

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395331	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/31/2025
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NAME OF PROVIDER OR SUPPLIER: MOUNTAIN LAUREL HEALTHCARE AND REHABILITATION CENTER STATE LICENSE NUMBER: 032702	STREET ADDRESS, CITY, STATE, ZIP CODE: 700 LEONARD STREET CLEARFIELD, PA 16830
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(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
P 5510		P 5510		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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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 for 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 Bonus 4hrs 8hrs Registered Nurses,	Completion Date: 03/17/2025 Status: APPROVED Date: 02/21/2025

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P 5510	Continued from page 2	P 5510	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 per 15 residents on the overnight shift for three of three days (24-hour periods) reviewed. Findings include: Review of facility census data indicated that on January 28, 2025, the facility census was 117, which required 7.80 nurse aides during the overnight shift. Review of the nursing time schedules revealed that 7.25 nurse aides provided care on the overnight shift on January 28, 2025. Review of facility census data indicated that on January 29, 2025, the facility census was 116, which required 7.73 nurse aides during the overnight shift. Review of the nursing time schedules revealed 7.09 nurse aides provided care during the overnight shift on January 29, 2025.	P 5510		

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P 5510	Continued from page 4 Review of facility census data indicated that on January 30, 2025, the facility census was 116, which required 7.73 nurse aides during the overnight shift. Review of the nursing time schedules revealed 7.17 nurse aides provided care during the overnight shift on January 30, 2025. No additional excess higher-level staff were available to compensate for these deficiencies. Interview with the Nursing Home Administrator on January 31, 2025, at 2:09 p.m. confirmed that the facility did not meet the required nurse aide-to-resident staffing ratios for the days listed above.	P 5510		



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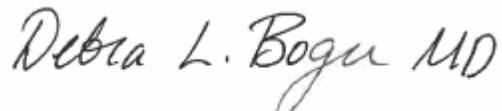
MOUNTAIN LAUREL HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: 032702

SURVEY EXIT DATE: 01/31/2025

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