

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/10/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, facility policy review, and staff interview, it was determined that the facility failed to store and serve food in a sanitary manner in the kitchen. Findings include: Observations during the kitchen tour on June 7, 2026, at 9:30 a.m., revealed the following: In the walk-in refrigerator, there was a container of prepared meatballs labeled with a use by date of June 4, 2026. There were four, two-pound packages of smoked deli turkey breast labeled use or freeze by May 30, 2026. In the food preparation coolers, there was a gallon of chocolate milk without a lid, a Chef's salad without a name or date, and a container of eggs for room [ROOM NUMBER]-B with no date. There was an uncovered container with garbage near a clean rack of pitchers. On the second shelf of a wire rack, there was an undated container of cereal. In the dry storage area, there was a box of tea bags in an open plastic bag. During an interview on June 7, 2026, at 12:10 p.m., the Dietary Director confirmed that the items observed were improperly stored and/or labeled. Review of the Machine Washing and Sanitizing Policy, dated March 1, 2026, revealed that Food and Nutrition Services employees were to clean and sanitize all dishware after each use/meal. If the water temperature of the washing machine's wash cycle fell below 150 degrees Fahrenheit (F) or the rinse cycle temperature fell below 180 F, dishes washed in the machine were to be sanitized using an approved chemical sanitizer. Chemical strips were to be used to test the appropriate concentration of the sanitizer. Observation of the kitchen on June 7, 2026, at 12:25 p.m., revealed that the dishwasher did not reach the required temperature of 150 F during the wash cycle or 180 F during the final rinse. Staff did not use a chemical sanitizer or test the chemical concentration during the observation. Review of the Machine Washing Sanitizing Log for the month of June 2026 revealed the wash temperature was below 150 F twice and final rinse temperatures were under 180 F ten times. In an interview on June 7, 2026, at 12:25 p.m., the Dietary Manager and the Dietitian confirmed that the facility dishwashing and sanitation policy was not followed and that the items observed were improperly stored and/or labeled. 28 Pa. Code 201.14(a) Responsibility of licensee. 201.18(b)(1)(3) Management.		

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 06/10/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based observation and staff interview, it was determined that the facility failed to ensure that a safe, clean, and comfortable environment was maintained on two of four nursing units. (Second and Third Floors) Findings include: Observation on June 7, 2026, from 11:03 a.m. through 1:53 p.m., June 8, 2026, from 11:00 a.m. through 2:36 p.m., and June 9, 2026, from 9:15 a.m. 11:21 a.m. revealed the following: On the second-floor unit, there was a pervasive urine odor in the corridor. In the shower room on unit two, the left shower stall had debris on the floor and there was a wet washcloth tied around the hose of the shower sprayer. There was rust on the metal ceiling tile separators in the left shower. There was peeling wallpaper above the bathroom door, and a brown stain on the wallpaper behind the door. The screws holding the metal toilet paper holder in the wall were loose and it was hanging down, and there was a rusty outlet cover near the sink. In room [ROOM NUMBER], there was a strong, pervasive, odor throughout the room, and the mattress on B bed had a large stain in the center and a smell of ammonia. The bottom of the privacy curtain divider between the beds was stained with a light brown substance. In the bathroom of room [ROOM NUMBER], there was a strong pervasive ammonia-like odor, a yellow stained plastic urinal container hooked on the towel rack in the bathroom, and the wallpaper had a large light brown stain behind the towel rack extending to the floor. The floor was sticky throughout the room. In room [ROOM NUMBER], the privacy curtain next to B bed was stained with a dried light blue substance. In room [ROOM NUMBER], there were light brown stains on the privacy curtain between the beds. In room [ROOM NUMBER], bed A had a large stain in the middle of the mattress and a strong ammonia odor was observed. In the bathroom for room [ROOM NUMBER], there was a brown stain surrounding the drain in the sink. In room [ROOM NUMBER], bed B, the middle of the mattress was peeling around a large stain and a strong ammonia odor was observed. The wooden molding around the air conditioner had light brown stains and was damp to the touch. In room [ROOM NUMBER], the privacy curtain was stained. In the hallway, between rooms [ROOM NUMBERS], there was an unmade bed. In an interview with staff, Licensed Practical Nurse 1 stated that the bed had been there since Friday after a resident was moved to a different room. In room [ROOM NUMBER], the wallpaper was loose to adjacent to and behind the head of B bed. The wallpaper was also marred. The sink in the room had a white substance built up on the base of the faucet and the exposed side of the sink was chipped and marred. The outlet by the sink was not working. Inside the bathroom in room [ROOM NUMBER], the overhead light was not working. In an interview on June 9, 2026, at 2:30 p.m., the Administrator confirmed the environmental issues should have been addressed. CFR 483.10(i)(2) Safe Environment Previously cited 7/18/25. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(2.1) Management. 28 Pa. Code 207.2(a) Administrator's responsibility.		

