

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  04/11/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, facility documentation, clinical record review, and staff interview, it was determined that the facility failed to immediately report an allegation of abuse or injury of unknown origin to the Administrator/Abuse Prevention Coordinator of the facility for one of six sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Abuse Prohibition, last reviewed March 26, 2025, revealed that all incidents and allegations of abuse, including injuries of unknown origin, were to be reported immediately to the administrator or designee.</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included dementia and ventricular tachycardia (abnormal heart rhythm that occurs when the lower chamber of the heart beats too fast). The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident was cognitively impaired, required staff assistance with personal hygiene, and was dependent on staff for transfers. Review of facility witness statements revealed that a nurse aide (NA 3) saw multiple bruises on the resident's left arm, breast, and axilla (armpit) during the evening shift (3:00 p.m. to 11:00 p.m.) on April 8, 2025. Documentation by the licensed practical nurse (LPN 1) on April 8, 2025, at 7:20 p.m. indicated that the resident was observed with three large bruises located on the resident's left breast, left axilla, and left arm of unknown cause or onset. Facility documentation dated April 8, 2025, at 6:30 p.m., indicated that the injury was identified by LPN 1. There was a lack of evidence to support that the facility Administrator (Abuse Prevention Coordinator) was notified within two hours regarding the injury of unknown origin or that an investigation had been started until April 10, 2025, at 2:45 p.m. Documentation reflected that the Administrator was not notified until April 10, 2025, at 2:00 p.m. During an interview on April 11, 2025, at 2:54 p.m., the Administrator confirmed that he was not notified until April 10, 2025, at 2:00 p.m.</p> <p>In an interview on April 11, 2025, at 2:37 p.m., the Administrator confirmed that staff did not immediately notify him of the injury of unknown origin per facility policy.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</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