

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395231</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>02/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>HERMITAGE NURSING AND REHABILITATION</b>  STATE LICENSE NUMBER: <b>140702</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>500 CLARKSVILLE ROAD HERMITAGE, PA 16148</b>
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P 0000	INITIAL COMMENT	P 0000		
P 5520	<p>Based on a Follow-up Survey completed on February 7, 2025, it was determined that Hermitage Nursing and Rehabilitation failed to correct all the deficiencies cited during the survey of December 13, 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	5520  No residents were found to be negatively affected by the deficient practice of regulation.  The facility will maintain one Nurse Aide for ten residents on day shift, one nurse aide for eleven residents for evening shifts, and one nurse aide to fifteen 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 proper staff to resident ratios meet shift requirements according to current censuses. The Census will be reviewed each business day morning to ensure the staff to resident ratio. Every weekend the Director of Nursing and Assistant Director of Nursing alternate to assure compliance.	Completion Date: <b>03/19/2025</b> Status: <b>APPROVED</b> Date: <b>03/03/2025</b>

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P 5520	Continued from page 2	P 5520	<p>2. We are going to educate all Clinical Managers on the call off practice. Immediately notify scheduler/Director of Nursing and call staff with the provided phone numbers of employed staff. Failure to find coverage, must notify Director of Nursing immediately. The facility will utilize administration staff that have a certified nurse aide certification to maintain the required ratios for the certified nursing assistants, in the event of unforeseen shortage of certified nursing assistants.</p> <p>3. Daily staffing sheets completed Monday through Friday. Human Resources and Scheduler meet to discuss PPD and ratios. Scheduler, Director of Nursing, Administrator, and Human Resourced meet to review staffing schedules five times a week. The Facility will utilize On-shift program to make the schedule accessible to staff to see open shifts and pick them up.</p>	

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P 5520	Continued from page 3	P 5520	<p>4. Director of Nursing and Assistant Director of Nursing oversees the admission process to determine the appropriate level of care regarding ratios and PPD.</p> <p>5. 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>6. Referral bonus will be offered to employees to encourage candidates to apply.</p> <p>7. The Administrator or designee will review the staffing concerns monthly in the Quality Assurance and Performance Improvement meeting. The scheduler and nursing supervisor will be educated on the requirements of staff in order to meet mandatory resident to staff ratios.</p> <p>8. Active recruitment of employees at local medical facilities that are</p>	

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P 5520	Continued from page 4	P 5520	<p>closing will be documented.</p> <p>9. All auditing of the above process will be completed by the Nursing Home Administrator and Director of Nursing, or designee and documented five times weekly at a minimum to achieve compliance.</p>	

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P 5520	Continued from page 5  Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to meet the minimum Nurse Aide (NA) ratios of one NA per 10 residents during the day shift for two of 14 days (1/26/25 and 2/01/25); failed to meet the minimum of one NA per 11 residents on the evening shift for four of 14 days (1/26/25, 1/27/25, 1/28/25, and 2/02/25); and failed to meet the minimum of one NA per 15 residents on the overnight shift for four of 14 days (1/23/25, 1/25/25, 1/26/25, and 1/27/25).  Findings include:  Review of facility nursing staffing documents for the time period from 1/22/25 through 2/04/25, revealed the following NA staffing shortages for the day shift where the NA ratio was not met.  1/26/25 census of 82 residents 7.56 NAs worked and 8.20 were required 2/01/25 census of 84 residents 7.08 NAs	P 5520		

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P 5520	Continued from page 6  worked and 8.40 were required  Review of facility nursing staffing documents for the time period from 1/22/25 through 2/04/25, revealed the following NA staffing shortages for the evening shift where the NA ratio was not met.  1/26/25 census of 82 residents 5.27 NAs worked and 7.45 were required 1/27/25 census of 83 residents 5.47 NAs worked and 7.55 were required 1/28/25 census of 84 residents 5.66 NAs worked and 7.64 were required 2/02/25 census of 84 residents 5.14 NAs worked and 7.64 were required  Review of facility nursing staffing documents for the time period from 1/22/25 through 2/04/25, revealed the following NA staffing shortages for the overnight shift where the NA ratio was not met.  1/23/25 census of 82 residents 4.11 NAs worked and 5.47 were required	P 5520		

