

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER York North Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 Barley Road York, PA 17408	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>47966</p> <p>Based on observations, policy review, and resident and staff interviews, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for one out of five nursing units (Medbridge).</p> <p>Findings Include:</p> <p>Review of the facility's policy, titled NSG101 Call Lights, last review date February 1, 2023, revealed the following: Staff will respond to call lights and communication devices promptly.</p> <p>During an observation on April 23, 2024, at 10:47 AM, Resident 1's call light was noted to be on. The call light remained on until a staff member entered the room at 11:33 AM.</p> <p>During an interview with Resident 1, she stated that her call light was on because she needed to be toileted and expressed concern regarding the wait time for staff response.</p> <p>During an observation on April 23, 2024, at 10:47 AM, Resident 3's call light was noted to be on.</p> <p>On April 23, 2024, at 11:17 AM, a Nurse Aide entered Resident 3's room and proceeded to answer the Resident's call light.</p> <p>During an interview with Resident 3 on April 23, 2024, at 10:55 AM, he revealed that his call light was on because he had to use the rest room, and that staff always take a long time to answer his call light. Resident 3 revealed that he is not incontinent, but is often wet by the time staff arrive to answer his call light.</p> <p>During an observation on April 23, 2024, at 10:49 AM, Resident 8's call light was noted to be on. The call light remained on until a staff member entered the room at 11:23 AM.</p> <p>During an observation on April 23, 2024, at 10:47 AM, Resident 10's call light was noted to be on.</p> <p>On April 23, 2024, at 11:33 AM, a Nurse Aide entered Resident 10's room and proceeded to answer the Resident's call light.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Nursing Home Administrator and the Director of Nursing on April 23, 2024, at 2:00 PM, they revealed that the call bell response times noted above were not appropriate and would have expected them to have been answered sooner.</p> <p>28 Pa. Code 211.12 (a)(c)(d)(4)(5) Nursing Services</p> <p>28 Pa. Code 201.18 (e)(1)(2)(3)(6) Management</p>		