

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395135	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/19/2025
NAME OF PROVIDER OR SUPPLIER: PENNYPACK NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 8015 LAWNDALE STREET PHILADELPHIA, PA 19111		
STATE LICENSE NUMBER: 941002				
(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 an Abbreviated Survey in response to a complaint, completed on March 19, 2025, it was determined that Pennypack Nursing and Rehabilitation Center, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations, related to the health portion of the survey process.	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>1.The facility reviewed the CNA ratios from March 6, 2025 through March 10, 2025. No grievance or residents care were affected on those dates due to staffing ratios.</p> <p>2.Other days were reviewed to see if ratios were met and if care levels were affected.</p> <p>3.Scheduling coordinator will be educated on CNA ratios for day shift, evening shift, and night shift. Facility will attempt with every reasonable resource to ensure ratios are met</p> <p>4.DON/designee will conduct daily audits to verify CNA ratios for all shifts weekly x 4 weeks. Results will be presented to QAPI</p>	<p>Completion Date: 06/15/2025</p> <p>Status: APPROVED</p> <p>Date: 04/04/2025</p>

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P 5510	Continued from page 1 Based on a review of nursing time schedules and staff interview, it was determined that the facility failed to meet the minimum nursing staff to resident ratios for 7 of 15 shifts reviewed. (March 6, 2025-March 10, 2025). Findings include: A review of the nursing schedules from March 6, 2025, through March 10, 2025, revealed that the facility failed to meet the minimum nursing staff to resident ratios of one nurse aide (NA) per 10 residents on day shift for March 7, 2025; March 8, 2025; March 9, 2025. A review of the nursing schedules from March 6, 2025, through March 10, 2025, revealed that the facility failed to meet the minimum nursing staff to resident ratios of one nurse aide (NA) per 11 residents on evening shift for March 7, 2025; and March 9, 2025. A review of the nursing schedules from March 6,	P 5510		

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P 5510	<p>Continued from page 2</p> <p>2025, through March 10, 2025, revealed that the facility failed to meet the minimum nursing staff to resident ratios of one nurse aide (NA) per 15 residents on overnight shift for March 6, 2025; and March 8, 2025.</p> <p>On March 6, 2025, the facility had only 20.53 hours of Nurse Aide Service on the Overnight Shift, versus the minimum required 24 hours of Nurse Aide Service for a census of 48.</p> <p>On March 7, 2025, the facility had only 31.85 hours of Nurse Aide Service on the Day Shift, versus the minimum required 36 hours of Nurse Aide Service for a census of 48.</p> <p>On March 7, 2025, the facility had only 32.35 hours of Nurse Aide Service on the Evening Shift, versus the minimum required 32.73 hours of Nurse Aide Service for a census of 48.</p> <p>On March 8, 2025, the facility had only 31.66 hours of Nurse Aide Service on the Day Shift, versus the</p>	P 5510		

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P 5510	<p>Continued from page 3</p> <p>minimum required 31.75 hours of Nurse Aide Service for a census of 49.</p> <p>On March 8, 2025, the facility had only 19.47 hours of Nurse Aide Service on the Overnight Shift, versus the minimum required 24.50 hours of Nurse Aide Service for a census of 48.</p> <p>On March 9, 2025, the facility had only 31.42 hours of Nurse Aide Service on the Day Shift, versus the minimum required 37.50 hours of Nurse Aide Service for a census of 50.</p> <p>On March 9, 2025, the facility had only 32.23 hours of Nurse Aide Service on the Evening Shift, versus the minimum required 34.09 hours of Nurse Aide Service for a census of 50.</p> <p>In an interview on March 19, 2025, at 2:23 p.m., the Administrator and Director of Nursing confirmed that the facility did not meet the minimum nursing staff to resident ratios for the above-mentioned dates.</p>	P 5510		

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P 5510	Continued from page 4	P 5510		
P 5530	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5530	<p>1.The facility reviewed the LPN ratios for March 8th, 9th, and 10th. No grievance or residents care were affected on those dates due to staffing ratios.</p> <p>2.Other days were reviewed to see if ratios were met and if care levels were affected.</p> <p>3.Scheduling coordinator will be educated on LPN ratios for day shift, evening shift, and night shift. Facility will attempt with every reasonable resource to ensure ratios are met</p> <p>4.DON/designee will conduct daily audits to verify LPN ratios for all shifts weekly x 4 weeks. Results will be presented to QAPI</p>	<p>Completion Date: 06/15/2025 Status: APPROVED Date: 04/04/2025</p>

