

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 09/12/2024
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.

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>38735</p> <p>Based on observations and interviews with resident and staff, it was determined that the facility failed to make a process available to allow residents to file a grievance anonymously on two of two nursing units. (First and Second Floor)</p> <p>Findings include:</p> <p>During a group interview conducted on September 10, 2024, at 1:30 p.m. with seven alert and oriented residents (R42, R7, R19, R63, R17, R73 and R11), the residents stated that they were not aware of how to file a grievance with the facility anonymously. All seven residents in attendance stated that they thought there should be a box with a lock so they could file a grievance anonymously if they wanted to.</p> <p>Observations of the nursing unit on the First and Second Floor and bulletin boards throughout the facility, conducted on the first two days of survey from September 9, 2024, through September 10, 2024, revealed no place to file an anonymous grievance.</p> <p>During an interview during a tour of the facility on September 11, 2024, at 9:15 a.m., the Social Services Director confirmed that there were no locked boxes on the nursing units to file a grievance anonymously.</p> <p>An interview on September 11, 2024, at 9:15 a.m. the Administrator acknowledged that the facility failed to provide the residents with a way to file a grievance anonymously.</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.29(a) Resident rights</p> <p>28 Pa. Code 201.29(c)(d)(e) Resident rights</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>46993</p> <p>Based on review of facility policy, review of facility documentation, and review of clinical records, it was determined that the facility did not ensure to develop a person-centered, comprehensive care plan related to bowel obstruction and constipation for one of 19 residents reviewed (Resident R72)</p> <p>Findings include:</p> <p>Review of facility provided policy 'care plans, comprehensive person - centered,' revised March 2022, states that the comprehensive, person-centered care plan: e. reflects currently recognized standards of practice for problem areas and conditions.</p> <p>Review of Resident R72's clinical record revealed medical diagnosis of intestinal obstruction, retention of urine, ulcerative colitis, acute abdomen, nausea and vomiting, hemiplegia and hemiparesis following cerebral infarction (paralysis/weakness post stroke) on right side of body.</p> <p>Review of R72's hospital discharge documentation dated April 30, 2024 revealed Resident R72 presented to emergency room with 4 days of suprapubic abdominal pain and constipation for 4 days. Evaluation revealed high grade small bowel obstruction in the right lower quadrant and visible transition point.</p> <p>Further review of Resident R72's hospital discharge summary, dated May 10, 2024, indicated Resident R72 was hospitalized for hematochezia (presence of blood in stool) and small bowel obstruction.</p> <p>Review of Resident R72's medication administration record revealed an active physician order, started May 10, 2024, for Senna, 2 tablets to be administered at bedtime for constipation, polyethylene glycol powder, 17 gram to be administered twice a day for constipation, Bisacodyl rectal suppository 10 mg every 24 hours as needed for constipation, bisacodyl suppository , 10 mg, every 24 hours as needed for bowel protocol if no bowel movement after milk of magnesia, enema every 24 hours as needed for bowel protocol if no result from suppository, and milk of magnesia suspension 1200 mg/15 ml's to be given 30 ml's every 24 hours as needed for constipation if no bowel movement in 3 days.</p> <p>Review of R72's care plan revealed no evidence of goals, measurable interventions or timeframes related to constipation and bowel obstruction.</p> <p>28 Pa Code 211.10(d) Resident care policies</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46993</p> <p>Based on review of facility policy, review of facility documentation, review of clinical records and interview with residents, it was determined that facility did not ensure to assist dependent residents with activities of daily living related to hearing aids, nail care and hygiene care (Residents R2, R9)</p> <p>Findings include:</p> <p>Review of facility policy 'Care of Hearing Aid,' revised February 2018, indicates that nursing staff are to review resident's care plan to assess for any special needs of the resident, and if hearing aid is not functioning properly, check the battery.</p> <p>Review of Resident R89's care plan, revised on May 7, 2024, revealed Resident R9 has a communication problem related to hearing deficit, with intervention to ensure availability and functioning of adaptive communication equipment message board, hearing aids, telephone amplifier, computer, pocket talker, etc.</p> <p>Review of Resident R9's clinical record revealed an active physician order to assist resident with hearing aides at 6:00 AM.</p> <p>Observations of Resident R9 on September 9, 2024 at 11:42 AM revealed Resident R9 watching television with hearing aids on bedside table in front of him. Upon greeting Resident R9, he stated they're not working, I can't hear.</p> <p>Observations of R9 on September 10, 2024 at 10:21 AM without hearing aids.</p> <p>Review of facility policy 'Care of Fingernails/Toenails,' revised February 2018, indicates to review resident's care plan to assess for nay special needs of the resident, and nail care includes daily cleaning and regular trimming.</p> <p>Review of Resident R2's care plan, revised March 26, 2024, indicates that Resident R2 has ADL self care performance deficit and requires two staff assistance for ADL.