

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395003	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/03/2025
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NAME OF PROVIDER OR SUPPLIER: QUALITY LIFE SERVICES - NEW CASTLE STATE LICENSE NUMBER: 850302	STREET ADDRESS, CITY, STATE, ZIP CODE: 520 FRIENDSHIP STREET NEW CASTLE, PA 16101
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P 5520		P 5520		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	The facility was unable to make corrective action for the (nurse aide ratio) for identified days that have already passed. All residents received care in accordance with their care plans and physician orders. 2. Director of nursing or designee will re-educate the labor manager and the Registered nurse supervisors on the 7/1/2024 requirements for Nurse aide ratios. 3. Facility continues to offer incentives, competitive wages, and several other benefits in an effort to hire for all open positions. 4. Nursing home administrator, Director of Nursing, and Labor manager will conduct daily staffing meetings Monday – Friday to review (nurse aide ratios) throughout the day, the following day, and the weekend. In the event of vacancies the Labor Manager or designee will follow staffing policies including offering open shifts to internal staff, contracted agency staff, and offering current staff to stay extra or start earlier.	Completion Date: 03/27/2025 Status: APPROVED Date: 01/14/2025

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P 5520	Continued from page 2	P 5520	5 Nursing Home Administrator or designee will audit daily staffing ratios and along with all steps taken to fill vacancies 5 days a week and ongoing. 6.Results of the audits will be reviewed and recorded in the monthly Quality Assurance Performance Improvement meeting.	

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P 5520	Continued from page 3 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to meet the Nurse Aide (NA) ratios of one NA per 10 residents on the day shift for one of 14 days (12/07/24); and one NA per 11 residents on the evening shift for one of 14 days (12/06/24); and one NA per 15 residents on the overnight shift for five of 14 days reviewed (12/02/24, 12/05/24, 12/06/24, 12/07/24, and 12/14/24) Findings include: Review of facility nursing staffing documents for the time period from 12/01/24, through 12/14/24, revealed the following NA staffing shortage for the day shift where the NA ratios were not met: 12/07/24 census of 134 residents 13.27 NAs worked and 13.40 were required Review of facility nursing staffing documents for the	P 5520		

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P 5520	Continued from page 4 time period from 12/14/24, through 12/27/24, revealed the following NA staffing shortages for the evening shift where the NA ratios were not met: 12/06/24 census of 136 residents 11.97 NAs worked and 12.36 were required Review of facility nursing staffing documents for the time period from 12/14/24, through 12/27/24, revealed the following NA staffing shortages for the overnight shift where the NA ratios were not met: 12/02/24 census of 135 residents 6.70 NAs worked and 9.00 were required 12/05/24 census of 137 residents 7.10 NAs worked and 9.13 were required 12/06/24 census of 136 residents 7.20 NAs worked and 9.07 were required 12/07/24 census of 134 residents 8.30 NAs worked and 8.93 were required 12/14/24 census of 132 residents 8.13 NAs worked and 8.80 were required	P 5520		

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P 5520	Continued from page 5 During interview on 1/03/25, at approximately 3:30 p.m. the Nursing Home Administrator confirmed that the facility did not meet the minimum NA ratios for the above days and shifts.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 6 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	The facility was unable to make corrective action for the (Licensed Practical Nurse ratio) for identified days that have already passed. All residents received care in accordance with their care plans and physician orders. 2. Director of nursing or designee will re-educate the labor manager and the RN supervisors on the 7/1/2024 Licensed Practical Nurse ratio requirements. 3. Facility continues to offer incentives, competitive wages, and several other benefits in an effort to hire for all open positions. 4. Nursing Home Administrator, Director of Nursing, and Labor manager will conduct daily staffing meetings Monday – Friday to review (Licensed Practical Nurse ratios) throughout the day, the following day, and the weekend. In the event of vacancies the Labor Manager or designee will follow staffing policies including offering open shifts to internal staff, contracted agency staff, and offering current staff to stay extra or start earlier.	Completion Date: 03/27/2025 Status: APPROVED Date: 01/14/2025

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P 5530	Continued from page 7	P 5530	5. Nursing Home Administrator or designee will audit daily staffing ratios along with all steps taken to fill vacancies 5 days a week and ongoing. 6. Results of the audits will be reviewed and recorded in the monthly Quality Assurance Performance Improvement meeting.	

