

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 06/05/2025
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 0559</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 share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon interviews with resident and staff, review of clinical records and facility policies, it was determined the facility failed to ensure the rights of a resident were exercised to refuse a room change in accordance with professional standards of practice for one of 18 resident records reviewed (Resident R70).</p> <p>Findings Include:</p> <p>Review of the facility's policy titled, Resident Rights states, basic rights to all residents of the facility include exercising his or her rights and be supported by the facility in exercising those rights. Residents have the right to perform services for the facility if chooses or the right to refuse and the right to refuse a transfer from a distinct part within the institution.</p> <p>Review of the facility's policy titled, Transfer, Room to Room revised December 2016 states under Documentation The following information should be recorded in the resident's medical record: 1. The date and time the room transfer was made. 2. the name and title of the individual(s) who assisted in the move 3. If the resident refused the move, the reason(s) why and the intervention taken. Under the heading Reporting it states to notify the supervisor if the resident refuses the move, and 2. Report other information in accordance with facility policy and professional standards of practice.</p> <p>Review of Resident R70's clinical record revealed that the resident was admitted to the facility on [DATE]. The resident was alert and oriented and diagnosed with high blood pressure and a history of bladder cancer.</p> <p>Review of Resident R70's social service progress notes indicated on April 9, 2025, the resident was moved to another room due to Roommate Incompatibility.</p> <p>Review of Resident R70's psychiatric note dated, April 24, 2025, stated the resident Is not happy that they move out of her room into another room for her roommate. She feels that she was being punished by administration just to pacify her former roommate. NP (nurse practioner) notified and pacified patient to hold on while she discusses with administration.</p> <p>Interview with Resident R70 on June 3, 2025, at approximately 11:00 a.m. explained, They (the facility) told me my roommate was difficult. It was easier to move me than (roommate's name) even though she was the one that requested the move. I was very close to another resident in that room. The roommate had a hard time opening up to people but wasn't like that with me. I cried when I had to leave.</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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Nursing Home Administrator and Director of Nursing on June 3, 2025, stated Resident R70 wanted to move, and she likes her new room but failed to reveal documentation that a written notice and the reason for the room change was given to Resident R70 before the resident's room, in the facility, was changed.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>29 Pa. Code 201.29(d) Resident rights</p> <p>29 Pa. Code 201.29(j) Resident rights</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on review of facility policies, observations and staff interview, it was determined that the facility failed to maintain a clean and homelike environment for two of two nursing units observed (First Floor and Second Floor Units).</p> <p>Findings Include:</p> <p>Review of facility policy titled, Homelike Environment revised February 21, 2025, states Policy Statement- Residents are provided with safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary, and orderly environment; f. pleasant, neutral scents.</p> <p>Review of the facility policy titled, Resident Dining Room Meal Service dated December 2023 states, Policy Statement- The purpose of this policy is to facilitate a safe, comfortable, and resident centered dining experience. Procedure- 1. Dining room staff will perform hand hygiene. 2. Nurse Aides, will offer residents clothing protectors. 3. Once meals are prepared and delivered by dietary, the nurse aides will begin passing to each table. 4. Deliver all ordered good to every resident at the first table. 5. Provide any food prep assistance to the residents at table one prior to moving to the next table.</p> <p>Observations on June 2, 2025 at 10:01 a.m. of Resident R63's room revealed two brown water-stained ceiling tiles.</p> <p>Observations on June 2, 2025 at 12:20 p.m. of the lunch service on the first floor revealed the residents gathering to the dining/activities room for lunch. The lunch menu posted for the day listed Truck arrived at 12:26 p.m. The nurse aides started serving the lunch trays at 12:27 p.m. Nurse Aide, Employee E4, came into the room with the first lunch tray and stated, They ain't got no juice today for lunch so I just want to let you all know so you do not ask. There was one table where five people were seated together at the time they started serving lunch. The first resident was served their lunch at 12:28 p.m. The second person at the table was served their lunch tray at 12:33 p.m. The third person at the table was served their lunch tray 12:43 p.m. The fourth person at the table was served their lunch tray 12:44 p.m. The fifth person at the table was served their lunch tray 12:48 p.m. Nurse aide Employee E4 served all five of the residents at the table on their lunch trays. All lunch trays at the table contained no drink or fluids.</p> <p>Further observations on June 3, 2025 at 12:20 p.m. of the lunch service on the first floor revealed the residents. At no time were clothing protectors offered to residents.</p> <p>Observations on June 3, 2025 at 11:05 a.m. of Resident R80's room revealed five brown water-stained ceiling tiles.</p> <p>Further observation on June 5, 2025 of the first floor unit at 8:18 a.m. revealed paper trash and plastic trash on the floors in the hallways.</p> <p>(continued on next page)</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa. Code 201.14 (a) Responsibility of licensee.

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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>Based on review of facility policy, review of clinical records, observations, and staff interviews, it was determined that the facility failed to develop a comprehensive person-centered care plan for one of eighteen residents reviewed (Residents R50).</p> <p>Findings Include:</p> <p>Review of facility policy titled, Care Planning- Interdisciplinary Team, with a revision date of March 2022 states, Policy Statement- The interdisciplinary team is responsible for the development of resident care plans. Policy Interpretation and Implementation- 1. Resident care plans are developed according to the timeframes and criteria established by 483.21 2. Comprehensive, person-centered care plans are based on resident assessments and developed by an interdisciplinary team.</p> <p>A review of the clinical record for Resident R4 revealed an admission date of September 13, 2022, with diagnoses including Dementia (a progressive decline in cognitive abilities, including memory, language, and reasoning, that significantly impairs daily life and activities) with agitation.</p> <p>Review of Resident R4's current care plan last updated October 4, 2024 revealed the resident's care plan did not address interventions related to the resident's diagnosis of Dementia.</p> <p>28 Pa Code 211.10 (c)(d) Resident care policies</p> <p>28 Pa Code 211.12(d)(1)(3)(5) Nursing services</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, review of clinical records, observations, and staff interviews, it was determined that the facility failed to develop a comprehensive person-centered care plan for two of eighteen residents reviewed (Resident R23 and Resident R80).</p> <p>Findings Include:</p> <p>Review of facility policy titled, Care Planning- Interdisciplinary Team, with a revision date of March 2022 states, Policy Statement- The interdisciplinary team is responsible for the development of resident care plans. Policy Interpretation and Implementation- 1. Resident care plans are developed according to the timeframes and criteria established by 483.21 2. Comprehensive, person-centered care plans are based on resident assessments and developed by an interdisciplinary team.</p> <p>Review of facility policy titled, Bath, Shower/Tub revised October 2024 states, Purpose- the purpose of this procedure are to promote cleanliness, provide comfort to the resident and to observe for condition of the resident's skin. Further review of the policy revealed, Documentation- 1. The date and time the shower/tub bath was performed. 5. If the resident refused the shower/tub bath, the reason(s). Reporting- 1. Notify the supervisor if the resident refuses the shower/tub bath.</p> <p>Review of Resident R23's clinical revealed the resident was admitted to the facility on [DATE] with diagnosis of: Diabetes Type Two Mellitus with Hyperglycemia (occurs when a person's blood sugar elevates to potentially dangerous levels), Dysphagia (difficulty swallowing), Hyperlipidemia, and Paralysis of Vocal Cords and Larynx.</p> <p>An interview was held on June 2, 2025 at 9:54 a.m. with Resident R23 who was awake, alert, and oriented. Resident R23 has a deficit in communicating therefore he utilized an electronic device and pen to use a keyboard to type out sentences. Resident R23 typed out that he has not been receiving his regular shower. When asked when Resident R23 usually receives a shower he typed, Wednesday and Saturday. When asked when the last time he got a shower was he typed, two weeks or more.</p> <p>Interview held with the Assistant Director of Nursing, Employee E14 on June 3, 2025 at 2:21 p.m. and Employee E14 stated, I was there when staff tried to assist him with getting out of bed the other day to get a shower and he refused.</p> <p>Review of Resident R23's nursing notes from the months of June 2025 and May 2025 indicate no refusals for shower. Review of Resident R23's from May 7, 2025 through the current date revealed no instances where Resident Refused was checked off.</p> <p>Review of Resident R23's current care plan last updated on March 13, 2025 shows no indication and no focus area for refusals for the resident.</p> <p>Review of Resident R80's clinical record revealed the resident was admitted to the facility on [DATE], with a diagnosis of: Dysphagia (difficulty swallowing), Cognitive Communication Deficit (difficulty with communication due to impairments in cognitive functions,), and Hyperosmolality and Hyponatremia (high concentration of solutes / sodium in the blood).