

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/19/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Square Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 Oak Lane Avenue Philadelphia, PA 19126	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46993</p> <p>Based on observations, review of facility provided documentation and interview with staff, it was determined facility did not ensure to implement resident-directed care and treatment consistent with professional standards of practice, placing the residents at risk for infections or accidents for two residents observed (Resident R4, R5)</p> <p>Findings include:</p> <p>Review of facility policy 'Bath, Bed,' revised on March 2021, indicates to empty and clean the wash basin with hot, soapy water, and return wash basin to designated storage area.</p> <p>Review of facility policy 'Shaving the Resident,' revised on February 2018, indicates that If using a safety or disposable razor .dispose of the razor in a designated sharps container.</p> <p>Review of facility policy 'Catheter Care, Urinary, revised on April 2024, indicates under infection control, to be sure the catheter tubing and drainage bag are kept off of floor.</p> <p>Observations on first floor unit of room [ROOM NUMBER] on August 19, 2024 at 11:00 AM revealed a used basin with used glove inside stacked on top of bed pan under the sink, another used basin with wet washcloths near the toilet, and another basin filled with water left in sink.</p> <p>Further observed were multiple used and opened urinals stacked on toilet hand rails with used wash cloth and towel near it.</p> <p>Interviewed licensed nurse, employee E5, on August 19, 2024 at 11:15 AM who stated that basins are labeled by residents' room numbers, however only one basin had a fading room number on it and that four different residents share the restroom space.</p> <p>Reviewed facility provided grievance report dated August 6, 2024 revealed that a grievance was submitted by resident R8, regarding a care nurse (nurse aide, employee E7) who provided care left the room a mess after she completed care. Bedside table was used during care and when she was done , feces was found on the table. Charge nurse ended up cleaning the bedside table when she came in to complete residents treatment; E7 was in-serviced regarding infection control practice and received written warning on employee performance improvement/action notification.</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further observations of restroom shared for residents in rooms [ROOM NUMBERS] revealed a used razor next to sink faucet, without razor guard, left unattended.</p> <p>Per interview with Employee E5, licensed nurse, was unaware of which resident the razor belonged to. Interview with director of nursing revealed razor is being used by Resident R5.</p> <p>Further observations of resident R4 in room [ROOM NUMBER] revealed foley catheter on the floor.</p> <p>28 Pa Code 211.12(d)(1)(3)(5) Nursing services</p>		