STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395010	A. BLDG: 00 B. WING:	01/31/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
NESHAMINY MANOR HOME STATE LICENSE NUMBER: **140202**	**1660 EASTON ROAD** **WARRINGTON, PA 18976**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on a Medicare/Medicaid Recertification survey, State Licensure survey, and a Civil Rights survey completed on January 31, 2025, at Neshaminy Manor Home, it was determined there were no deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities as it related to the Health portion of the survey process; however, the facility was not in compliance with the following requirements of 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 5530	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	Director of Nursing will in-service Staffing Coordinator, ADON's, Nursing Supervisors and Unit Managers regarding minimum staffing to resident ratios on all shifts. Director of Nursing, Administrator, Associate Administrator, Staffing Coordinators, and ADON's will continue to review staffing daily to ensure facility meets staffing ratios. DON will report any shift that does not meet the minimum LPN requirements to the Administrator. Director of Nursing/Designee will continue to actively pursue applicants for nursing positions to assure staffing to resident ratios are met every shift. Staffing to resident ratios will be reviewed at QAPI meetings.	Completion Date: **03/25/2025** Status: **APPROVED** Date: **02/05/2025**

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

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P 5530	Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed practical nurse (LPN) to resident ratios for one of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from October 1 to 7, 2024, January 1 to 7, 2025, and January 24 to 30, 2025, revealed the following: The facility failed to meet the minimum LPN to resident ratio of one LPN for 25 residents on day shift (7:00 a.m. to 3:00 p.m.) on October 6, 2024. The facility failed to meet the minimum LPN to resident ratio of one LPN for 40 residents on night shift (11:00 p.m. to 7:00 a.m.) on October 6, 2024.	P 5530		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5640	Continued from page 2 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	Director of Nursing will in-service Staffing Coordinator, ADON's, Nursing Supervisors and Unit Managers regarding minimum of 3.2 hours of direct resident care for each resident. Director of Nursing, Administrator, Associate Administrator, Staffing Coordinators, and ADON's will continue to review staffing daily to ensure facility meets staffing ratios. DON will report anytime the minimum of 3.2 hours of direct care for the entire facility to the Administrator. Director of Nursing/Designee will continue to actively pursue applicants for nursing positions to assure staffing to resident ratios are met every shift. Staffing to resident ratios will be reviewed at QAPI meetings.	Completion Date: **03/25/2025** Status: **APPROVED** Date: **02/05/2025**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5640	Continued from page 3 Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for one of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from October 1 to 7, 2024, January 1 to 7, 2025, and January 24 to 30, 2025, revealed the following total nursing care hours below minimum requirements: Sunday, October 6, 2024: 3.08 care hours per resident.	P 5640		

Certified End Page

NESHAMINY MANOR HOME

STATE LICENSE NUMBER: 140202

SURVEY EXIT DATE: 01/31/2025

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
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