</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On June 3, 2025 at 11:05 a.m. Resident R80 was approached by the surveyor in the dining/activities room. When the surveyor asked to speak privately, Resident R80 slowly wheeled himself out of the dining/activities room towards his bedroom. Right outside of the dining/activities room the resident took a styrofoam cup he had in his hand and filled it with ice cubes from the ice machine. After obtaining the ice, Resident R80 started putting pieces of the ice in his mouth, chewing on the ice, and then swallowing it.</p> <p>Review of Resident R80's nursing progress notes from April 27, 2025 revealed, Resident was observed refilling his cup of water at the ice machine then returning to his room. explained to the resident that he is still nothing by mouth, and the potential complications from his non-compliance. Resident offered empathy and consoled due to his distress with wanting to eat. Residents stated I have to do what I have to do.</p> <p>Further review of Review R80's nursing notes from April 18, 2025 states, Writer observed resident as I was rounding on the floor with a cup of ice in his hand and a piece in his mouth. Resident is currently still NPO (nothing by mouth), education provided to the resident & I gently asked if I could have the cup, resident abided. Resident informed I will place a speech consult request for re-evaluation. Doctor in house and made aware and confirmed request. Resident also placed on observation to monitor.</p> <p>Review of Resident R80's clinical record revealed a physician order the resident has had a NPO (nothing by mouth) order in place since February 17, 2025. NPO (nothing by mouth) status was included in the care plan, but there was no indication that the resident has been non-compliant to his NPO (nothing by mouth) status.</p> <p>Review of Resident R80's current care plan last updated March 13, 2025 revealed there was no indication and no focus area for the resident being non-compliant with NPO (Nothing by mouth) status.</p> <p>The above findings were confirmed by licensed nurse Employee E3 on June 4, 2025 at 1:13 p.m.</p> <p>28 Pa. Code 211.10 (d) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of facility documentation, facility policy, and interviews with residents and staff, it was determined that the facility failed to prepare and serve items as planned on the menu and failed to provide residents with their requested foods of preference for five of 18 residents interviewed (Residents R23, R28, R63, R70, and R289).</p> <p>Findings Include:</p> <p>Review of the facility posted Always Available menu posted in the first-floor dining/activities room lists beverages as Apple Juice, Cranberry Juice, Orange Juice, Hot Tea, Coffee, and Decaf Coffee.</p> <p>Review of facility policy titled, Therapeutic Diets revised September 2017 states, Polcicy Statement- All residents have a diet order, including regular, therapuetic, and texture modification, that is prescribed by the attending physician, physician extender, or credentialed practioner in accordance with applicable guidelines. Procedures- .3.Diets are prepared in accordance with the guidelines in the approved Diet Manual and the individualized plan of care.</p> <p>Resident R23 was admitted to the facility on [DATE] with the following diagnoses: Dysphagia (difficulty swallowing) and Hyperkalemia (high potassium levels in the blood, which can damage your heart and muscles).</p> <p>Interview held with Resident R23 on June 2, 2025 at 9:54 a.m. and the resident used a electronic device to type out words and sentences to communicate. The resident stated, they approved me for regular food but I get puree. When asked who stated that he said, the dietician she say she updated it, she updated it, but it keeps happening.</p> <p>Review of Resident R23's quarterly Nutrition Evaluation dated May 22, 2025 states under Food Preferences, Culteral/Ethnic/Religious-On file-Updates likes mac & cheese and sweet potatoes, collard greens. Dislikes mashed potatoes. Further review of the evaluation revealed, Recommendations and Plan- Diet as ordered., textures per Speech. Large protein/veg portions. Soup with lunch daily.</p> <p>Observation on June 2, 2025 at 12:25 p.m. revealed the resident has a dislike of mashed potatoes and was served mashed potatoes. All portions on his plate looked like single portions.</p> <p>Observation on June 5, 2025 at 8:11 a.m. revbealed resident R23 was seated in bed starting to eat his breakfast. The resident made a face at the surveyor and then looked at his breakfast plate. The surveyor observed the resident with a yellow pureed food on his plate. The resident took his pen to type on his electronic device eggs puree. The resident stated the other stuff I don't know what it is so I can't eat it can I have another oatmeal.