

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395265	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: PAVILION AT SAINT LUKE VILLAGE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE: 1000 STACIE DRIVE HAZLETON, PA 18201		
STATE LICENSE NUMBER: 455202				
(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 a revisit and abbreviated complaint survey completed on January 28, 2025, it was determined The Pavilion at St Luke Village 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	The facility cannot retroactively correct the Nurse Aide Staff to resident ratios on previous shifts. The NHA/Designee educated the Nursing Staff Scheduler and Director of Nursing on minimum nurse aide to resident ratios on all shifts, ensuring continued proactive planning and follow up to address issues identified. Daily staffing meetings will be held with the NHA, Staff Scheduler, DON and other team members as necessary to review per patient ratios 5 days per week to review projected staffing, reconcile prior days staffing, and follow up as needed for continued improvement and comprehensive team approach. Facility utilizes contracted nursing staff, incentives and flexible schedules etc. for current staff, focuses on recruitment of direct hire staff for continuity of care as well as employee engagement, feedback through town hall meetings, and individualized support to decrease absences. Call in list used to attempt fill unexpected absences. Resident occupancy reviewed and revised as	Completion Date: 02/26/2025 Status: APPROVED Date: 02/18/2025

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P 5520	Continued from page 2	P 5520	<p>needed with IDT during staffing meetings.</p> <p>The NHA/Designee will quality monitor Nurse Aide to resident ratios 5 days per week for 4 weeks, then one per week for 3 weeks then monthly for 2 months to ensure minimum Nurse Aide to resident ratios are met.</p> <p>The NHA/Designee will quality monitor daily staffing meetings 5 days per week for 4 weeks, weekly for 3 weeks then monthly for 2 months to ensure staffing meetings are occurring with required attendees.</p>	

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P 5520	<p>Continued from page 3</p> <p>Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for 6 shifts out of 21 reviewed.</p> <p>Findings include:</p> <p>Review of the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, §211.12 Nursing Services, dated July 1, 2023, indicated the following subsections.</p> <p>(f.1) In addition to the director of nursing services, a facility shall provide all of the following:</p> <p>(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.</p> <p>A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum nurse aide staff of 1:10 on the day shift, 1:11 on the evening shift, and 1:15 on the</p>	P 5520		

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P 5520	Continued from page 4 night shift based on the facility's census per the regulation that was effective July 1, 2024. January 5, 2025 - 6.30 nurse aides on the night shift, versus the required 7.07 for a census of 106. January 6, 2025 - 9.07 nurse aides on the evening shift, versus the required 9.73 for a census of 107. January 9, 2025 - 6.60 nurse aides on the night shift, versus the required 7.27 for a census of 109. January 10, 2025 - 9.33 nurse aides on the evening shift, versus the required 9.82 for a census of 108. January 10, 2025 - 5.50 nurse aides on the night shift, versus the required 7.20 for a census of 108. January 11, 2025 - 7.15 nurse aides on the night shift, versus the required 7.20 for a census of 108. On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency. An interview with the Nursing Home Administrator on January 28, 2025, at approximately 4:30 PM, confirmed the facility had not met the required nurse	P 5520		

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P 5520	Continued from page 5 aide to resident ratios on the above dates.	P 5520			
P 5530		P 5530			

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P 5530	Continued from page 6 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	The facility cannot retroactively correct the Licensed Practical Nurse Staff to resident ratios on previous shifts. The NHA/Designee educated the Nursing Staff Scheduler and Director of Nursing on minimum Licensed Practical Nurse staff to resident ratios on all shifts, ensuring continued proactive planning and follow up to address issues identified. Daily staffing meetings will be held with the NHA, Staff Scheduler, DON and other team members as necessary to review per patient hours 5 days per week to review projected staffing, reconcile prior days staffing, and follow up as needed for continued improvement and comprehensive team approach. Facility utilizes contracted nursing staff, incentives and flexible schedules etc. for current staff, focuses on recruitment of direct hire staff for continuity of care as well as employee engagement, feedback through town hall meetings, and individualized support to decrease absences. Call in list used to attempt	Completion Date: 02/26/2025 Status: APPROVED Date: 02/18/2025

