STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395224	A. BLDG: 00 B. WING:	02/04/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
HAMILTON ARMS CENTER STATE LICENSE NUMBER: **080202**	**336 SOUTH WEST END AVENUE** **LANCASTER, PA 17603**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 February 4, 2025, it was determined that Hamilton Arms Center Nursing Home was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and 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	Nursing services. (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. This REGULATION is not met as evidenced by:	P 5510	1. The facility failed to maintain nurse aide ratios on multiple days and shifts. 2. Facility will need to maintain 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. Calculation of shift ratios will be completed and reviewed daily for accuracy by the scheduler or designee. 3. The scheduler and nursing supervisors will be educated on these ratios. For staff call offs, every effort will be made to replace the call off using resources available including communicating with staff to replace the vacancy. Staffing patterns are projected at least one week in advance to enable ongoing efforts to fill any vacant shifts. 4. Daily audits will be conducted for 1 month. Audits will be conducted by the scheduler or designee. Results of audits will be reviewed by the QAPI committee. 5.Date Certain is 4-4-25	Completion Date: **04/04/2025** Status: **APPROVED** Date: **02/19/2025**

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

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P 5510	Continued from page 1 Based on review of facility staffing data, it was determined that the facility failed to ensure a minimum of one nurse aide per 10 residents on day shift, and one nurse aide per 15 residents on night shift for the dates of January 11 through and including January 25, 2025. Findings include: Review of dates January 11 through and including January 25, 2025, revealed the following dates on day shift did not meet the requirement of one nurse aide per 10 residents: January 19, 2025. Review of dates January 11 through and including January 25, 2025. revealed the following dates on night shift did not meet the requirement of one nurse aide per 15 residents: January 22, 2025. During an interview on February 04, 2025 at 1:45 p.m., the NHA confirmed that the facility did not meet the minimum required nursing aide staff to resident ratio on the days identified.	P 5510		

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P 5510	Continued from page 2	P 5510		
P 5530		P 5530		

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P 5530	Continued from page 3 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	1. The facility failed to maintain LPN ratio on January 18th, 2025. 2. The facility will need to maintain 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. Calculation of shift ratios will be completed and reviewed daily for accuracy by the scheduler or designee. 3. The scheduler and nursing supervisors will be educated on these ratios. For staff call offs, every effort will be made to replace the call off using resources available including communicating with staff to replace the vacancy. Staffing patterns are projected at least one week in advance to enable ongoing efforts to fill any vacant shifts. 4.Daily audits will be conducted for 1 month. Audits will be conducted by the scheduler or designee. Results of audits will be reviewed by the QAPI committee. 5. Date certain is 4-4-25	Completion Date: **04/04/2025** Status: **APPROVED** Date: **02/19/2025**

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P 5530	Continued from page 4 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed practical nurse (LPN) to resident ratio for one of fourteen days reviewed. Findings include: Review of nursing schedules from January 11, 2025 through January 25, 2025, revealed the following: The facility failed to meet the minimum LPN to resident ratio of one LPN per 25 residents on day shift (0700 a.m. to 3:00 p.m.) on January 18, 2025. During an interview on February 04, 2025 at 1:45 p.m., the NHA confirmed that the facility did not meet the minimum required nursing staff to resident ratio on the day identified.	P 5530		
P 5630		P 5630		

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P 5630	Continued from page 5 Nursing services. (1) Effective July 1, 2023, 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 2.87 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5630	1. The facility failed to maintain a minimum of 3.2 hours of direct resident care for each resident on multiple days and shifts. 2. Facility will need to maintain a PPD of 3.2 hours. Calculation of the PPD will be completed and reviewed daily for accuracy by the scheduler or designee. 3. The scheduler and nursing supervisor will be educated on the daily PPD. For staff call offs, every effort will be made to replace the call off using resources available including communicating with staff to replace the vacancy. Staffing patterns are projected at least one week in advance to enable ongoing efforts to fill any vacant shifts. 4.Daily audits will be conducted for 1 month. Audits will be conducted by the scheduler or designee. Results of audits will be reviewed by the QAPI committee. 5. Date certain is 4-4-25	Completion Date: **04/04/2025** Status: **APPROVED** Date: **02/19/2025**

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P 5630	Continued from page 6 Based on a review of nurse staffing and resident census it was determined the facility failed to provide minimum general nursing care hours to each resident on two out of the fourteen days reviewed. Findings include: A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 3.20 hours of general nursing care to each resident: January 18, 2025- 3.13 direct care nursing hours per resident. January 22, 2025- 3.07 direct care nursing hours per resident. The facility's general nursing hours were below minimum required levels on the dates noted above. An interview with the NHA on February 4, 2025, at approximately 1:45 PM confirmed that the facility failed to consistently provide minimum general	P 5630		

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P 5630	Continued from page 7 nursing care hours to each resident.	P 5630		

Certified End Page

HAMILTON ARMS CENTER

STATE LICENSE NUMBER: 080202

SURVEY EXIT DATE: 02/04/2025

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