

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395342	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/24/2025	
NAME OF PROVIDER OR SUPPLIER: HOPKINS CENTER STATE LICENSE NUMBER: 083202		STREET ADDRESS, CITY, STATE, ZIP CODE: 8100 WASHINGTON LANE WYNCOTE, PA 19095		
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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	<ol style="list-style-type: none"> All residents received care in accordance with their plan of care and attending physician orders. The Clinical Leadership Team and scheduler review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. Facility continues to offer incentives, coordinate staffing schedules, and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff. All Nursing Staff have been educated on the 7/1/2024 Nursing Ratios and PPD requirements and the importance of maintaining the schedule as posted. To monitor and maintain ongoing compliance the DON or designee will 	Completion Date: 06/12/2025 Status: APPROVED Date: 05/22/2025

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P 5520	Continued from page 2	P 5520	audit staffing weekly x4 weeks then monthly for two months. Results will be taken to the QAPI for review and revision as needed.		

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P 5520	<p>Continued from page 3</p> <p>Based on review of nursing staff schedules and interviews with staff, it was determined that the facility failed to maintain required staffing ratios, including one NA (nursing assistant) per 10 residents during the day shift, one NA per 11 residents during the evening shift, and one NA per 15 residents during the overnight shift, on 4 of 7 days reviewed (April 1, April 2, April 4 and April 5, 2025)</p> <p>Findings include:</p> <p>Review of facility census data revealed that on April 1, 2025, the facility census was 99. The facility failed to meet the staffing ratios and direct care nursing hours for NAs on the day and evening shifts.</p> <p>Review of facility census data revealed that on April 2, 2025, the facility census was 99. The facility failed to meet the staffing ratios and direct care nursing hours for NAs on the day and overnight shifts.</p>	P 5520		

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P 5520	Continued from page 4 Review of facility census data revealed that on April 4, 2025, the facility census was 98. . The facility failed to meet the staffing ratios and direct care nursing hours for NAs on the evening shift. Review of facility census data revealed that on April 5, 2025, the facility census was 99. The facility also failed to meet the staffing ratios and direct care nursing hours for NAs on the day shift.	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	<p>1. All residents received care in accordance with their plan of care and attending physician orders.</p> <p>2. The Clinical Leadership Team and scheduler review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. Facility continues to offer incentives, coordinate staffing schedules, and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff.</p> <p>3. All Nursing Staff have been educated on the 7/1/2024 Nursing Ratios and PPD requirements and the importance of maintaining the schedule as posted.</p> <p>4. To monitor and maintain ongoing compliance the DON or designee will</p>	<p>Completion Date: 06/12/2025 Status: APPROVED Date: 05/22/2025</p>

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P 5530	Continued from page 6	P 5530	audit staffing weekly x4 weeks then monthly for two months. Results will be taken to the QAPI for review and revision as needed.	

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P 5530	Continued from page 7 Based on review of nursing staff schedules and interviews with staff, it was determined that the facility failed to maintain required staffing ratios, , including one LPN (Licensed Practical Nurse) per 25 residents during the day shift, one LPN per 30 residents during the evening shift, and one LPN per 40 residents during the overnight shift, on 5 of 7 days reviewed (April 1, April 2, April 3, April 4 and April 5, 2025) Findings include: Review of facility census data revealed that on April 1, 2025, the facility census was 99. The facility failed to meet the staffing ratios and direct care nursing hours for LPNs on the day, evening and overnight shifts. Review of facility census data revealed that on April 2, 2025, the facility census was 99. The facility failed to meet the staffing ratios and direct care nursing hours for LPNs on the day, evening and overnight shifts.	P 5530		

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P 5530	Continued from page 8 Review of facility census data revealed that on April 3, 2025, the facility census was 98. The facility failed to meet the staffing ratios and direct care nursing hours for LPNs on the day, evening and overnight shifts. Review of facility census data revealed that on April 4, 2025, the facility census was 98. The facility failed to meet the staffing ratios and direct care nursing hours for LPNs on the evening and overnight shifts. Review of facility census data revealed that on April 5, 2025, the facility census was 99. The facility failed to meet the staffing ratios and direct care nursing hours for LPNs on the day, evening and overnight shifts.	P 5530		



Certified End Page

HOPKINS CENTER

STATE LICENSE NUMBER: 083202

SURVEY EXIT DATE: 04/24/2025

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