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P 5530	Continued from page 8 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Licensed Practical Nurse (LPN) per 25 residents on day shift for one of 14 days (12/10/24); and a minimum of one LPN per 40 residents on overnight shift for five of 14 days reviewed for staffing ratio (12/03/24, 12/06/24, 12/07/24, 12/10/24 and 12/14/24) . Findings include: Review of facility nursing staffing documents for the time period from 12/01/24, through 12/14/24, revealed the following LPN staffing shortage for the day shift where the LPN ratios were not met: 12/10/24 census of 132 residents 5.00 LPNs worked and 5.28 were required Review of facility nursing staffing documents for the time period from 12/01/24, through 12/14/24,	P 5530		

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P 5530	Continued from page 9 revealed the following LPN staffing shortages for the overnight shift where the LPN ratios were not met: 12/03/24 census 136 residents 3.16 LPNs worked and 3.40 were required 12/06/24 census 136 residents 2.94 LPNs worked and 3.40 were required 12/07/24 census 134 residents 3.22 LPNs worked and 3.35 were required 12/10/24 census 132 residents 3.00 LPNs worked and 3.30 were required 12/14/24 census 132 residents 3.00 LPNs worked and 3.30 were required During interview on 1/03/25, at approximately 3:30 p.m. the Nursing Home Administrator confirmed that the facility did not meet the minimum LPN ratios for the above days and shifts.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 10 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	The facility was unable to make corrective action for the minimum number of general nursing care hours for the identified days that have already passed. All residents received care in accordance with their care plans and physician orders. 2. Director of nursing or designee will re-educate the labor manager and the RN supervisors on the 7/1/2024 for PPD requirements. 3. Facility continues to offer incentives, competitive wages, and several other benefits in an effort to hire for all open positions. 4. Nursing Home Administrator, Director of Nursing, and Labor manager will conduct daily staffing meetings Monday – Friday to review nursing staffing throughout the day, the following day, and the weekend. In the event of vacancies, the Labor manager or Designee will follow staffing policies including offering open shifts to internal staff, contracted agency staff, and offering current staff to stay extra or start earlier to ensure shifts are filled and	Completion Date: 03/27/2025 Status: APPROVED Date: 01/14/2025

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P 5640	Continued from page 11	P 5640	<p>facility meets PPD requirements.</p> <p>5.Nursing Home Administrator or designee will audit daily staffing PPD along with all steps taken to fill vacancies 5 days a week and ongoing.</p> <p>6.Results of the audits will be reviewed and recorded in the monthly Quality Assurance Performance Improvement meeting.</p>	

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P 5640	Continued from page 12 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to meet the 3.2 minimum number of general nursing care hours for each 24 hour period for two of 14 days reviewed (12/06/24 and 12/11/24). Findings include: Review of facility nursing staffing documents for the time period from 12/01/24 through 12/14/24, revealed the following general nursing care hours was below the minimum 3.2 per patient day (PPD) on the following days: 12/06/24 2.96 PPD 12/11/24 3.16 PPD During a telephone interview on 1/03/25, at approximately 3:30 p.m. the Nursing Home Administrator confirmed the facility did not meet the 3.2 PPD minimum direct nursing care hours on the	P 5640		

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P 5640	Continued from page 13 above dates.	P 5640			



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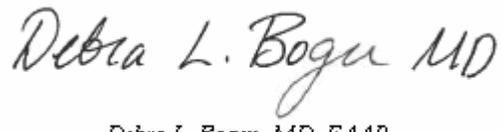
QUALITY LIFE SERVICES - NEW CASTLE

STATE LICENSE NUMBER: 850302

SURVEY EXIT DATE: 01/03/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY