

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395682	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Providence Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Third Ave Beaver Falls, PA 15010	

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 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>27424</p> <p>Based on review of facility documentation and interviews with staff it was determined that the facility failed to maintain and implement an effective, quality assurance and performance improvement program that focuses on outcome as required by failing to implement a QAPI for staffing for LPN's.</p> <p>Finding include:</p> <p>Review of Plan of Correction for PA State tag 5530 indicated: Facility Administration will ensure a minimum of one license practical nurse per 25 residents during day shift and 30 residents during the evening shift.</p> <p>The facility staffing schedule was reviewed to ensure that it provided the necessary coverage of License practical nurses per regulation.</p> <p>To prevent this from happening again the facility Administrator, Director of Nursing and Scheduler will conduct a staffing meeting to review staffing ratios weekly times four weeks then monthly times two month.</p> <p>Regional Director of Clinical Services will educate the facility Administrator, Director of Nursing and scheduler on the LPN staffing ratios implemented on 07/01/2023.</p> <p>The Nursing Home Administrator or designee will educate the licensed staff on the facility call off policy.</p> <p>To monitor and maintain ongoing compliance the Director of Nursing/designee will audit staffing weekly times four weeks then monthly times two months.</p> <p>Results will be taken to the QAPI for review and revision as needed.</p> <p>Review of the Plan of correction dated 9/12/24, and accepted by the state survey agency on 9/20/24, indicated that the facility would monitor and maintain ongoing compliance the Director of Nursing/designee will audit staffing weekly times four weeks then monthly time two months. Results will be taken to the QAPI for review and revision as needed.</p> <p>Review of staffing sheets from 9/21/24, indicated the following:</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 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>9/21/24 - census 127 needed 5.08 had 3.00. Day shift.</p> <p>09/21/24 - census 128 needed 4.27 had 4.00. Evening shift</p> <p>9/22/24- census 128 needed 5.12 had 4.00. Day shift.</p> <p>9/22/24- census- 128 needed 4.27 had 4.00. Evening shift.</p> <p>9/23/24 - census 128 needed 5.12 had 5.00. Day shift.</p> <p>During an interview on 9/25/24, at 1:59 pm Assistant Director of Nursing confirmed that the facility failed to maintain and implement an effective, quality assurance and performance improvement program by failing to implement a QAPI plan for LPN's.</p> <p>28 Pa. Code 201.14(a)Responsibility of licensee.</p> <p>28 Pa. Code 201.18(a)(b)(3)e(1)(3)(4)Management.</p>