</p> <p>Review of Resident R23's Weight record revealed the resident had a weight of 118 pounds on May 12, 2025. On February 2, 2025 the resident weighed 138.2 pounds. The resident had a weight loss of 20 pounds over three months.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Resident R63 was admitted to the facility on [DATE] with the following diagnoses: gastroparesis (delayed gastric emptying, meaning the stomach takes too long to empty its contents), Hyperlipidemia (abnormally high levels of lipids (fats) in the blood, including cholesterol and triglycerides), Gastroesophageal reflux disease (GERD) with esophagitis occurs when the stomach's acidic contents flow back into the esophagus, causing tissue erosion and unpleasant symptom, and Pancytopenia (involves having low levels of red blood cells, white blood cells and platelets),</p> <p>Interview was held with Resident R63 on June 2, 2025 at 10:01 a.m. and the resident stated that he still receives items that he requests not to have. He gave the example of corn and beef.</p> <p>Review of Resident R63's allergies from admission lists corn, green peas, beef, and pork as intolerances as of August 20, 2024.</p> <p>The surveyor revisited the resident during lunch on June 3, 2025 due to their being corn on the lunch menu. Observation was made of Resident R 63's lunch tray on June 5, 2025 at 12:59 p.m. the resident was eating in his room and he had corn served to him.</p> <p>Interview held on June 4, 2025 at 1:00 p.m. with facility registered dietician Employee E15. When asked how likes/dislkies are updated she stated there is an electronic meal tracker system and you go in and update preferences and likes/dislkies. When asked how the kitchen staff would know is a food item was a dislike from the ticket, she stated, dislikes shouldn't show up on trays. When asked about Resident R23 getting pureed eggs for breakfast on a Mechanical Soft diet she stated, When residents are on mechincal, some food can be pureed also, we follow the Diet Manual.</p> <p>Review of the facility menu provided by the facility listed Thursday Day 12- Scrambled Eggs- Dysphagia Mechanical Diet 1/4 cup. Further review of all the menus provided that listed scrambled eggs for breakfast list no days where Dysphagia Mechanical diet has eggs lised as pureed.</p> <p>Review of Resident R28's clinical record revealed that Resident R28 was admitted to the facility on [DATE] with diagnoses of but not limited to End Stage Renal Disease.</p> <p>Further review of Resident R28's clinical record revealed physician order for carb consistent/ renal diet.</p> <p>Interview with Resident R28 on June 2, 2025 at 1:05pm revealed that meal tickets don't match what the resident receives on a regular basis.</p> <p>Observation of dining room on June 2, 2025 at 1:15pm revealed that Resident R28 was ordered to have a ham sandwich with lettuce and tomato. Resident R28's tray did not contain lettuce or tomato. Meal ticket read peach pie for dessert, Resident R28 recieved cookie.</p> <p>Interview with Resident R70, an alert and oriented resident, on June 2, 2025 during the facility's lunchtime meal stated, Missing food items and food items that are different from what is listed is an everyday occurrence. Observation of Resident R70's lunch tray revealed Peach pie should have been served, instead the resident received a cookie.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with Resident R289's family on June 2, 2025, at approximately 1:00 p.m. indicated Resident R289, Always gets mash potatoes and most times, butterscotch pudding no matter what is being served that day. Observation of Resident R289's lunch tray revealed pureed Cheesy Rice was requested but the resident received mashed potatoes and instead of pureed peach pie with crumb topping stated on the resident's meal ticket, pudding was served.</p> <p>28 Pa. Code 211.6(a) Dietary services</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, review of facility policy and interviews with staff, 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 for three of three floors reviewed. (Ground, First, and Second Floors)</p> <p>Findings Include:</p> <p>Review of facility policy titled, Food Storage: Cold Foods revised April 2018 states, Policy Statement- All Time/Temperature Control For Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines for the FDA Food Code. Further review of the policy revealed, Procedures . 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>Review of facility policy titled, Food Storage: Dry Goods, revised September 2017 states, Procedures- . 5. All packaged and canned food items will be kept clean, dry, and properly sealed. 