

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395891	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Laurel View Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Cambridge Drive Davidsville, PA 15928	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on review of clinical records and investigation documents, as well as staff interviews, it was determined that the facility failed to ensure that clinical records were complete and accurately documented for one of three residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated April 29, 2025, indicated that the resident was cognitively impaired, was dependent on staff for daily care tasks, and had a history of falls.</p> <p>A nursing note for Resident 3, dated May 19, 2025, at 4:47 p.m. revealed that it was a follow-up to a fall earlier in the day, and the resident was now complaining of shoulder pain.</p> <p>Facility investigation documents for Resident 3 revealed that the resident fell on May 19, 2025, at 9:00 a.m. and had a skin tear on the back of the left hand. The investigation document included an assessment of the resident's fall and injury; however, there was no documented evidence of this assessment in the resident's clinical record.</p> <p>Interview with the Nursing Home Administrator on May 28, 2025, at 11:27 a.m. confirmed that although a registered nurse assessed Resident 3 on May 19, 2025, at 9:02 a.m. and documented the assessment in the investigation documents, the investigation documents were not part of the resident's clinical record.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services.</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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