

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  03/13/2025
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 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>41471</p> <p>The facility must ensure that residents who require colostomy services, received such care consistent with professional standards of practice and the comprehensive person-centered care plan, and the resident's goals and preferences for one of five residents reviewed. (Resident R1)</p> <p>Findings Include:</p> <p>According to guidelines from American Cancer Society for Caring for colostomy (A colostomy is an opening in the belly abdominal wall that's made during surgery. It's usually needed because a problem is causing the colon to not work properly, or a disease is affecting a part of the colon and it needs to be removed) , The skin around your stoma should always look the same as skin anywhere else on your abdomen.</p> <p>Use the right size pouch and skin barrier opening. An opening that's too small can cut or injure the stoma and may cause it to swell. If the opening is too large, output could get to and irritate the skin. In both cases, change the pouch or skin barrier and replace it with one that fits well.</p> <p>Change the pouching system regularly to avoid leaks and skin irritation. It's important to have a regular schedule for changing your pouch. Don't wait for leaks or other signs of problems, such as itching and burning.</p> <p>Interview with Resident R1 on March 13, 2025, revealed that her colostomy appliance was loose and not fitting properly, as a result it was leaking. She stated she had to change the appliance several times which lead to shortage of supply. Resident stated she cared for the colostomy and was using a special tape to seal the leak. Resident stated she was out of the tape, and she used a paper tape to seal the surrounding. Resident stated her colostomy leakage and use of additional supplies and frequent changes were happening for at least past four months. Resident stated she spoke to staff including the unit manager, but she was only seen by a nurse two days ago but did not receive any recommendations. Resident stated she had her brother deliver additional supplies like tape because she used it a lot to prevent leakage.</p> <p>Observation of Resident R1's stoma site and colostomy appliance revealed that the appliance was lose on right and left side of the stoma, resident used paper tape to secure the appliance however it appears that the paper tape was adhering</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 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of progress note for Resident R1 dated January 7, 2025, revealed that resident requested for her colostomy bag to be changed two times this morning before leaving at 8am and after returned from appointment with request to get changed again. Resident was informed that the bag could get emptied however that bag could not keep getting discarded due to limited supplies.</p> <p>Further review of the clinical record did not reveal any evidence that the staff assessed the stoma site or the colostomy appliance to ensure proper seal or any issues.</p> <p>Review of progress note for Resident R1 dated January 29, 2025, revealed that resident was reportedly sent colostomy supplies by her brother at resident's request. Package was delivered to facility, and items were given to resident.</p> <p>Review of a progress note by wound care nurse practitioner dated March 10, 2025, revealed that the resident was seen by the request of the resident and staff for stomal leakage with new recommendations for larger size colostomy appliance and dressing.</p> <p>Review of progress note for Resident R1 dated February 25, 2025, revealed Received call from resident's brother stating that resident is calling and requesting for colostomy supplies, wafers, bags, and tape- resident's brother had provided supplies in addition to what is provided from the facility- resident is removing wafers and colostomy bags multiple times during the day- had used 60 colostomy bags within 2 weeks- resident was educated on recommended changes and to allow nursing to apply items- resident is very anxious regarding colostomy care and had asked brother for additional supplies. Nursing will continue to supply colostomy care . and resident's brother was notified that supplies are given and that it's resident's preference to request supplies from brother.</p> <p>Further review of the clinical record did not reveal any evidence that the staff assessed the stoma site or the colostomy appliance to ensure proper seal or any issues.</p> <p>Review of Resident R1's active care plan on March 13, 2025, revealed no evidence that a comprehensive resident centered care plan for resident R1 for colostomy care was developed.</p> <p>Interview with the Director of Nursing (DON) on March 13, 2025, stated facility was aware of resident using additional supplies for colostomy due to issues from her past concerns. DON stated facility had a wound care nurse practitioner who was specialized in ostomy care visit the facility every week. DON stated she requested the nurse practitioner to see the resident a while ago but was only seen on March 10, 2025. The nurse practitioner recommended larger supplies, but it was on order and resident did not receive the supplies yet.</p> <p>Observation of the resident's stoma site with the DON on March 13, 2025, revealed that the skin surrounding the stoma was red and irritated consistent with tape usage. Resident stated she had to use the tape to prevent leakage.</p> <p>28 Pa Code 211.12 (c)(d)(1)(3)(5) Nursing Services</p> <p>28 Pa. Code 211.10(a)(c) Resident care policies</p>		