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P 5530	Continued from page 5 Based on a review of nursing time schedules and staff interview, it was determined that the facility failed to meet the minimum nursing staff resident ratios for Licensed Practical Nurse (LPN) for 3 of 15 shifts reviewed. (March 6, 2025- March 10, 2025) Findings include: A review of the nursing schedules from March 6, 2025, through March 10, 2025, revealed that the facility failed to meet the minimum nursing staff to resident ratios of one Licensed Practical Nurse (LPN) per 25 residents on Day Shift for March 8, 2025; March 9, 2025; and March 10, 2025. On March 8, 2025, the facility had only 15.50 hours of Licensed Practical Nurse Service on the Day Shift, versus the minimum required 15.68 hours of Licensed Practical Nurse Service for a census of 49. On March 9, 2025, the facility had only 15.73 hours	P 5530		

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P 5530	Continued from page 6 of Licensed Practical Nurse Service on the Day Shift, versus the minimum required 16.00 hours of Licensed Practical Nurse Service for a census of 50. On March 10, 2025, the facility had only 15.68 hours of Licensed Practical Nurse Service on the Day Shift, versus the minimum required 16.00 hours of Licensed Practical Nurse Service for a census of 50. In an interview on March 19, 2025, at 2:23 p.m., the Administrator and Director of Nursing confirmed that the facility did not meet the minimum nursing staff to resident ratios for the above-mentioned dates.	P 5530		
P 5540		P 5540		

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P 5540	Continued from page 7 Nursing services. (5) Effective July 1, 2023, a minimum of 1 RN per 250 residents during all shifts. This REGULATION is not met as evidenced by:	P 5540	1.The facility reviewed the RN ratios from March 6, 2025 through March 10, 2025. No grievance or residents care were affected on those dates due to staffing ratios. 2.Other days were reviewed to see if ratios were met and if care levels were affected. 3.Scheduling coordinator will be educated on RN ratios for day shift, evening shift, and night shift. Facility will attempt with every reasonable resource to add an LPN in place of the RN due to the waiver related to our building size to ensure ratios are met 4.DON/designee will conduct daily audits to verify nursing ratios for all shifts weekly x 4 weeks. Results will be presented to QAPI	Completion Date: 06/15/2025 Status: APPROVED Date: 04/04/2025

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P 5540	Continued from page 8 Based on a review of nursing time schedules and staff interview, it was determined that the facility failed to meet the minimum nursing staff to resident ratios pf one Registered Nurse (RN) per 250 residents on overnight shift for 5 of 15 shifts reviewed. (March 6, 2025; March 7, 2025; March 8, 2025; March 9, 2025; and March 10, 2025) . Findings include: A review of the nursing schedules from March 6, 2025, through March 10, 2025, revealed that the facility failed to meet the minimum nursing staff to resident ratios of one Registered Nurse (RN) per 250 residents on overnight shift for March 6, 2025; March 7, 2025; March 8, 2025; March 9, 2025; and March 10, 2025. On March 6, 2025, the facility had only 1.59 hours of Registered Nurse Service on the Overnight Shift, versus the minimum required 8 hours of Registered Nurse Service for a census of 48. On March 7, 2025, the facility had only 0.83 hours	P 5540		

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P 5540	<p>Continued from page 9</p> <p>of Registered Nurse Service on the Overnight Shift, versus the minimum required 8 hours of Registered Nurse Service for a census of 48.</p> <p>On March 8, 2025, the facility had only 0.75 hours of Registered Nurse Service on the Overnight Shift, versus the minimum required 8 hours of Registered Nurse Service for a census of 49.</p> <p>On March 9, 2025, the facility had only 1.13 hours of Registered Nurse Service on the Overnight Shift, versus the minimum required 8 hours of Registered Nurse Service for a census of 50.</p> <p>On March 10, 2025, the facility had only 0.90 hours of Registered Nurse Service on the Overnight Shift, versus the minimum required 8 hours of Registered Nurse Service for a census of 50.</p> <p>In an interview on March 19, 2025, at 2:23 p.m., the Administrator and Director of Nursing confirmed that the facility did not meet the minimum nursing staff to resident ratios for the above-mentioned</p>	P 5540		

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P 5540	Continued from page 10 dates.	P 5540			



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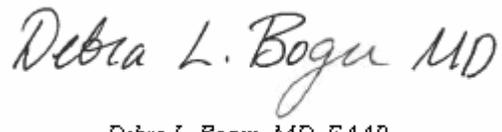
PENNYPACK NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 941002

SURVEY EXIT DATE: 03/19/2025

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