

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395011</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/24/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PLATINUM RIDGE CENTER FOR REHABILITATION AND HEALING</b>  STATE LICENSE NUMBER: <b>070302</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1050 BROADVIEW BOULEVARD BRACKENRIDGE, PA 15014</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	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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F 0000	Continued from page 1  Based on a revisit survey completed on January 24, 2025, it was determined that Platinum Ridge Center for Rehab and Healing corrected the deficiencies cited during the survey of December 19, 2024 under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and one deficiency under the requirements of the 28 Pa, Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations, however, has two continuing deficiencies under the requirements of the 28 Pa, Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

Pennsylvania Department of Health

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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	There were no adverse effects to the residents of our facility as a result of the decreased nurse aide ratio on 1/20/25.  The Director of Nursing, Human Resources, and the Schedule will be re-educated on new July 1 nurse aide to resident ratios by the Nursing Home Administrator or designee. To ensure sufficient nursing aide staffing ratios to comply with state laws, staffing meetings will be held 3 days a week to review staffing and the projected nursing assistant staff ratios for the current day, as well as the upcoming week. If projected staffing levels are below the required minimum staffing ratios, then the facility will reach out to current staff and to the staffing agencies to enlist staff to meet the minimum staffing and ratio requirement.  Facility will continue to recruit CNAs through all platforms and utilize bonuses and outside staffing agencies. Audits of nurse aide ratios will be completed weekly x4 by the	Completion Date: <b>02/25/2025</b> Status: <b>APPROVED</b> Date: <b>01/27/2025</b>

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P 5520	Continued from page 2	P 5520	NHA/designee to ensure nurse aide ratios are met. Results of the audits will be reported to our QAPI committee monthly for review and recommendations.	

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P 5520	<p>Continued from page 3</p> <p>Based on a review of staffing documents provided by the facility and staff interview, it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the day shift for one of seven days (1/20/25) and one NA per 11 residents on the evening shift on one of seven days (1/20/25) as required.</p> <p>Findings include:</p> <p>A review of facility staffing documents provided by the facility from 1/14/25 through 1/20/25, revealed the facility failed to provide NA on the following shifts as required:</p> <p>Day shift:</p> <table border="1" data-bbox="185 1360 786 1514"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Actual hours</th> <th>Hours required</th> </tr> </thead> <tbody> <tr> <td>1/20/25</td> <td>88</td> <td>64.06</td> <td>66.00</td> </tr> </tbody> </table>	Date	Census	Actual hours	Hours required	1/20/25	88	64.06	66.00	P 5520		
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1/20/25	88	64.06	66.00									

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P 5520	Continued from page 4  Evening shift:  Date            Census            Actual hours            Hours required  1/20/25        88            46.19            60.00  During an interview on 1/24/25 at 9:30 a.m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the above shifts as required.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 5  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	There were no effects to the residents of our facility as a result of decreased licensed nurse staffing ratios on 1/17/25.  The Director of Nursing, Human Resources, and the Scheduler will be re-educated on the New July 1 licensed nurse to resident ratios by the Nursing Home Administrator or Designee. Staffing meetings will be held 3 days a week to review the licensed nursing staff ratios for the previous and current day, as well as the upcoming week to ensure appropriate staffing levels. If projected staffing levels are below the state mandated ratios, then the facility will reach out to current staff and to the staffing agencies to enlist staff to meet the minimum requirement. Facility will continue to recruit nursing staff through all platforms as well as utilize bonus structures and outside agencies.  Audits of licensed nursing staff will be completed weekly x4 by the NHA/Designee to ensure licensed	Completion Date: <b>02/25/2025</b> Status: <b>APPROVED</b> Date: <b>01/27/2025</b>

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P 5530	Continued from page 6	P 5530	staff ratios meet the state minimums. Results of the audits will be reported to our QAPI committee monthly for review and recommendations.	

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P 5530	Continued from page 7  Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 30 residents on the evening shift on one of seven days (1/17/25).  Findings include:  Review of facility census data and nursing time schedules from 1/14/25 through 1/20/25, revealed the following LPN staffing shortage:  Evening shift:  1/17/25      census 84    17.26 actual hours 21.70 hours required.  During an interview on 1/24/25, at 9:30 a.m. the Nursing Home Administrator confirmed the facility failed to provide the minimum of LPN's on the above day as required.	P 5530		



# Certified End Page

**PLATINUM RIDGE CENTER FOR REHABILITATION AND HEALING**

**STATE LICENSE NUMBER: 070302**

**SURVEY EXIT DATE: 01/24/2025**

**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