

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395363	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/03/2025
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NAME OF PROVIDER OR SUPPLIER: KINZUA NURSING AND REHAB STATE LICENSE NUMBER: 071402	STREET ADDRESS, CITY, STATE, ZIP CODE: 205 WATER STREET WARREN, PA 16365
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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
F 0000	INITIAL COMMENT Based on a Follow-up Survey completed on February 3, 2025, it was determined that Kinzua Nursing and Rehab corrected the federal deficiencies identified during the survey of December 5, 2024, related to the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities; however, remains out of compliance with 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.

Pennsylvania Department of Health

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P 5520		P 5520		

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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	The facility will provide staff to ensure the needs of residents are met. The facility will produce daily schedule to meet the required nurse aide to resident ratios on all shifts. The facility will also utilize licensed staff when needed to fulfil the aide need. The Director of Nursing or designee will provide re-education on minimum nurse aide staffing ratios to Registered Nurse Supervisors and Human Resources/Scheduling who are responsible to maintain adequate nurse aide staffing and nurse aide staffing ratios. Director of Nursing or designee will educate HR/ Scheduler and RN supervisors of protocols for replacing staff related to call offs including mandating staff when replacement staff are unable to be found. The facility shall also utilize licensed staff to help fill the CNA openings when able. The Director of Nursing or designee will meet 5x per week x4 weeks to audit daily deployment sheet for accuracy to ensure daily schedule	Completion Date: 02/17/2025 Status: APPROVED Date: 02/16/2025

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P 5520	Continued from page 2	P 5520	<p>meets nurse aide ratio. The Director of Nursing or designee will audit the hours worked to ensure that the minimum number of nurse aide staff to resident ratios have been met using the Department of Health staffing grid x4 weeks</p> <p>The Director of Nursing or designee will audit weekly that protocols were followed when a call off occurred. This includes asking staff to stay, asking licensed staff to stay, posting need, posting need with agencies, offering bonus, mandating when needed. The facility has ads posted on indeed and recently increase our shift differential for nurse aides on second and third shift with an increase in applications the last six weeks. The results of these audits will be reviewed at Quality Assurance and Process Improvement meetings until substantial compliance is achieved</p>	

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P 5520	Continued from page 3 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to meet the Nurse Aide (NA) ratios of one NA per 15 residents on the overnight shift for one of 21 days reviewed (1/13/25). Findings include: Review of facility nursing staffing documents for the time period from 1/10/25 through 1/30/25, revealed the following NA staffing shortage for the overnight shift where the NA ratio was not met: 1/13/25 census of 74 residents 4.53 NAs worked and 4.93 were required During an interview on 2/03/25, at 1:49 p.m. the Nursing Home Administrator confirmed that the facility did not meet the minimum NA ratio for the above date and shift.	P 5520		

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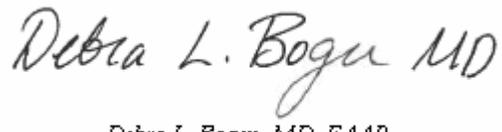
KINZUA NURSING AND REHAB

STATE LICENSE NUMBER: 071402

SURVEY EXIT DATE: 02/03/2025

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