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 06/10/2026
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, and staff interview, it was determined that the facility failed to develop a comprehensive care plan to meet each resident's needs for three of 33 sampled residents. (Residents 1, 73, 149) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included acute kidney failure, dementia, and wasting muscles. Review of the Care Area Assessment (CAA) section of the Minimum Data Set (MDS) assessment dated [DATE], revealed that Resident 1 was to have a care plan developed for fall prevention. Review of the clinical record revealed no evidence that a care plan was developed for interventions to prevent falls. Clinical record review revealed that Resident 73 was admitted to the facility on [DATE], with diagnoses that included cellulitis of left lower limb, pressure ulcer of right ankle, and pressure induced deep tissue damage. On May 21, 2026, the physician ordered for staff to provide wound treatments to unstageable pressure ulcers on the resident's lower back, right ankle, and left calf. Review of the CAA section of the MDS assessment dated [DATE], revealed that Resident 73 was to have a care plan developed for skin and pressure ulcer/injury. Review of the clinical record revealed no evidence that a care plan was developed for skin and pressure ulcer/injury. Clinical record review revealed that Resident 149 was admitted to the facility on [DATE], with diagnoses that included depression and pain in the right knee. Review of the CAA section of the MDS assessment dated [DATE], revealed that Resident 149 was to have a care plan developed for communication. Resident 149 primarily spoke Spanish and wanted an interpreter to communicate. Review of a psychology note dated May 29, 2026, revealed the resident requested a call to her daughter for translation. Observations on June 7 and 8, 2026, revealed Resident 149 was watching Spanish television programs in her room. Review of the clinical record revealed there was no evidence that a care plan was developed for language or communication. In an interview on June 10, 2026, at 12:55 p.m., the Director of Nursing confirmed there was no evidence that the identified care areas were addressed in the residents' current care plans. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/10/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, resident interview, and staff interview, it was determined that the facility failed to provide care and services to maintain activities of daily living (grooming and hygiene) for two of 33 sampled residents. (Residents 8, 10) Findings include: Clinical record review revealed that Resident 8 had diagnoses that included hemiplegia and hemiparesis following a right-side dominant stroke, type 2 diabetes mellitus, polyneuropathy (damage to multiple peripheral nerves throughout the body resulting in symmetrical numbness), and need for assistance with personal care. A Minimum Data Set (MDS) assessment dated [DATE], revealed that Resident 8 and was dependent on staff for assistance with activities of daily living (ADLs), including personal hygiene (including daily skin checks), bathing, and dressing. Review of the care plan revealed that staff were to assist the resident with hygiene, bathing and dressing, and his preference was to be awake daily between 7:00 a.m. and 9:00 a.m. On June 7, 2026, at 11:30 a.m., and June 8, 2026, at 12:22 p.m., the resident was observed in bed and dressed in a hospital gown. The resident's fingernails on both hands were dirty and jagged. In an interview on June 9, 2026, at 9:35 a.m., the resident stated that he preferred to be out of bed by 9:00 a.m., that he would like his nails trimmed and cleaned, and that he would not refuse nail care. At that time, an observation of the nails on his contracted right hand revealed that they were pressing into his palm. Review of Resident 8's clinical record revealed there was a lack of documentation to support that he had received a shower since June 5, 2026. There was no documented evidence that he had refused nail care. Resident 8's last daily skin check was performed on April 6, 2026. Clinical record review revealed that Resident 10 had diagnoses that included severe vascular dementia with agitation, abnormalities of gait and mobility, retention of urine, and type 2 diabetes mellitus. Review of Resident 10's MDS assessment dated [DATE], revealed the resident had cognitive impairment and was dependent on staff for assistance with ADLs, including personal hygiene and dressing. Observations on June 7, 2026, at 11:25 a.m., and on June 8, 2026, at 11:45 a.m. and 2:21 p.m., revealed the resident was sitting in his wheelchair by the unit two nurse's station with food debris on his hat and clothing. In an interview on June 9, 2026, at 2:30 p.m., the Director of Nursing confirmed that staff had failed to assist dependent residents with hygiene and grooming to maintain activities of daily living. CFR S483.24(a)(2) ADL Care Provided for Dependent Residents Previously cited 7/18/25. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/10/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to implement physicians' orders for three of 33 sampled residents. (Residents 3, 33, 87) Findings include: Clinical record review revealed that Resident 3 had diagnoses that included severe chronic kidney disease and heart failure. A physician's order dated March 9, 2026, directed staff to weigh Resident 3 every seven days and call the cardiologist if weight gain was more than three pounds. Review of Resident 3's 2026 Medication Administration Record (MAR) for April, May, and June, revealed no evidence that weekly weight checks were completed on five of seven occasions from April 14, 2026, through June 5, 2026. Clinical record review revealed that Resident 33 had diagnoses that included hypotension (low blood pressure) and chronic kidney disease. A physician's order dated April 14, 2026, directed staff to administer 10 milligrams (mg) of a blood pressure medication (midodrine) three times daily. The physician ordered staff to hold the medication if the resident's systolic blood pressure (SBP, the first measurement of blood pressure when the heart beats and the pressure is at its highest) was higher than 130 millimeters of mercury (mm/Hg). Review of Resident 33's MAR for April, May and June 2026, revealed that staff administered midodrine twice in April, three times in May, and once in June when Resident 33's SBP was higher than 130 mm/Hg. Clinical record review revealed that Resident 87 was admitted to the facility on [DATE], with diagnoses that included Parkinson's disease and kidney failure that required frequent intravenous treatments using a Peripherally Inserted Central Catheter (PICC) installed in the resident's chest. On March 22, 2026, the physician ordered that staff change the dressing protecting the PICC every week. Review of Resident 87's March, April, May, and June 2026, Treatment Administration Records revealed no evidence that staff had changed the dressing on March 4, 2026, May 10, 2026, and June 6, 2026. June 10, 2026, at 12:28 p.m. and 12:48 p.m., the Director of Nursing confirmed that the identified residents' physicians' orders were not followed. CFR 483.25 Quality of Care Previously cited 7/18/2528 Pa. Code 211.12(d)(1)(5) Nursing services.		

