

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395335	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/02/2025
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NAME OF PROVIDER OR SUPPLIER: WILLIAM PENN NURSING AND REHAB STATE LICENSE NUMBER: 750602	STREET ADDRESS, CITY, STATE, ZIP CODE: 163 SUMMIT DRIVE LEWISTOWN, PA 17044
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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 0000	INITIAL COMMENT	P 0000		
P 5520	<p>Based on a Complaint Investigation completed on January 2, 2025, at William Penn Nursing and Rehab, it was determined that there were no federal deficiencies, related to the Health portion of the survey process, identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care as they relate to the Health portion of the survey process; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p>	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. Facility will continue to take measures to adequately provide staff to ensure the needs of residents are met. 2. The Director of Nursing or designee will provide re-education on minimum staffing ratios to RN Supervisors, Human Resources and Scheduling Coordinator who are responsible to maintain adequate staffing and staffing ratios. 3. The Director of Nursing or designee will audit the daily schedules to ensure the minimum number of staff to resident ratios have been scheduled and will audit that protocols were followed if a call off occurred. 4. Audits will be completed weekly, and results of these audits will be reviewed at Quality Assurance and Process Improvement Meetings until substantial compliance is achieved. 5. Compliance Date: 1/27/2025	Completion Date: 01/27/2025 Status: APPROVED Date: 01/14/2025

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P 5520	Continued from page 2 Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure a minimum of one nurse aide (NA) per 10 residents during the day shift for 1 of 21 days reviewed, one NA per 11 residents during the evening shift for 3 of the 21 days reviewed, and one NA per 15 residents during the night shift for 7 of 21 days reviewed. Findings include: Review of nursing staff care hours provided by the facility for the weeks of December 1 - 7, 2024, December 15-21, 2024, and December 26, 2024 - January 1, 2025, revealed the following staff scheduled for resident census: Day shift (requires one NA per 10 residents): December 26, 2024, 10.67 NAs for a census of 112, requires 11.2 NAs Evening shift (requires one NA per 11 residents):	P 5520		

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P 5520	Continued from page 3 December 2, 2024, 9.6 NAs for a census of 111, requires 10.09 NAs December 6, 2024, 10.53 NAs for a census of 117, requires 10.64 NAs December 7, 2024, 10.40 NAs for a census of 115, requires 10.45 NAs Night shift (requires one NA per 15 residents): December 3, 2024, 7.47 NAs for a census of 115, requires 7.67 NAs December 4, 2024, 7.47 NAs for a census of 116, requires 7.73 NAs December 16, 2024, 6.4 NAs for a census of 115, requires 7.67 NAs December 18, 2024, 6.4 NAs for a census of 115, requires 7.67 NAs December 21, 2024, 7.47 NAs for a census of 116, requires 7.73 NAs December 28, 2024, 6.93 NAs for a census of 111, requires 7.4 NAs December 31, 2024, 7.47 NA for a census of 113,	P 5520		

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P 5520	Continued from page 4 requires 7.53 NAs Interview with the Nursing Home Administrator and Director of Nursing on January 2, 2025, at 2:00 PM confirmed that the facility did not meet regulatory NA-to-resident ratios as evidenced above.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 5 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	1. Facility will continue to take measures to adequately provide staff to ensure the needs of residents are met. 2. The Director of Nursing or designee will provide re-education on minimum staffing ratios to RN Supervisors, Human Resources and Scheduling Coordinator who are responsible to maintain adequate staffing and staffing ratios. 3. The Director of Nursing or designee will audit the daily schedules to ensure the minimum number of staff to resident ratios have been scheduled and will audit that protocols were followed if a call off occurred. 4. Audits will be completed weekly, and results of these audits will be reviewed at Quality Assurance and Process Improvement Meetings until substantial compliance is achieved. 5. Compliance Date: 1/27/2025	Completion Date: 01/27/2025 Status: APPROVED Date: 01/14/2025

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P 5530	Continued from page 6 Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure a minimum of one licensed practical nurse (LPN) per 25 residents on the day shift for two of 21 days reviewed and one LPN during the night shift per 40 residents on six of 21 days reviewed. Findings include: Review of nursing staff care hours provided by the facility for the weeks of December 1 - 7, 2024, December 15-21, 2024, and December 26, 2024, - January 1, 2025, revealed the following staff scheduled for the resident census: Day Shift (requires one LPN per 25 residents): December 27, 2024, 4.5 LPNs for a census of 113, requires 4.52 LPNs December 29, 2024, 4 LPNs for a census of 111, requires 4.44 LPNs Night Shift (requires one LPN per 40 residents)	P 5530		

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P 5530	Continued from page 7 December 4, 2024, 2.19 LPNs for a census of 116, requires 2.90 LPNs December 7, 2024, 2.5 LPNs for a census of 115, requires 2.88 LPNs December 18, 2024, 2 LPNs for a census of 115, requires 2.88 LPNs December 21, 2024, 2.5 LPNs for a census of 116, requires 2.90 LPNs December 26, 2024, 2 LPNs for a census of 113, requires 2.83 LPNs December 30, 2024, 2 LPNs for a census of 111, requires 2.78 LPNs Interview with Nursing Home Administrator and Director of Nursing January 2, 2025, at 2:00 PM confirmed that the facility did not meet regulatory licensed practical nurse-to-resident ratios as evidenced above.	P 5530		



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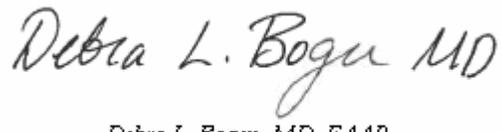
WILLIAM PENN NURSING AND REHAB

STATE LICENSE NUMBER: 750602

SURVEY EXIT DATE: 01/02/2025

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