

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Laureldale Skilled Nursing and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Elizabeth Avenue Laureldale, PA 19605	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>14599</p> <p>Based on clinical record review, facility documentation review, and staff interview, it was determined that the facility failed to protect one of eight sampled residents (Resident 2) from sexual abuse by another resident (Resident 1).</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included dementia and depression. According to her Minimum Data Set (MDS) assessment, dated February 3, 2025, she was cognitively impaired, had difficulty communicating, and was dependent on staff for mobility.</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included cancer and dementia. According to the MDS assessment, dated August 12, 2024, the resident had periods of depressed mood and was able to move about the facility independently.</p> <p>In an interview on February 19, 2025, at 11:53 a.m., the nurse practitioner (NP 1) stated that Resident 1's room was changed on June 7, 2023, due to sexually inappropriate behavior with a cognitively impaired female resident, and as a result he was monitored by the psychiatrist for concerns including sexually inappropriate behavior.</p> <p>On July 10, 2024, the psychiatrist noted that the resident had begun to have behaviors towards a specific female peer (not identified in the note). Further review of progress notes dated August 4 and October 2, 2024, revealed that the resident was wandering into a specific female resident's room without consent and would become aggressive towards staff who discovered him unsupervised with the female without their consent.</p> <p>On December 4, 2024, the psychiatrist noted that Resident 1's room was again changed again due to interactions with a female resident of a sexual nature. There was no documentation in the clinical record that the facility took any action to protect residents from abuse. There was no evidence that the resident's sexually inappropriate behavior was included in the plan of care.</p> <p>On January 6, 2025, at 10:35 a.m., a nurse noted that a nurse aide observed that the resident exposed himself to another resident. There was no documentation in the clinical record that the facility took any action to protect residents from abuse despite Resident 1's continued sexually inappropriate behavior towards female peers.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Laureldale Skilled Nursing and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE  2125 Elizabeth Avenue Laureldale, PA 19605	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On February 9, 2025, at 10:34 p.m., a nurse noted that Resident 1 was discovered groping a female peer (Resident 2) while unsupervised in her room. Review of the facility investigation into the incident revealed that staff observed him in the resident room fondling both of her breasts outside her gown.</p> <p>In an interview on February 19, 2025, the Administrator confirmed that the facility did not increase supervision or include sexually inappropriate behavior on the resident's care plan despite a previous pattern of this behavior.</p> <p>CFR 483.12 Freedom from Abuse, Neglect, and Exploitation</p> <p>Previously cited 8/16/24</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		