

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395589	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER Mount Carmel Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 2616 Locust Gap Highway MT Carmel, PA 17851	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>18229</p> <p>Based on observation, review of posted daily nurse staffing data, and staff interview, it was determined that the facility failed to ensure daily nurse staff data was accurately posted.</p> <p>Findings include:</p> <p>Observation on January 2, 2024, at 12:52 PM revealed the facility's posted nursing time noted 11 nurse aides were working dayshift. Observation of the facility on January 2, 2024, revealed there were only 10 nurse aides working on the dayshift. Further review of the posted nursing time noted 88 nurse aide hours on the dayshift. Review of the facility's schedules for January 2, 2024, revealed there were only 70 actual nurse aide hours worked on the dayshift.</p> <p>Interview with the Director of Nursing on January 2, 2024, at 12:59 PM confirmed these findings.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</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
---	-------	-----------