</p> <p>Observed Resident R2 on September 9, 2024 at 11:39 AM with untrimmed and dirty nails. Upon interview, Resident R2 stated he would like to have nail care and it gets in the way, and staff get frustrated when I ask for things.</p> <p>Interviewed nurse aide, Employee E13, regarding Resident R2's nail care, on September 9, 2024 at 11:45 AM, assigned to care for Resident R2, who stated that we are short staffed</p> <p>Further observations of Resident R2 on day shift of September 9th, 2024 and September 8, 2024 revealed resident in bed, leaning to the right side, with used urinal attached to right bed side rail, near Resident R2's face. Further observations revealed unkempt facial hair.</p> <p>28 Pa Code 211.12(d)(5) Nursing Services</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>38735</p> <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on review of clinical records and facility documentation and interviews with staff, it was determined that the facility failed to maintain ongoing communication between the facility and a dialysis provider for two of two residents receiving dialysis reviewed (Residents R54 and R7).</p> <p>Findings include:</p> <p>Review of Resident R54's clinical record revealed a physician's order for hemodialysis every Tuesday, Thursday and Saturday with a 10 a.m. chair time at a local dialysis center with transportation by local ambulance company.</p> <p>Further review of Resident R54's dialysis log record revealed that only two of five log pages were completed with two pages having no documentation from the dialysis center on the resident's clinical information.</p> <p>Interview with the Nursing Supervisor, Employee E12, on September 11, 2024, at 2:15 p.m. confirmed that the dialysis center had failed to complete the clinical documentation on two log pages for Resident R54.</p> <p>Review of Resident R7's clinical record revealed a physician's order for hemodialysis every Monday, Wednesday and Friday with a 2:45 p.m. chair time at a local dialysis center with transportation by local ambulance company.</p> <p>Further review of Resident R7's dialysis log record revealed that one log page in the past three weeks was not completed by the facility staff before the resident went to dialysis.</p> <p>Interview with the Nursing Supervisor, Employee E12, on September 12, 2024, at 10:15 a.m. confirmed that the facility nurse had not completed the pre-dialysis documentation of Resident R7's clinical status.</p> <p>An interview on September 13, 2024, at 12:45 p.m. with the Director of Nursing, acknowledging that the log sheets should be completed each time the resident goes to dialysis by both the facility nurse and the dialysis center staff.</p> <p>A review of facility contracts for outside services, including dialysis, were reviewed and there was no contract for the dialysis centers serving Resident R54 or Resident R7 available to review.</p> <p>An interview with the Administrator on September 13, 2024, at 1:15 p.m. confirmed that there was no contract to review related to dialysis services for Resident R54 and Resident R7.</p> <p>28 Pa. Code: 211.10(c) Resident care policies</p> <p>28 Pa Code 211.5(f)(ix) Clinical records</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>46993</p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not provide requested evidence of yearly performance reviews for nurse aides for two out of five employees reviewed (Employee E13, E14)</p> <p>Findings include:</p> <p>On September 12, 2024, at 11:00 AM interviewed facility's human resources, Employee, E8, requesting evidence of yearly performance reviews for nurse aides.</p> <p>Per interview with facility's Director of Nursing, Employee E2, on September 12, 2024, at 12:00 PM, confirmed that Nurse aides, Employees E13 and E14 did not have performance evaluations/in-service education based on the outcome of these reviews completed.</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>46993</p> <p>Based on observation, review of posted daily nurse staffing data, and staff interview, it was determined that the facility did not ensure to post nursing staffing information in a prominent place, readily accessible to residents on three of three floors observed. (Ground, First and Second floors)</p> <p>Findings include:</p> <p>Observation of the facility on September 10, 2024 and again on September 11, 2024 revealed the facility did not post the nurse staffing data at beginning of each shift, with complete and accurate information, in a visible place - accessible to residents and staff. Posted Nurse staffing information excluded required/actual nursing hours, adjusted census, and call outs.</p> <p>These findings were reviewed with the Human Resources, Employee, E8, on September 12, 2024 at 11:30 AM.</p> <p>28 Pa Code 201.14(a)Responsibility of licensee</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>38735</p> <p>Based on observations, resident and staff interviews, and a review of facility documentation, it was determined that the facility failed to provide food and drink that was palatable and served at palatable temperatures for seven of seven residents in the group meeting (R42, R7, R19, R63, R17, R73 and R11).</p> <p>Findings include:</p> <p>A review of Test Tray Form, revealed that the standard temperature for hot foods, including entree, vegetable and starch, on tray line was 135 degrees and cold food, including milk and juice, was 41 degrees.</p> <p>During a group meeting with alert and oriented resident who regularly attend resident council meetings, all seven residents (R42, R7, R19, R63, R17, R73 and R11) indicated that the food is not very good, not cooked right, that residents often order out because they don't like the food, and that the food is often served cold.