

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
NAME OF PROVIDER OR SUPPLIER: ELDERCREST REHABILITATION & HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 2600 WEST RUN ROAD MUNHALL, PA 15120		
STATE LICENSE NUMBER: 050302				
(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 Based on a revisit survey completed on January 8, 2025, it was determined that Eldercrest Healthcare and Rehabilitation Center corrected the deficiencies cited during the survey of November 27, 2024, under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities, however, has two areas of continued non-compliance under the requirements of the 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 5510	<p>Nursing services.</p> <p>(2) Effective July 1, 2023, a minimum of 1 nurse aide per 12 residents during the day, 1 nurse aide per 12 residents during the evening, and 1 nurse aide per 20 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5510	<p>Nursing Home Administrator will re-educate the Director of Nursing and Scheduler on CNA staffing ratios regulation effective July 1, 2024.</p> <p>Nursing Home Administrator/Designee will audit staffing sheets weekly for four weeks to identify CNA ratio is met during staffing meeting. Moving forward, the Nursing Home Administrator/Designee will monitor staffing sheets.</p> <p>Nursing Home Administrator/designee is reviewing all current staffing contracts to ensure most up to date rates are in place and has posted open positions on employment platform. Findings will be reported to QAPI.</p>	<p>Completion Date: 02/10/2025</p> <p>Status: APPROVED</p> <p>Date: 01/22/2025</p>
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P 5510	<p>Continued from page 1</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 daylight shift for four of six day (1/3/25 through 1/6/25), one NA per 11 residents on the second shift for two of six days (1/2/25 and 1/7/25) and one NA per 15 residents on the night shift on one of six days (1/5/25) as required.</p> <p>Findings include:</p> <p>A review of facility staffing documents provided by the facility from 1/2/25 through 1/7/25, revealed the facility failed to provide NA on the following shifts as required:</p> <p>Daylight shift:</p> <table border="0" data-bbox="185 1438 786 1512"> <tr> <td>Date</td> <td>Census</td> <td>Actual hours</td> <td>Hours required</td> </tr> </table>	Date	Census	Actual hours	Hours required	P 5510		
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P 5510	<p>Continued from page 2</p> <table border="0"> <tr> <td>1/3/25</td> <td>41</td> <td>24.00</td> <td>32.80</td> </tr> <tr> <td>1/4/25</td> <td>39</td> <td>24.00</td> <td>31.00</td> </tr> <tr> <td>1/5/25</td> <td>36</td> <td>24.00</td> <td>28.80</td> </tr> <tr> <td>1/6/25</td> <td>37</td> <td>16.00</td> <td>29.60</td> </tr> </table> <p>Evening shift:</p> <table border="0"> <tr> <td>Date</td> <td>Census</td> <td>Actual hours</td> <td>Hours required</td> </tr> <tr> <td>1/2/25</td> <td>40</td> <td>28.00</td> <td>29.09</td> </tr> <tr> <td>1/7/25</td> <td>37</td> <td>24.00</td> <td>26.91</td> </tr> </table> <p>Night shift:</p> <table border="0"> <tr> <td>Date</td> <td>Census</td> <td>Actual hours</td> <td>Hours required</td> </tr> <tr> <td>1/5/25</td> <td>36</td> <td>16.00</td> <td>19.20</td> </tr> </table> <p>During an interview on 1/8/25 at 11:20 a.m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the</p>	1/3/25	41	24.00	32.80	1/4/25	39	24.00	31.00	1/5/25	36	24.00	28.80	1/6/25	37	16.00	29.60	Date	Census	Actual hours	Hours required	1/2/25	40	28.00	29.09	1/7/25	37	24.00	26.91	Date	Census	Actual hours	Hours required	1/5/25	36	16.00	19.20	P 5510		
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P 5510	Continued from page 3 above shifts as required.	P 5510		
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	Nursing Home Administrator will re-educate the Director of Nursing and Scheduler on LPN staffing ratios regulation effective July 1, 2024. Nursing Home Administrator/Designee will audit staffing sheets weekly for four weeks to identify LPN ratio is met during staffing meeting. Moving forward, the Nursing Home Administrator/designee will monitor staffing sheets. Nursing Home Administrator/Designee is reviewing all current staffing contracts to ensure the most up to date rates are in place and has posted open positions on the employment platform. Findings will be reported to QAPI.	Completion Date: 02/10/2025 Status: APPROVED Date: 01/22/2025

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P 5530	Continued from page 4 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 25 residents on the day shift on five of six days (1/2/25 through 1/4/25, 1/6/25 and 1/7/25) one LPN per 30 residents on the evening shift for six of six days (1/2/25 through 1/7/25 and one LPN per 40 residents on the night shift on six of six days (1/2/25 through 1/7/25) as required. Findings include: A review of facility staffing documents provided by the facility from 1/2/25 through 1/7/25, revealed the facility failed to provide LPN on the following shifts as required: Daylight shift: Date Census Actual hours Hours required	P 5530		

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Pennsylvania Department of Health

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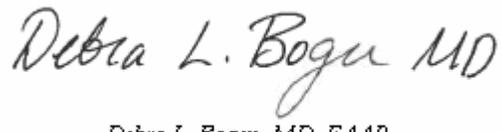
ELDERCREST REHABILITATION & HEALTHCARE CENTER

STATE LICENSE NUMBER: 050302

SURVEY EXIT DATE: 01/08/2025

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