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 06/10/2026
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)		
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to provide interventions to prevent new or worsened pressure ulcers for one of five sampled residents with wounds. (Resident 3) Findings include: Review of the facility policy entitled, Skin Integrity and Wound Management, last reviewed March 1, 2026, revealed that a licensed nurse was to perform and document skin inspections on residents weekly and with any significant change of condition. Clinical record review revealed that Resident 3 had diagnoses that included a muscle disorder and osteoarthritis. Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed Resident 3 was cognitively impaired, was dependent on assistance from staff for activities of daily living, and had a stage three pressure wound on her left heel. Review of the care plan revealed the resident had actual skin breakdown on her left heel, was at risk for further skin impairment, and included an intervention for a licensed nurse to perform weekly skin evaluations on Resident 3. Review of Resident 3's skin check evaluations revealed no evidence evaluations were completed on two occasions between May 18, 2026, and June 1, 2026. In an interview on June 10, 2026, at 12:32 p.m., the Director of Nursing confirmed that staff did not perform the weekly skin inspections on Resident 3 and they should have. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

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 06/10/2026
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)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to adequately monitor and assess the nutritional status for two of 33 sampled residents. (Residents 2, 80) Findings include: Review of the facility policy entitled, Weights and Heights, last reviewed March 1, 2026, revealed that residents would be weighed upon admission and/or readmission, then weekly for four weeks and monthly thereafter, and staff would enter the weight into the electronic health record. Clinical record review revealed that Resident 2 was readmitted to the facility on [DATE], with diagnoses that included diabetes, gastrostomy malfunction, and dysphagia (difficulty swallowing). On May 12, 2026, the physician ordered for staff to obtain a weight every Monday for four weeks then monthly on the first of the month. Review of Resident 2's care plan revealed the resident was at risk for a nutritional problem and dehydration with an intervention to monitor the resident's weight per protocol. Review of Resident 2's weight record revealed the resident had not been weighed since May 13, 2026. Clinical record review revealed that Resident 80 was readmitted to the facility on [DATE], with diagnoses that included severe protein calorie malnutrition and diabetes. On May 26, 2026, the physician ordered for staff to obtain a weight every Tuesday for four weeks and then monthly on the first of the month. Review of Resident 80's care plan revealed the resident was at risk for a nutritional problem. Review of Resident 80's weights revealed the resident was not weighed on readmission or Tuesday, May 26, 2026. The resident was not weighed until June 2, 2026, two weeks after readmission to the facility. In an interview on June 10, 2026, at 12:27 p.m., the Director of Nursing confirmed that there was no evidence that the residents' weights were obtained per policy. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.		

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 06/10/2026
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to ensure that medications/biologicals were properly stored per facility policy on one of four nursing units. (Third Floor) Findings include: Review of the facility policy entitled, Medication Administration, last reviewed March 1, 2026, revealed medications were to be administered at the time they were prepared. Observations during the medication pass on June 7, 2026, at 9:35 a.m., revealed that two uncovered medication cups labeled with black marker in a medication cart on the third floor contained two residents' medications. In an interview at that time, Licensed Practical Nurse (LPN) 1 confirmed she had poured the medications into medication cups earlier but did not administer them at that time. In an interview on June 9, 2026, at 1:47 p.m., the Director of Nursing confirmed the medications should not have been stored in cups in the medication cart prior to administration. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/10/2026
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)		
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on a review of employee personnel and education records and staff interview, it was determined that the facility failed to ensure that each nurse aide (NA) received 12 hours of in-service training annually, including training for dementia management, resident abuse prevention, and identified performance weaknesses for one of five nurse aides reviewed. (NA 1) Findings include: Review of NA 1's personnel record revealed that they had been employed by the facility since November 2, 2015. Review of facility training records dated July 1, 2024, to June 8, 2026, revealed that NA 1 completed only nine hours and 29 minutes of in-service education. In an interview on June 9, 2026, at 10:39 a.m., the Administrator confirmed that NA 1 had not completed the required annual in-service training. 28 Pa. Code 201.19(7) Personnel policies and procedures. 28 Pa. Code 201.20(a)(6)(d) Staff development.		