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P 5520	Continued from page 7  1/25/25 census of 82 residents 4.27 NAs worked and 5.47 were required 1/26/25 census of 82 residents 4.25 NAs worked and 5.47 were required 1/27/25 census of 83 residents 5.07 NAs worked and 5.53 were required  During an interview on 2/07/25, at 12:53 p.m. the Nursing Home Administrator confirmed that the facility did not meet the NA ratio for the above dates and shifts.	P 5520		
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	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 a 24-hour period.  The administrator, Director of Nursing, Assistant Director of Nursing and scheduler will meet each business day, each morning, for four weeks to ensure the proper staffing is scheduled to meet required PPD according to the current censuses. Census will be reviewed in each morning meeting during the weekday to ensure the resident ratio and PPD is met.  The facility will utilize open shifts on the OnShift mobile app available for all staff to access.  3. The facility will utilize administrative staff that has Registered Nurse, Licensed Practical	Completion Date: <b>03/19/2025</b> Status: <b>APPROVED</b> Date: <b>03/03/2025</b>

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P 5640	Continued from page 9	P 5640	<p>Nurse and Certified Nursing Assistant to maintain 3.2 hours of direct patient care in the event of unforeseen staff shortage.</p> <p>4. Human Resources and Director of Nursing will continue to post ads on social media, indeed, and community-based efforts to obtain staff.</p> <p>5. Offer a referral bonus to employees that recruit staff to apply and become hired.</p> <p>6. The administrator, Director of Nursing and interdisciplinary team will meet monthly at the Quality Assurance Improvement Program meetings as needed.</p> <p>7. Scheduler and Nursing supervisors all will be educated on the requirements of staffing needs to meet mandatory minimum 3.2 hours of direct resident care for each resident in each 24-hour period.</p> <p>8. All the above processes will be</p>	

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P 5640	Continued from page 10	P 5640	<p>completed by the administrator and Director of nursing or designee and documented five times weekly at a minimum.</p> <p>9. Nursing supervisors are educated to notify the Director of Nursing and Assistant Director of Nursing as soon as possible of the staff shortage needs to cover needs as soon as possible.</p> <p>10. All admissions reviewed with Director of Nursing and Assistant Director of Nursing to ensure the ratio and PPD are being met prior to being admitted to the facility.</p> <p>11. Nursing schedule reviewed and audited each week day for four weeks to ensure all shifts are properly covered. Director of Nursing and Assistance Director of Nursing alternate weekends with scheduler to audit. It is being audited before and after the schedule is out to ensure we meet regulations.</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 the 3.2 minimum number of general nursing care hours for each 24-hour period for five of 14 days reviewed (1/25/25, 1/26/25, 1/27/25, 2/01/25, and 2/02/25)  Findings include:  Review of facility nursing staffing documents for the time period of 1/22/25 through 2/04/25, revealed the following general nursing care hours was below the minimum 3.2 per patient day (PPD) on the following days:  1/25/25      3.16 PPD 1/26/25      2.93 PPD 1/27/25      2.93 PPD 2/01/25      3.06 PPD 2/02/25      3.11 PPD  During an interview on 2/07/25, at 12:53 p.m. the	P 5640		

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P 5640	Continued from page 12  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

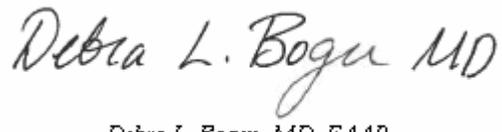
**HERMITAGE NURSING AND REHABILITATION**

**STATE LICENSE NUMBER: 140702**

**SURVEY EXIT DATE: 02/07/2025**

**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