

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: 395535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2026
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)		
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. Based on standards of professional practice, observation, and interview with staff it was determined that the facility failed to store food in accordance with standards for food service safety (main kitchen and first floor nursing unit). Findings include: Review of Leftovers and Food Safety from the U.S. Department of Agriculture, Food Safety and Inspection Service, last updated July 2020 revealed leftovers can be kept in the refrigerator for 3 to 4 days. A tour of the main kitchen conducted on May 26, 2026, at 9:50 a.m. with the Food Service Director, Employee E10, revealed the following: Observations in the walk-in refrigerator revealed pre-prepared leftover pea puree, hot dogs, and beef gravy. The prepared date for each item was May 24, and use-by date of May 30. Further observations revealed a shrimp stir fry with a prepared date of May 20 and use-by date of May 26. All items were stored in stainless steel chafing steam table pans. Observations on May 26, 2026, at 11:00 a.m. revealed the ice machine on the first-floor nursing unit had a large, white plastic tray underneath it. The ice machine was observed to be leaking water, and the white tray had a quarter inch of stagnant water in it. The white tray beneath the ice machine was also visibly dirty with black specks within it. Further observations on May 26, 2026, at 11:00 a.m. of the ice machine on the first-floor nursing unit revealed no 2-inch air gap (standard backflow prevention requirement to protect potable water and ice from contamination) between the ice machine drain and drain access point in the floor. Interview on May 26, 2026, at 2:20 p.m. with Maintenance Director, Employee E11, confirmed the stagnant water beneath the ice machine and lack of 2-inch air gap for the drain. 28 Pa. Code 201.14 (a) Responsibility of licensee.		

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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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on review of facility documentation, observations, and staff and resident interviews it was determined that the facility failed to follow the planned menus for two of four days observed (5/26 and 5/28). Findings include: Review of the facility planned menu revealed for the week of 5/24/2026 revealed the lunch planned for Tuesday 5/26/2026 included green peas and cabbage as the main and alternate vegetable. Observations on May 26, 2026, at approximately 12:15 p.m. in the 1st floor dining room revealed the menu posted also indicated the vegetables were green peas and cabbage as the main and alternative vegetable. Interview on May 26, 2026, at 12:18 p.m. with Resident R52 revealed the facility frequently does not follow the planned menu. Interview on May 26, 2026, at 12:30 p.m. with Registered Dietitian, Employee E12, revealed he/she was unaware of any menu changes for the lunch meal on May 26, 2026. Interview on May 26, 2026, at 12:35 p.m. with Resident R63, revealed the facility does not serve what is on the planned menu. Observations on May 26, 2026, at 12:45 p.m. revealed R47 and R29 were served the alternative lunch option but was served asparagus instead of the planned cabbage. Interview on May 26, 2026, at 12:40 p.m. with Resident R47 revealed he/she does not like asparagus. The asparagus was visibly untouched on Resident R47's plate. Interview on May 26, 2026, at approximately 1:00 p.m. with the Food Service Director, Employee E10, confirmed the kitchen did not have cabbage to serve for lunch. Review of the facility menu revealed on Thursday 5/28/2026 the alternative lunch option was grilled cheese with carrots and roasted potatoes. Observations on May 28, 2026, at 12:00 p.m. in the main kitchen during lunch revealed the steam table was prepared with food items to serve for lunch. Observations revealed the dietary employee was serving mashed potatoes with the grilled cheese, instead of the planned roasted potatoes. Interview on May 28, 2026, at 12:00 p.m. with the Food Service Director, Employee E10, confirmed the facility was serving mashed potatoes instead of roasted potatoes. 28 Pa. Code 201.18(b)(3) Management		

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F 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on review of facility documentation and staff interview it was determined that the facility failed to include active involvement from direct care staff and input from residents in the facility assessment process. Findings Include: Review of facility documentation Facility Assessment reviewed February 11, 2026, revealed individuals who were involved in completing the review included: Nursing Home Administrator (Employee E1), Director of Nursing (Employee E2), Admissions Director (Employee E3), Business Office Manager (Employee E4), House Keeping Director (Employee E5), Rehabilitation Director (Employee E6), Human Resources (Employee E7), Dietary (Employee E8), and the Medical Director (Employee E9). Review of the facility assessment and the sign-in sheet for individuals involved in completing the annual review of the facility assessment revealed no documented evidence that the facility included active involvement from direct care staff (including but not limited to Registered Nurses (RNs), Licensed Practical Nurses (LPNs), or Nurse Aides (NA)). Further review of the facility assessment revealed no documented evidence that the facility considered input from residents, their representative(s), family members, and representatives of direct care staff when formulating their assessment. Interview on May 29, 2026, at 10:50 a.m. with Nursing Home Administrator, Employee E1, confirmed no documentation was available to support evidence of active involvement from direct care staff or input from residents. 28 Pa. Code 201.14 (a) Responsibility of licensee.		