

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Pioneer Valley Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 573 Granby Rd South Hadley, MA 01075	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>37086</p> <p>Based on records reviewed and interviews, the Facility, (who had an in-house census of 118 residents) failed to ensure the Director of Nurses (DON) did not serve as a charge nurse on a unit, when their daily occupancy rate was greater than 60 residents.</p> <p>Findings include:</p> <p>Review of the Facility's Job Description for the Director of Nurses, dated 12/2022, indicated the purpose of this position is to plan, organize, develop, and direct the overall operations of the Nursing Service Department in accordance with federal, state, and local standards, guidelines and regulations that govern our facility, and may be directed by the administrator, the Medical Director, and/or the Director of Nursing Services, to ensure that the highest degree of quality care is maintained at all times.</p> <p>Review of the Census Daily Report, dated 07/11/24, indicated the Facility Census was 118 and the total capacity was 132.</p> <p>Review of the Nursing Daily Schedule, dated 07/10/24, indicated the DON worked as a charge nurse on a unit, for the 7:00 A.M. through 3:00 P.M. shift.</p> <p>Review of the Nursing Daily Schedule, dated 07/11/24, indicated the DON worked as a charge nurse on a unit, from 7:00 A.M. through 11:00 A.M.</p> <p>During an interview on 07/11/24 at 7:25 A.M., the Director of Nurses (DON) said that she had to work as a charge nurse on a unit on 07/10/24 and 07/11/24 because of everything that happened since Monday (07/08/24). The DON said they had lost a lot of nursing staff in a short period of time, and she had to help where she was needed.</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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