

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395231	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/13/2024
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NAME OF PROVIDER OR SUPPLIER: HERMITAGE NURSING AND REHABILITATION STATE LICENSE NUMBER: 140702	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 CLARKSVILLE ROAD HERMITAGE, PA 16148
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P 0000	INITIAL COMMENT	P 0000		
P 5520	<p>Based on a Follow-up Survey completed on December 13, 2024, it was determined that Hermitage Nursing and Rehabilitation failed to correct all the deficiencies cited during the follow-up survey of September 20, 2024, and continued to be out of compliance with the following requirements of the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p>	P 5520		

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

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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	Preparation and submission of this plan of correction is required by state and federal law. This plan of correction does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding No residents were found to be negatively affected by the deficient practice of regulation. The facility will maintain 1 nurse aide for 10 residents on day shift, 1 nurse aide for 11 residents for evening shifts, and 1 nurse aide to 15 residents for night shift to meet minimum state regulation. as required and calculated by PA DOH Minimum Staffing Ratios. 1. The Administrator and/or designee will have a staffing meeting each business day morning, for four weeks to ensure the proper staff to resident ratios meet shift requirements according to current censuses. Census will be reviewed to ensure staff to resident ratio.	Completion Date: 01/22/2025 Status: APPROVED Date: 12/24/2024

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P 5520	Continued from page 2	P 5520	<p>2. The facility will utilize administrative staff that have certified Nurse Aide certification to maintain the required ratios for the CNA, in the event of unforeseen shortage of CNA.</p> <p>3. The Facility will utilize Open Shift program to make the schedule accessible to staff to see open shifts and pick them up.</p> <p>4. Administrator or designees will continue to recruit potential employees by placing ads on Indeed and other recruiting mediums, networking within the community through Facebook and other social media.</p> <p>5. Referral bonus will be offered to employees to encourage candidates to apply.</p> <p>6. The Administrator or designee will review the staffing concerns in monthly QAPI meetings as needed.</p>	

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P 5520	Continued from page 3	P 5520	<p>7. Scheduler and Nursing Supervisors will be re- educated on requirements of staff in order to meet mandatory resident to staff ratios.</p> <p>8. Nursing Supervisors will notify DON/ADON as soon as possible, of staff shortage needs in order to cover needs as possible.</p> <p>9. Active recruitment of employees at local medical facilities that are closing will be documented.</p> <p>10. All auditing of above process will be completed by NHA/DON, or designee, and documented 5 times weekly at a minimum.</p>	

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P 5520	Continued from page 4 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to meet the Nurse Aide (NA) ratios for one NA per 10 residents during the day shift for five of 14 days (11/23/24, 11/24/24, 11/29/24, 12/01/24, and 12/03/24); failed to meet one NA per 11 residents on the evening shift for six of 14 days (11/22/24, 11/23/24, 11/24/24, 11/28/24, 12/01/24, and 12/02/24); and failed to meet one NA per 15 residents on the overnight shift for four of 14 days (11/26/24, 11/28/24, 11/29/24, and 11/30/24). Findings include: Review of facility nursing staffing documents for the time period from 11/20/24, through 12/03/24, revealed the following NA staffing shortage for the day shift where the NA ratio was not met. 11/23/24 census of 92 residents 8.78 NAs worked and 9.20 were required	P 5520		

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P 5520	Continued from page 5 11/24/24 census of 92 residents worked and 9.20 were required 8.07 NAs 11/29/24 census of 92 residents worked and 9.20 were required 8.58 NAs 12/01/24 census of 93 residents worked and 9.30 were required 7.58 NAs 12/03/24 census of 93 residents worked and 8.45 were required 7.51 NAs Review of facility nursing staffing documents for the time period from 11/20/24, through 12/03/24, revealed the following NA staffing shortage for the evening shift where the NA ratio was not met. 11/22/24 census of 92 residents worked and 8.36 were required 6.33 NAs 11/23/24 census of 92 residents worked and 8.36 were required 6.87 NAs 11/24/24 census of 92 residents worked and 8.36 were required 8.33 NAs 11/28/24 census of 90 residents worked and 8.18 were required 6.39 NAs 12/01/24 census of 93 residents 5.47 NAs	P 5520		