</p> <p>Observations during a test tray conducted with Employee E10, Assistant Food Service Director (AFSD), on September 11, 2024, at 12:05 p.m., revealed that the ham was at 128 degrees, the sweet potatoes were 133 degrees, and the orange juice was 69 degree. Tasting the food on the tray revealed that the food on the hot plate were not very warm, the roll was sitting in the spinach and sweet potatoes and the bottom of the roll was very soggy and dripping wet. Further observation revealed that the white cake with white icing was served in a plastic bag and was all crumbled up and the icing was sticking to the plastic bag. Overall presentation was not appetizing.</p> <p>An interview with the FSD, on September 11, 2024, at 12:25 p.m. confirmed that the ham and sweet potatoes and orange juice was not served at an acceptable temperature and therefore not palatable.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 211.6(f) Dietary services</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38735</p> <p>Based on observations, interviews with staff, and a review of facility policies and documentation, it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>The Policy: Food Storage, Cold Foods, which was revised February 2023, states, All foods will be stored wrapped or in covered container, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>An initial tour of the Food Service Department was conducted on September 9, 2024, at 10:45 a.m. with Employee E9, Food Service Director (FSD), which revealed the following:</p> <p>Observations in the dry storeroom revealed that one ceiling tile was missing revealing pipes above and another ceiling tile which had a damp spot in the center. Further observation revealed metal wire shelving was pitted with rust colored and dark stains which was in front of the outer aluminum wall of the walk-in refrigerated units had a dark black substance growing up from the floor level to two to three feet high. Continued observation revealed two cardboard boxes of pretzels and plastic lids were on the top shelf less than the required 18 from the ceiling.</p> <p>Observations in the walk-in freezer revealed three cases of food that were not closed, and the inner plastic bag was not sealed and left open to the air (whole kernel corn, tater tots and omelets).</p> <p>Observation of the convection ovens revealed a build-up of black burned on food spillage on all interior surfaces of both ovens.</p> <p>Observation of the wall between the dish machine and the reach-in refrigerator had food spattered on the wall and pipes.</p> <p>Observation of the wall behind the tilt skillet revealed that the paint on the wall was peeling.</p> <p>Interview with the FSD on September 9, 2024, at 10:55 a.m. confirmed the above findings.</p> <p>28 PA Code: 201.14(a) Responsibility of licensee.</p> <p>28 PA Code: 201.18(e)(1) Management.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>38735</p> <p>Based on observations and interviews with staff, it was determined that the facility did not ensure that that trash and recyclables were properly disposed of in the receiving and dumpster area.</p> <p>Findings include:</p> <p>An initial tour of the Food Service Department was conducted on September 9, 2024, at 10:45 a.m. with Employee E9, Food Service Director (FSD), which revealed the following:</p> <p>Observation in the receiving area revealed the side sliding door to the garbage dumpster was open, and both top lids to the recycling dumpster were open due to too many boxes, including many boxes which were not broken down, which kept the lids from closing.</p> <p>Further observation revealed that there were nine wooden pallets haphazardly piled near the dumpsters. There were three wheelchairs and five over-bed tables in the area. Interview with FSD revealed that equipment was to be discarded and pallets were not from food or central supply as these items are hand carted from the driveway.</p> <p>Interview with the FSD on April 30, 2024, at 10:15 a.m. confirmed the above findings and that the equipment was to be discarded and pallets were not from food service or central supply.</p> <p>28 PA Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735</p> <p>Based on observation, staff and resident interview, it was determined that the facility failed to ensure that call bells were available and operable for resident use for one of 18 residents interviewed(Residents R33).</p> <p>Findings include:</p> <p>Interview with Resident R33 in room [ROOM NUMBER], Bed A, conducted on September 9, 2024, at 11:15 a. m. revealed that his call bell does not work. Following the call bell cord from the button revealed that the plug on the other end was laying on the floor. Observations of the wall behind the bed did not reveal a plug in the wall for the plug and there was a hole in the wall where an outlet may have been. Observation of the call bell for bed B in room [ROOM NUMBER] revealed that the call bell was plugged into a box that was sitting on top of the overbed light and not attached to the wall.</p> <p>Interview with Employee E11, the Licensed Nurse, on September 9, 2024, at 11:20 a.m. confirmed that the call bell for room [ROOM NUMBER], Bed A was not plugged into an outlet, and that she had no idea why it was like that, and that she needed to be prompted to contact maintenance to check into it.</p> <p>Interview with the Nursing Home Administrator on September 12, 2024, at 12:20 p.m. confirmed that the maintenance department was aware of the nonfunctioning call bell for room [ROOM NUMBER], Bed A.</p> <p>28 Pa. Code 205.67(k) Electric requirements for existing construction</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa Code 211.12(d)(1)(3)(5) Nursing services</p>		