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P 5530	Continued from page 7	P 5530	<p>fill unexpected absences. Resident occupancy reviewed and revised as needed with IDT during staffing meetings.</p> <p>The NHA/Designee will quality monitor Licensed Practical Nurse Staff to resident ratios 5 days per week for 4 weeks, then one per week for 3 weeks then monthly for 2 months to ensure minimum Licensed Practical Nurse to resident ratios are met.</p> <p>The NHA/Designee will quality monitor daily staffing meetings 5 days per week for 4 weeks, weekly for 3 weeks then monthly for 2 months to ensure staffing meetings are occurring with required attendees.</p>	

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P 5530	Continued from page 8 Based on a review of nurse staffing, resident census, and staff interview, it was determined the facility failed to provide a minimum of one LPN (licensed practical nurse) per 25 residents on the day shift for 1 shift out of 21 reviewed. Findings include: The minimum required ratio on the day shift is one LPN for every 25 residents. A review of the facility's daily staffing records revealed that the facility did not meet the required minimum LPN-to-resident ratios on the following dates: January 11, 2025 - 3.40 LPNs on the evening shift, versus the required 4.32 for a census of 108. An interview with the Nursing Home Administrator on January 28, 2025, at approximately 4:30 PM, confirmed the facility had not met the required LPN-to-resident ratios on the above shift.	P 5530		

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P 5640		P 5640		

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P 5640	Continued from page 10 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 the per patient hours on previous days. The NHA/Designee educated the Nursing Staff Scheduler and Director of Nursing on minimum 3.20 per patient hours per day, ensuring continued proactive planning and follow up to address issues identified. Daily staffing meetings will be held with the NHA, Staff Scheduler, DON and other team members as necessary to review per patient hours 5 days per week to review projected staffing, reconcile prior days staffing, and follow up as needed for continued improvement and comprehensive team approach. Facility utilizes contracted nursing staff, incentives and flexible schedules etc. for current staff, focuses on recruitment of direct hire staff for continuity of care as well as employee engagement, feedback through town hall meetings, and individualized support to decrease absences. Call in list used to attempt fill unexpected absences. Resident occupancy reviewed and revised as	Completion Date: 02/26/2025 Status: APPROVED Date: 02/18/2025

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P 5640	Continued from page 11	P 5640	<p>needed with IDT during staffing meetings.</p> <p>The NHA/Designee will quality monitor per patient hours 5 days per week for 4 weeks, then one per week for 3 weeks then monthly for 2 months to ensure minimum 2.87 per patient hours are met.</p> <p>The NHA/Designee will quality monitor daily staffing meetings 5 days per week for 4 weeks, weekly for 3 weeks then monthly for 2 months to ensure staffing meetings are occurring with required attendees.</p>	

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P 5640	Continued from page 12 Based on a review of nurse staffing and resident census and staff interview, it was determined the facility failed to consistently provide minimum general nursing care hours to each resident daily. Findings include: Review of the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, §211.12 Nursing Services, dated July 1, 2023, indicated the following subsections. (i) A minimum number of general nursing care hours shall be provided for each 24-hour period as follows: (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. A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 3.2 hours of general	P 5640		

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P 5640	Continued from page 13 nursing care to each resident per the regulation effective July 1, 2024: January 5, 2025 - 3.13 direct care nursing hours per resident. January 10, 2025 - 3.00 direct care nursing hours per resident. January 11, 2025 - 3.06 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 Nursing Home Administrator on January 28, 2025, at approximately 4:30 PM confirmed the facility failed to consistently provide minimum general nursing care hours to each resident daily.	P 5640		



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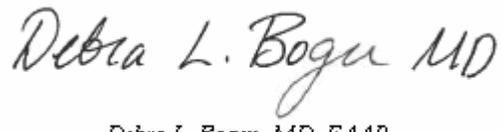
PAVILION AT SAINT LUKE VILLAGE, THE

STATE LICENSE NUMBER: 455202

SURVEY EXIT DATE: 01/28/2025

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