

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395248	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/20/2024
NAME OF PROVIDER OR SUPPLIER: TRANSITIONS HEALTHCARE AUTUMN GROVE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 555 SOUTH MAIN ST HARRISVILLE, PA 16038		
STATE LICENSE NUMBER: 022102				
(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
F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to a complaint completed on December 20, 2024, it was determined that Transitions Healthcare Autumn Grove Care Center was not in compliance with the following requirements of 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 5520		P 5520		

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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	<p>1. The facility cannot go back to correct identified days when the nurse aide ratio was less than required for each shift. No adverse outcomes when the nurse aide ratio was less than required per interviews with clients.</p> <p>2. A daily staff hour/ratio worksheet will be utilized, which has the staff ratio calculator function on it.</p> <p>3. Administrator/Director of Nursing will educate staffing coordinators and RN charge nurses the week of Jan 13th on</p> <ul style="list-style-type: none"> · How to use the daily staffing sheet with ratios · How to replace call offs when needed · Notifications to the appropriate Interdisciplinary Team members when staffing does not meet ratios <p>4. Daily staffing meeting will be implemented with the administrator/Director of Nursing/</p>	Completion Date: 01/30/2025 Status: APPROVED Date: 01/10/2025

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P 5520	Continued from page 2	P 5520	<p>staffing coordinator or designee to review staffing and appropriate ratios. Minutes will be taken for each meeting.</p> <p>5. Administration will review agency contracts to ensure they are up to date.</p> <p>6. Ratio audit will be completed by Administrator or designee · 5 days a week x 4 weeks then · 3 days a week x 2 weeks then weekly thereafter</p> <p>7. Audits will be taken to Quality Assurance and Performance Improvement Committee for review/discussion</p>	

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P 5520	Continued from page 3 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Nurse Aide (NA) per 10 residents on the day shift for seven of 21 days reviewed (11/22/24, 11/23/24, 11/24/24, 12/06/24, 12/07/24, 12/08/24, and 12/14/24); failed to ensure one NA per 11 residents on the evening shift for eight of 21 days reviewed (11/19/24 through 11/22/24, 11/24/24, 12/05/24, 12/13/24, and 12/16/24); and failed to ensure one NA per 15 residents on the overnight shift for three of 21 days reviewed (12/10/24, 12/15/24, and 12/18/24). Findings include: Review of 21 days of nursing staffing documents for the time periods from 11/18/24 to 11/24/24, 12/05/24 to 12/11/24, and 12/12/24 to 12/18/24 revealed the following NA shortages for the day shift: 11/22/24 facility census of 99 residents 9.25	P 5520		

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P 5520	Continued from page 4 NA's worked and 9.90 were required. 11/23/24 facility census of 98 residents 8.50 NA's worked and 9.80 were required. 11/24/24 facility census of 97 residents 8.50 NA's worked and 9.70 were required. 12/06/24 facility census of 96 residents 8.63 NA's worked and 9.60 were required. 12/07/24 facility census of 94 residents 8.63 NA's worked and 9.40 were required. 12/08/24 facility census of 94 residents 8.63 NA's worked and 9.40 were required. 12/14/24 facility census of 99 residents 9.38 NA's worked and 9.90 were required. Review of 21 days of nursing staffing documents for the time periods from 11/18/24 to 11/24/24, 12/05/24 to 12/11/24, and 12/12/24 to 12/18/24 revealed the following NA shortages for the evening shift: 11/19/24 facility census of 97 residents 8.13 NA's worked and 8.82 were required. 11/20/24 facility census of 99 residents 8.88	P 5520		

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P 5520	Continued from page 5 NA's worked and 9.00 were required. 11/21/24 facility census of 99 residents 8.00 NA's worked and 9.00 were required. 11/22/24 facility census of 98 residents 7.75 NA's worked and 8.91 were required. 11/24/24 facility census of 96 residents 7.63 NA's worked and 8.73 were required. 12/05/24 facility census of 97 residents 8.50 NA's worked and 8.82 were required. 12/13/24 facility census of 99 residents 7.50 NA's worked and 9.00 were required. 12/16/24 facility census of 98 residents 8.50 NA's worked and 8.91 were required. Review of 21 days of nursing staffing documents for the time periods from 11/18/24 to 11/24/24, 12/05/24 to 12/11/24, and 12/12/24 to 12/18/24 revealed the following NA shortages for the overnight shift: 12/10/24 facility census of 94 residents 6.06 NA's worked and 6.27 were required. 12/15/24 facility census of 98 residents 6.00	P 5520		

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P 5520	Continued from page 6 NA's worked and 6.53 were required. 12/18/24 facility census of 98 residents 6.00 NA's worked and 6.53 were required. During an interview on 12/19/24, at approximately 3:45 p.m. the Nursing Home Administrator confirmed the accuracy of the facility provided staffing information and confirmed the facility failed to meet the minimum NA to resident ratio on the above dates and shifts.	P 5520		
P 5640		P 5640		

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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	1.The facility cannot go back to correct identified days when the nurse aide ratio was less than required for each shift. No adverse outcomes when the nurse aide ratio was less than required per interviews with clients. 2. A daily staff hour/ratio worksheet will be utilized, which has the staff ratio calculator/nursing care hours function on it. 3. Administrator/Director of Nursing will educate staffing coordinators and RN charge nurses the week of Jan 13th on · How to use the daily staffing sheet with ratios and nursing care hours · How to replace call offs when needed · Notifications to the appropriate Interdisciplinary Team members when staffing does not meet ratios and/or nursing care hours 4. Daily staffing meeting will be	Completion Date: 01/30/2025 Status: APPROVED Date: 01/10/2025

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P 5640	Continued from page 8	P 5640	<p>implemented with the administrator/Director of Nursing/ staffing coordinator or designee to review staffing and appropriate ratios and nursing care hours. Minutes will be taken for each meeting.</p> <p>5. Administration will review agency contracts to ensure they are up to date.</p> <p>6. Ratio/ nursing care hours audit will be completed by Administrator or designee · 5 days a week x 4 weeks then · 3 days a week x 2 weeks then weekly thereafter</p> <p>7. Audits will be taken to Quality Assurance and Performance Improvement Committee for review/discussion</p>	

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P 5640	<p>Continued from page 9</p> <p>Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure the total number of nursing care hours provided in each 24-hour period met the required minimum of 3.20 hours of direct care per resident for one of 21 days reviewed (11/24/24).</p> <p>Findings include:</p> <p>Review of nursing staffing documents for the time periods from 11/18/24 to 11/24/24, 12/5/24 to 11/11/24, and 12/12/24 to 12/18/24 revealed the following per patient day (PPD) hours:</p> <p>11/24/24 3.10 PPD</p> <p>During an interview on 12/19/24, at approximately 3:45 p.m. the Nursing Home Administrator confirmed the accuracy of the facility provided staffing information and confirmed the facility failed to meet the required hours of direct resident care on the above date.</p>	P 5640		

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P 5640	Continued from page 10	P 5640			



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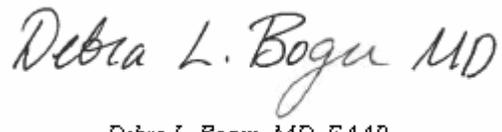
TRANSITIONS HEALTHCARE AUTUMN GROVE CARE CENTER

STATE LICENSE NUMBER: 022102

SURVEY EXIT DATE: 12/20/2024

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