

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395172	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/30/2025
NAME OF PROVIDER OR SUPPLIER: MANOR AT PENN VILLAGE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE: 51 ROUTE 204 SELINGROVE, PA 17870		
STATE LICENSE NUMBER: 040302				
(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
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 cannot retroactively correct past Nursing aide ratios. The facility will continue to take measures to adequately provide nurse-aid staff to ensure the needs of the residents are met. Measures will be put in place to adequately provide staff with the required nurse aide to resident ratios. These measures include, continuing our retention committee, increased advertising efforts, utilization of agency staff, and sign on bonuses. The Director of Nursing/designee will educate minimum staffing ratios to RN Supervisors, HR, and the nursing scheduler who are responsible to maintain adequate staffing ratios. The Director of Nursing/designee will audit the daily schedules 5x week x 6 weeks to ensure that the minimum number of nurse aide staff to resident ratios have been scheduled. The results of the audits will be reviewed at the facilities QAPI meeting for recommendations.	Completion Date: 06/24/2025 Status: APPROVED Date: 05/13/2025

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P 5520	Continued from page 2 Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure a minimum of one nurse aide (NA) per 10 residents during the day shift for two of the 21 days reviewed, failed to ensure a minimum of one nurse aide per 11 residents on the evening shift for one of 21 days reviewed, and failed to ensure a minimum of one nurse aide per 15 residents during the overnight shift for four of the 21 days reviewed. Findings include: A review of nursing care hours provided by the facility from March 30, 2025, through April 5, 2025, April 14 to 20, 2025, and April 23 to 29, 2025, revealed the following: Day shift (requires one NA per 10 residents): April 20, 2025, census of 107 with 8.17 NAs, required 10.70 April 27, 2025, census of 108 with 10.00 NAs, required 10.80	P 5520		

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P 5520	Continued from page 3 Evening Shift (requires one NA per 11 residents): April 20, 2025, census of 107 with 9.23 NAs, required 9.73 Night shift (requires one NA per 15 residents): April 23, 2025, census of 107 with 6.27 NAs, required 7.13 April 27, 2025, census of 106 with 6.27 NAs, required 7.07 April 28, 2025, census of 107 with 5.80 NAs, required 7.13 April 29, 2025, census of 106 with 6.73 NAs, required 7.07 Interview with the Nursing Home Administrator and Director of Nursing on April 30, 2025, at 2:35 PM confirmed that the facility did not meet regulatory NA-to- resident ratios as evidenced above.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 4 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 cannot retroactively correct past PPD staffing levels. The facility will continue to take measures to adequately provide nursing staff to ensure the needs of the residents are met. Measures will be put in place to adequately provide staff. These measures include, continuing our retention committee, increased advertising efforts, utilization of agency staff, and sign on bonuses. The Director of Nursing/designee will educate ppd staffing levels to RN Supervisors, HR, and the nursing scheduler who are responsible to maintain adequate staffing ratios. The Director of Nursing/designee will audit the daily schedules 5x week x 6 weeks to ensure that the minimum PPD staffing levels have been scheduled. The results of the audits will be reviewed at the facilities QAPI meeting for recommendations.	Completion Date: 06/24/2025 Status: APPROVED Date: 05/13/2025

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P 5640	<p>Continued from page 5</p> <p>Based on review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure the total of nursing care hours provided in each 24-hour period was a minimum of 3.2 hours per patient day (PPD), effective July 1, 2024, for seven of the 21 days reviewed.</p> <p>Findings include:</p> <p>A review of nursing care hours provided by the facility from March 30, 2025, through April 5, 2025, April 14 to 20, 2025, and April 23 to 29, 2025, revealed the following:</p> <p>April 20, 2025, 2.76 April 23, 2025, 3.02 April 25, 2025, 3.07 April 26, 2025, 3.15 April 27, 2025, 2.94 April 28, 2025, 3.14 April 29, 2025, 3/12</p> <p>Interview with the Nursing Home Administrator and</p>	P 5640		

Pennsylvania Department of Health

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P 5640	Continued from page 6 Director of Nursing on April 30, 2025, at 2:35 PM confirmed that the facility did not meet regulatory daily hours PPD as evidenced above.	P 5640			

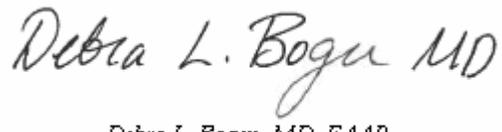


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MANOR AT PENN VILLAGE, THE
STATE LICENSE NUMBER: 040302
SURVEY EXIT DATE: 04/30/2025

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