathy (brain dysfunction), dysphagia, and gastro-esophageal reflux disease. Review of the MDS assessment, dated August 23, 2024, revealed that the resident had cognitive impairment and needed staff assistance with eating. On September 11, 2024, from 12:13 p.m. through 12:20 p.m., RN 2 was observed standing while assisting Resident 46 with lunch and from 12:20 p.m. through 12:34 p.m., NA 1 was observed standing while assisting Resident 46 with lunch.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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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