

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395279	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/23/2024	
NAME OF PROVIDER OR SUPPLIER: PINECREST MANOR STATE LICENSE NUMBER: 010902		STREET ADDRESS, CITY, STATE, ZIP CODE: 763 JOHNSONBURG ROAD ST MARYS, PA 15857		
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P 5520		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	1. Review and Revise Staffing Plans: - Daily Staffing Assessment: A daily staffing review will be scheduled to assess daily census levels, staffing requirements, and any gaps. This will ensure sufficient staffing is planned each day based on the census. - Shift Adjustments: Shift adjustments or additional NA staff will be scheduled proactively, especially during peak times, holidays, or any days expected to have higher resident needs. 2. Training & Education: - Staff Education and Staffing Protocols: Educate all managerial and supervisory staff on how to monitor staffing levels and staff ratios throughout the day and night shifts and to take appropriate action to prevent shortfalls and adhere to state-required staffing ratios. 3. Monitoring and Audits: - Weekly Audits: The facility will implement a weekly audit of staffing records to ensure that staffing ratios are met. The Nursing Home	Completion Date: 02/23/2025 Status: APPROVED Date: 01/10/2025

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P 5520	Continued from page 2	P 5520	<p>Administrator will review staffing ratios against census levels to monitor compliance.</p> <p>- Audit Reviews: The audit findings will be discussed in the quarterly quality assurance meetings.</p> <p>4. Corrective Action Plan Implementation & Monitoring: - The Nursing Home Administrator and Director of Nursing will be responsible for overseeing the implementation of the corrective actions.</p> <p>5. Completion Date: - All corrective actions will be implemented immediately, with a review and audit completed by 2/23/2025 to ensure compliance.</p>	

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P 5520	Continued from page 3 Based on review of the facility staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Nurse Aide (NA) per 11 residents for the evening shift for one of 14 days reviewed (11/30/24); and failed to ensure a minimum of one NA per 15 residents for the overnight shift for one of 14 days reviewed (11/30/24). Findings include: Review of facility staffing documents for the time period from 11/21/24, through 12/04/24, revealed the following NA staffing shortage for the evening shift where the NA ratios were not met: 11/30/2024 census of 101 residents 8.05 NAs worked and 9.18 were required Review of facility staffing documents for the time period from 11/21/24, through 12/04/24, revealed the following NA staffing shortage for the overnight	P 5520		

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P 5520	Continued from page 4 shift where the NA ratios were not met: 11/30/2024 census of 101 residents 6.37 NAs worked and 6.73 were required During a telephone interview on 12/23/24, at 8:35 a.m. the Nursing Home Administrator confirmed the NA ratios were not met for the above day and shifts.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 5 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. Review and Revise Staffing Plans: -Daily Staffing Assessment: A daily staffing review will be scheduled to assess daily census levels. This will ensure sufficient staffing is planned each day based on the census. -Shift Adjustments: Shift adjustments or additional staff will be scheduled proactively on days expected to have higher resident needs. 2. Training & Education: -Staff Education and Staffing Protocols: Educate all managerial and supervisory staff on how to monitor staffing levels, staff ratios throughout the day and night shifts, and to meet a minimum of 3.2 hours of direct resident care hours and to take appropriate action to prevent shortfalls and adhere to state-required staffing ratios. 3. Monitoring and Audits: - Weekly Audits: The facility will implement a weekly audit of staffing records to ensure that the 3.2 minimum hours of direct resident care for each resident are met. The	Completion Date: 02/23/2025 Status: APPROVED Date: 01/10/2025

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P 5640	Continued from page 6	P 5640	<p>Nursing Home Administrator will review staffing ratios and resident care hours are met against census levels to monitor compliance.</p> <p>- Audit Reviews: The audit findings will be discussed in the quarterly quality assurance meetings.</p> <p>4. Corrective Action Plan Implementation & Monitoring: - The Nursing Home Administrator and Director of Nursing will be responsible for overseeing the implementation of the corrective actions.</p> <p>5. Completion Date: - All corrective actions will be implemented immediately, with a review and audit completed by 2/23/2025 to ensure compliance.</p>	

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P 5640	Continued from page 7 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 one of 14 days reviewed (11/30/24). Findings include: Review of facility staffing documents for the time period from 11/21/24, through 12/04/24, revealed the following per patient day (PPD) hours where the hours were not met: 11/30/24 2.94 PPD During a telephone interview on 12/23/24, at 8:35 a.m. the Nursing Home Administrator confirmed that the facility did not meet the 3.2 PPD minimum direct nursing care hours on the above date.	P 5640		



Certified End Page

PINECREST MANOR

STATE LICENSE NUMBER: 010902

SURVEY EXIT DATE: 12/23/2024

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