STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395331	A. BLDG: __00_____ B. WING: _____	12/26/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
MOUNTAIN LAUREL HEALTHCARE AND REHABILITATION CENTER STATE LICENSE NUMBER: **032702**	**700 LEONARD STREET CLEARFIELD, PA 16830**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 survey completed on December 26, 2024, it was determined that Mountain Laurel Healthcare and Rehabilitation 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 5510		P 5510		

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P 5510	Continued from page 1 Nursing services. (2) Effective July 1, 2023, a minimum of 1 nurse aide per 12 residents during the day, 1 nurse aide per 12 residents during the evening, and 1 nurse aide per 20 residents overnight. This REGULATION is not met as evidenced by:	P 5510	1. The administrator and/or designee will conduct a review of the last 14-days of nursing schedules to determine compliance with proper nursing hours. 2. The administrator and/or designee will conduct reviews at least 5-days per week for two weeks then 3-days per week for one month to ensure compliance. In the event of extensive call-offs, higher level nursing will staff fill, if possible, we ask for volunteers with bonuses, then in extreme case, we will mandate and will stop admissions. We continue to recruit all levels of staff, Registered Nurses, Licensed Practical Nurses, Certified Nurser's Aides. We also have a schedule/staffing meeting each day to discuss staffing and census. We have created a shift differential for evenings and night shifts and a weekend differential – this program is for all our nursing staff. We have increased our Registered Nurse, Licensed Practical Nurse wages. We continue a bonus for: Open Shift	Completion Date: **01/28/2025** Status: **APPROVED** Date: **01/09/2025**

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P 5510	Continued from page 2	P 5510	Bonus 4hrs 8hrs Registered Nurses, Licensed Practical Nurses, Certified Nurser's Aides. Referral and Sign on Bonuses for: Registered Nurses, Licensed Practical Nurses, Certified Nurser's Aides. While we continue recruitment, we have established a Certified Nurse's Aide class thru an outside contractor to develop more Certified Nurse's Aide. 3. The results of the audits, along with a Root Cause Analysis of any identified issues, will be brought to the Quality Assurance and Performance Improvement Committee for further analysis and corrective action.	

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P 5510	Continued from page 3 Based on review of nursing schedules and staffing information furnished by the facility, as well as staff interviews, it was determined that the facility failed to ensure a minimum of one nurse aide (NA) per 11 residents on the evening shift for one of five days, and failed to ensure a minimum of one nurse aide per 15 residents on the overnight shift for four of five days (24-hour periods) reviewed. Findings include: Review of facility census data indicated that on December 20, 2024, the facility census was 119, which required 10.82 nurse aides during the evening shift. Review of the nursing time schedules revealed that 9.37 nurse aides provided care on the evening shift on December 20, 2024. Review of facility census data indicated that on December 19, 2024, the facility census was 120, which required 7.93 nurse aides during the overnight shift. Review of the nursing time schedules revealed	P 5510		

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P 5510	Continued from page 4 7.07 nurse aides provided care during the overnight shift on December 19, 2024. Review of facility census data indicated that on December 20, 2024, the facility census was 117, which required 7.8 nurse aides during the overnight shift. Review of the nursing time schedules revealed 7.59 nurse aides provided care during the overnight shift on December 20, 2024. Review of facility census data indicated that on December 21, 2024, the facility census was 118, which required 7.87 nurse aides during the overnight shift. Review of the nursing time schedules revealed 7.51 nurse aides provided care during the overnight shift on December 21, 2024. Review of facility census data indicated that on December 22, 2024, the facility census was 118, which required 7.87 nurse aides during the overnight shift. Review of the nursing time schedules revealed 7.20 nurse aides provided care during the overnight shift on December 22, 2024.	P 5510		

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P 5510	Continued from page 5 No additional excess higher-level staff were available to compensate for these deficiencies. Interview with the Nursing Home Administrator on December 26, 2024, at 4:13 p.m. confirmed that the facility did not meet the required nurse aide-to-resident staffing ratios for the days listed above due to call offs.	P 5510		

Certified End Page

MOUNTAIN LAUREL HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: 032702

SURVEY EXIT DATE: 12/26/2024

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
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