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P 5520	Continued from page 6 worked and 8.45 were required 12/02/24 census of 95 residents 8.07 NAs worked and 9.50 were required Review of facility nursing staffing documents for the time period from 11/20/24, through 12/03/24, revealed the following NA staffing shortage for the overnight shift where the NA ratio was not met. 11/26/24 census of 88 residents 5.08 NAs worked and 5.87 were required 11/28/24 census of 90 residents 5.28 NAs worked and 6.99 were required 11/29/24 census of 93 residents 6.19 NAs worked and 6.20 were required 11/30/24 census of 92 residents 4.16 NAs worked and 6.20 were required During a telephone interview on 12/13/24, at 9:26 a.m. the Nursing Home Administrator confirmed that the facility did not meet the NA ratio for the above dates and shifts.	P 5520		

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P 5640		P 5640		

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P 5640	Continued from page 8 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	No residents were found to be negatively affected by the deficient practice of regulation. The facility will maintain a minimum of 3.2 hours of direct resident care for each resident in each 24-hour period. 1. The Administrator and/or designee will have a staffing meeting each business day morning, for four weeks to ensure the proper staffing is scheduled to meet required PPD according to current censuses. Census will be reviewed to ensure staff to resident ratio and PPD. 2. The facility will utilize administrative staff that have RN, LPN licensure and/or CNA in good standing to maintain the required 3.2 hours of direct patient care, in the event of unforeseen staff shortage. 3. The Facility will utilize Open Shift program to make the schedule accessible to staff to see open shifts and pick them up.	Completion Date: 01/22/2025 Status: APPROVED Date: 12/24/2024

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P 5640	Continued from page 9	P 5640	<p>4. Administrator or designees will continue to recruit potential employees by placing ads on Indeed and other recruiting mediums, networking within the community through Facebook and other social media.</p> <p>5. Offer a referral bonus to employees that encourage candidates to apply.</p> <p>6. The Administrator and his designees will review the staffing concerns in Monthly QAPI meetings as needed.</p> <p>7. Scheduler and Nursing Supervisors will be educated on requirements of staffing needs in order to meet mandatory minimum of 3.2 hours of direct resident care for each resident in each 24-hour period.</p> <p>8. Nursing Supervisors will notify DON/ADON as soon as possible, of staff shortage needs in order to cover needs as possible.</p>	

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P 5640	Continued from page 10	P 5640	<p>9. Active recruitment of potential employees of expected medical facility closings will be documented by Human Recourse Director.</p> <p>10. All auditing of above process will be completed by NHA/DON, or designee, and documented 5 times weekly at a minimum.</p>	

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P 5640	Continued from page 11 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to meet 3.2 minimum number of general nursing care hours for each 24-hour period for ten of 14 days reviewed (11/22/24, 11/23/24, 11/24/24 11/26/24, 11/28/24, 11/29/24, 11/30/24, 12/01/24, 12/02/24, and 12/03/24) Findings include: Review of facility nursing staffing documents for the time period of 11/20/24, through 12/03/24, revealed the following general nursing care hours was below the minimum 3.2 per patient day (PPD) on the following days: 11/22/24 2.96 PPD 11/23/24 3.05 PPD 11/24/24 3.12 PPD 11/26/24 3.17 PPD 11/28/24 3.07 PPD 11/29/24 3.14 PPD	P 5640		

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P 5640	Continued from page 12 11/30/24 3.05 PPD 12/01/24 2.81 PPD 12/02/24 2.99 PPD 12/03/24 3.08 PPD During a telephone interview on 12/13/24, at 9:26 a.m. the Nursing Home Administrator confirmed that the facility did not meet the 3.2 minimum direct nursing care hours on the above dates.	P 5640		



Certified End Page

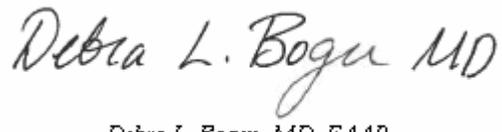
HERMITAGE NURSING AND REHABILITATION

STATE LICENSE NUMBER: 140702

SURVEY EXIT DATE: 12/13/2024

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