

Pennsylvania Department of Health

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: 08/07/2025
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: MANOR AT PENN VILLAGE, THE STATE LICENSE NUMBER: 040302	STREET ADDRESS, CITY, STATE, ZIP CODE: 51 ROUTE 204 SELINGROVE, PA 17870
---	--

(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 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to two Complaints completed on August 7, 2025, at The Manor at Penn Village, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.	P 0000		
P 5520		P 5520		

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

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: 08/07/2025
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: 10/02/2025 Status: APPROVED Date: 08/20/2025

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: 08/07/2025
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 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 11 of 21 days reviewed, one NA per 11 residents during the evening shift for 19 of 21 days reviewed, and one NA per 15 residents during night shift for 19 of 21 days reviewed. Findings include: Review of nursing staff care hours provided by the facility for June 29, 2025, through July 5, 2025, July 13, 2025, through July 19, 2025, and August 1 through 7, 2025, revealed the following nurse aides scheduled for the resident census: Day shift (requires one NA per 10 residents): June 29, 2025, 8.44 NAs for a census of 103; requires 10.30 NAs June 30, 2025, 9.38 NAs for a census of 102; requires 10.20 NAs July 2, 2025, 9.38 NAs for a census of 103; requires 10.30 NAs July 4, 2025, 8.91 NAs for a census of 103; requires 10.30 NAs July 5, 2025, 8.44 NAs for a census of 99; requires 9.90 NAs July 13, 2025, 7.50 NAs for a census of 100; requires 10.00	P 5520		

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: 08/07/2025
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 3 NAs July 19, 2025, 6.50 NAs for a census of 98; requires 9.80 NAs August 2, 2025, 8.83 NAs for a census of 103; requires 10.30 NAs August 3, 2025, 8.88 NAs for a census of 103; requires 10.30 NAs August 4, 2025, 9.75 NAs for a census of 102; requires 10.20 NAs August 7, 2025, 9.38 NAs for a census of 101; requires 10.10 NAs Evening shift (requires one NA per 11 residents): June 29, 2025, 8.44 NAs for a census of 103; requires 9.36 NAs June 30, 2025, 8.44 NAs for a census of 102; requires 9.27 NAs July 2, 2025, 7.50 NAs for a census of 103; requires 9.36 NAs July 3, 2025, 8.44 NAs for a census of 104; requires 9.45 NAs July 4, 2025, 8.91 NAs for a census of 103; requires 9.36 NAs July 13, 2025, 8.44 NAs for a census of 100; requires 9.09 NAs July 14, 2025, 6.56 NAs for a census of 100; requires 9.09	P 5520		

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: 08/07/2025
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 4 NAs July 15, 2025, 8.00 NAs for a census of 101; requires 9.18 NAs July 16, 2025, 7.00 NAs for a census of 102; requires 9.27 NAs July 17, 2025, 8.44 NAs for a census of 102; requires 9.27 NAs July 18, 2025, 8.00 NAs for a census of 100; requires 9.09 NAs July 19, 2025, 7.00 NAs for a census of 98; requires 8.91 NAs August 1, 2025, 8.38 NAs for a census of 104; requires 9.45 NAs August 2, 2025, 8.38 NAs for a census of 103; requires 9.36 NAs August 3, 2025, 8.88 NAs for a census of 103; requires 9.36 NAs August 4, 2025, 8.00 NAs for a census of 102; requires 9.27 NAs August 5, 2025, 8.00 NAs for a census of 102; requires 9.27 NAs August 6, 2025, 8.91 NAs for a census of 103; requires 9.36 NAs August 7, 2025, 8.88 NAs for a census of 101; requires 9.18 NAs Night shift (requires one NA per 15 residents):	P 5520		

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: 08/07/2025
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 5 June 29, 2025, 5.16 NAs for a census of 103; requires 6.87 NAs June 30, 2025, 5.16 NAs for a census of 102; requires 6.80 NAs July 1, 2025, 4.69 NAs for a census of 101; requires 6.73 NAs July 2, 2025, 5.38 NAs for a census of 103; requires 6.87 NAs July 3, 2025, 6.56 NAs for a census of 104; requires 6.93 NAs July 4, 2025, 6.56 NAs for a census of 103; requires 6.87 NAs July 5, 2025, 6.56 NAs for a census of 99; requires 6.60 NAs July 13, 2025, 6.56 NAs for a census of 100; requires 6.67 NAs July 14, 2025, 6.50 NAs for a census of 100; requires 6.67 NAs July 15, 2025, 6.25 NAs for a census of 101; requires 6.73 NAs July 16, 2025, 5.38 NAs for a census of 102; requires 6.80 NAs July 17, 2025, 5.75 NAs for a census of 102; requires 6.80 NAs July 18, 2025, 6.50 NAs for a census of 100; requires 6.67 NAs July 19, 2025, 5.63 NAs for a census of 98; requires 6.53 NAs	P 5520		

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: 08/07/2025
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 6 August 1, 2025, 5.38 NAs for a census of 104; requires 6.93 NAs August 2, 2025, 6.25 NAs for a census of 103; requires 6.87 NAs August 3, 2025, 6.25 NAs for a census of 103; requires 6.87 NAs August 5, 2025, 5.38 NAs for a census of 102; requires 6.80 NAs August 7, 2025, 5.38 NAs for a census of 101; requires 6.73 NAs The above information was reviewed with the Nursing Home Administrator and Director of Nursing on August 8, 2025, at 11:29 AM	P 5520		
P 5640		P 5640		

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: 08/07/2025
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 5640	Continued from page 7 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: 10/02/2025 Status: APPROVED Date: 08/20/2025

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: 08/07/2025
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 5640	Continued from page 8 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 16 of 21 days reviewed. Findings include: Review of nursing staff care hours provided by the facility for June 29, 2025, through July 5, 2025, July 13, 2025, through July 19, 2025, and August 1 through 7, 2025, revealed that the facility failed to meet the minimum hours per patient day for the following days: June 29, 2025, with 3.11 hours per resident per day. June 30, 2025, with 3.10 hours per resident per day. July 1, 2025, with 3.16 hours per resident per day. July 2, 2025, with 3.01 hours per resident per day. July 3, 2025, with 3.17 hours per resident per day. July 4, 2025, with 3.16 hours per resident per day. July 13, 2025, with 2.92 hours per resident per day. July 14, 2025, with 3.03 hours per resident per day. July 16, 2025, with 3.03 hours per resident per day. July 19, 2025, with 2.70 hours per resident per day. August 1, 2025, with 3.15 hours per resident per day. August 2, 2025, with 2.91 hours per resident per day. August 3, 2025, with 3.17 hours per resident per day. August 4, 2025, with 3.20 hours per resident per day.	P 5640		

Pennsylvania Department of Health

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: 08/07/2025
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 5640	Continued from page 9 August 5, 2025, with 3.11 hours per resident per day. August 7, 2025, with 3.14 hours per resident per day. The above information was reviewed during an interview with the Nursing Home Administrator and Director of Nursing on August 8, 2025, at 11:29 AM	P 5640			

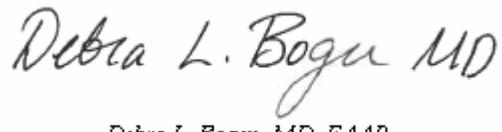


Certified End Page

MANOR AT PENN VILLAGE, THE
STATE LICENSE NUMBER: 040302
SURVEY EXIT DATE: 08/07/2025

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