6. Storage areas will be neat, arranged for easy identification, and date marked as appropriate. 7. Toxic materials will not be stored with food.</p> <p>Initial tour held on June 2, 2025 at 9:49 a.m. with Kitchen Manager Employee E9. Observations made of the walk-in refrigerator revealed diced chicken in fridge was not labeled properly and pork pieces not labeled or marked.</p> <p>Observation of the first-floor resident care areas on June 2, 2025 at 12:00 p.m. revealed numerous unlabeled, undated and expired foods in the pantry area. Nurse aide, Employee E4 unlocked the locked resident pantry area at 12:01 p.m. outside of the first floor dining/activities room. Nurse aide Employee E4 confirmed this area was used to store resident food only. After opening the door there was dirt visible on the hand sink, on the floors, and on the refrigerator in the pantry. The refrigerator was dirty with spilled juice all over the bottom of the refrigerator and door. There were three grocery bags filled with prepared food that were unlabeled. On top of the refrigerator was a piece of corn on the cob in a paper towel and a bottle of maple syrup that had a watered-down liquid in it. All findings of unlabeled, undated, unidentifiable food were confirmed by nurse aide Employee E4.</p> <p>Observation of the second-floor resident care areas on June 2, 2025 at 12:10 pm in revealed numerous unlabeled, undated and expired foods in refrigerator. Pantry floors and walls visibly soiled and dirty. Multiple used and soiled trays stacked on counter next to ice machine. Interview with Kitchen Manager Employee E9 on June 2, 2025 at 12:15PM confirmed above listed findings.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>		

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 06/05/2025
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.

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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>Based on observations and an interview with staff, it was determined that the facility did not ensure that garbage and refuse was disposed of properly.</p> <p>Finding Include:</p> <p>Observations were made on the day of arrival to the facility, June 2, 2025 at 9:03 a.m. of the parking lot grass area where there were multiple trash items. Trash items in the grass and in the parking lot included; used paper towels, latex gloves, empty plastic bottles, plastic disposable utensils, and food particles.</p> <p>A tour of the Food Service Department was conducted on June 2, 2025, at 10:23 a.m., with the Food Director, Employee E9. In the area of the loading dock, refuse area one of two dumpsters was so full boxes were preventing the dumpster from completely closing. A toilet was near the dumpster area along with PVC piping that was once used at the facility. The Director could not say how long these items were there because he was not aware of the trash schedule.</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on reviews of staff training and competency sets for nursing assistants, reviews of the facility assessment and interviews with staff, it was determined that, the facility failed to ensure that nursing assistants retained a required minimum of 12 hours of nursing training annually for two of four nurse aides personnel records reviewed. (Employees E12 and E13).</p> <p>Findings Include:</p> <p>Employee E12, nursing assistant was hired on July 25, 2025. Annual training and competencies based on the needs of the residents (dementia care of the cognitively impaired, abuse prevention, accident prevention, restorative nursing techniques, emergency preparedness, resident rights, cultural competency) were not documented and available for review for this nursing assistant.</p> <p>Employee E13, nursing assistant was hired on October 29, 2010. Annual training and competencies based on the needs of the residents (dementia care of the cognitively impaired, abuse prevention, accident prevention, restorative nursing techniques, emergency preparedness, resident rights, cultural competency) were not documented and available for review for this nursing assistant.</p> <p>Interview with the Administrator, Employee E1, at 1:00 p.m., on June 5, 2025, confirmed that the necessary trainings and competency sets for (dementia care of the cognitively impaired, abuse prevention, accident prevention, restorative nursing techniques, emergency preparedness, resident rights, cultural competency) were not documented or available for review for nursing staff (Employees E12 and E13) that were selected for review.</p> <p>28 PA. Code 201.20(a)(1)(2)(5)(6) Staff development</p> <p>28 PA. Code 201.14(a) Responsibility of licensee</p> <p>28 PA. Code 201.19(1)(3)(7) Personnel policies and procedures</p>