

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395379</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/09/2024</b>
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NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT SYCAMORE REHABILITATION AND NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1445 SYCAMORE ROAD MONTOURSVILLE, PA 17754</b>
STATE LICENSE NUMBER: <b>194402</b>	

(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	F 0000		
F 0727 SS=D	Based on an Abbreviated Survey in response to three Complaint Investigations, completed on December 9, 2024, it was determined that WeCare At Sycamore Rehabilitation and Nursing Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0727		

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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F 0727  SS=D	Continued from page 1  483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON  §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.  §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.  §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.  This REQUIREMENT is not met as evidenced by:	F 0727	1. 1st Shift RN Supervisor was sitting in as Interim Director of Nursing prior to Full-time Director of Nursing being hired. When no RN supervisor was available to work 1st shift the Interim Director of Nursing was pulled to be RN Supervisor.  2. A full-time Director of Nursing was hired and had an official start date of 12/16/2024.  3. Administrator will ensure to monitor weekly that the Director of Nursing completes at least 35 hours a week of Director of Nursing duties.	Completion Date: <b>01/06/2025</b> Status: <b>APPROVED</b> Date: <b>12/24/2024</b>

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F 0727  SS=D	Continued from page 2  Based on a review of facility staffing documents and staff interview, it was determined that the facility failed to designate a registered nurse (RN) as the Director of Nursing on a full time basis from November 11, 2024, to December 7, 2024.  Findings include:  Interview with the Nursing Home Administrator (NHA) on December 9, 2024, at 1:30 PM revealed that Employee 1 (Registered Nurse and Interim Director of Nursing) does not work at least 35 hours a week as a DON because she is needed to cover as the Registered Nurse on the nursing care units.  Review of the interim DON's timecard for the weeks of November 10-23, 2024, and November 24-December 7, 2024, revealed that Employee 1 only worked two days as the interim Director of Nursing and was utilized as the Registered Nurse on the nursing care units on the following dates:	F 0727		

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F 0727  SS=D	Continued from page 3  November 11, 2024 November 12, 2024 November 13, 2024 November 14, 2024 November 18, 2024 November 19, 2024 November 20, 2024 November 21, 2024 November 22, 2024 November 25, 2024 November 26, 2024 November 27, 2024 November 29, 2024 December 2, 2024 December 3, 2024 December 4, 2024  The NHA confirmed the above noted findings during a meeting on December 9, 2024, at 3:30 PM, that the facility failed to designate a registered nurse (RN) to serve as the Director of Nursing on a full time basis.	F 0727		

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F 0727  SS=D	Continued from page 4  PA Code: 211.12(b)(c) Nursing services	F 0727			

Pennsylvania Department of Health

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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	<p>1. While the facility cannot retroactively correct; since the staffing citations, the facility has hired 2 CNAs. Also, the facility has seen a total 2 CNAs came off of orientation in the last 2 weeks that will now be included in the facility's nurse aide ratio.</p> <p>2. Facility will conduct an audit consisting of the last two-week period to be sure the facility is in compliance with the nurse aide to resident ratios.</p> <p>3. The facility shall make reasonable attempts to acquire new staff, including offering competitive pay rates, shift differentials, partnering with local community schools, and offering employee benefits.</p> <p>4. The NHA/Designee will educate the scheduler/designee on the requirements of meeting the nurse aide to resident ratios.</p> <p>5. The Scheduling Manager/ Designee will randomly audit the</p>	Completion Date: <b>01/22/2025</b> Status: <b>APPROVED</b> Date: <b>12/24/2024</b>

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P 5520	Continued from page 2	P 5520	nurse aide to resident ratios weekly x's 3 weeks to ensure regulatory compliance. Any concerns/issues will be reviewed monthly to the facility's QAPI Committee.	

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P 5520	Continued from page 3  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 for three of the 20 days reviewed, failed to ensure a minimum of one nurse aide per 11 residents during the evening shift for four of the 20 days reviewed, and failed to ensure a minimum of one nurse aide per 15 residents during the overnight shift for 11 of the 20 days reviewed.  Findings include:  Review of nursing staff care hours provided by the facility for November 10-16, 2024, November 24-30, 2024, and December 2-8, 2024, revealed the following nurse aides scheduled for the resident census:  Day shift (requires one NA per 10 residents):  November 30, 2024, 7.81 NAs for a census of 101, required 10.10. December 7, 2024, 9.87 NAs for a census of 102,	P 5520		

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P 5520	<p>Continued from page 4</p> <p>required 10.20. December 8, 2024, 10.03 NAs for a census of 102, required 10.20.</p> <p>Evening shift (requires one NA per 11 residents):</p> <p>November 13, 2024, 8.21 NAs for a census of 108, required 9.82. November 27, 2024, 8.63 NAs for a census of 99, required 9.0. December 4, 2024, 8.64 NAs for a census of 102, required 9.27. December 7, 2024, 8.32 NAs for a census of 102, required 9.27.</p> <p>Night shift (requires one NA per 15 residents):</p> <p>November 12, 2024, 6.39 NAS for a census of 106, required 7.07. November 24, 2024, 6.33 NAs for a census of 99, required 6.60. November 27, 2024, 6.36 NAs for a census of 99, required 6.60.</p>	P 5520		

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P 5520	Continued from page 5  November 28, 2024, 6.37 NAs for a census of 99, required 6.60. November 29, 2024, 5.95 NAs for a census of 101, required 6.73. November 30, 2024, 6.37 NAs for a census of 101, required 6.73. December 2, 2024, 5.96 NAs for a census of 102, required 6.80. December 4, 2024, 6.41 NAs for a census of 102, required 6.80. December 5, 2024, 6.39 NAs for a census of 103, required 6.87. December 7, 2024, 5.37 NAs for a census of 102, required 6.80. December 8, 2024, 6.47 NAs for a census of 104, required 6.93.  During a meeting with the Nursing Home Administrator December 9, 2024, at 3:35 PM she confirmed that the facility did not meet regulatory NA-to-resident ratios as evidenced above.	P 5520		

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P 5530		P 5530		
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P 5530	Continued from page 7  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	<ol style="list-style-type: none"> <li>1. While the facility cannot retroactively correct the citations.</li> <li>2. Facility has hired 2 LPN's and 2 RN's since receiving deficiency.</li> <li>3. Facility will conduct an audit consisting of the last two-week period to be sure the facility is in compliance with the LPN to resident ratios</li> <li>4. The facility shall make reasonable attempts to acquire new staff, including offering competitive pay rates, shift differentials, partnering with local community schools, and offering employee benefits.</li> <li>5. The Facility has updated all job postings to attract more staff to fill the LPN open positions.</li> <li>6. The NHA/Designee will educate the scheduler/designee on the requirements of meeting the LPN to resident ratios.</li> <li>7. The Scheduling Manager/</li> </ol>	Completion Date: <b>01/22/2025</b> Status: <b>APPROVED</b> Date: <b>12/24/2024</b>

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P 5530	Continued from page 8	P 5530	Designee will randomly audit the nurse aide to resident ratios weekly x's 3 weeks to ensure regulatory compliance. Any concerns/issues will be reviewed monthly to the facility's QAPI Committee.	

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P 5530	<p>Continued from page 9</p> <p>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 during the day shift for six of the 21 days reviewed, one LPN per 30 residents during the evening shift for nine of the 21 days reviewed, and one LPN per 40 residents during the night shift for five of the 21 days reviewed.</p> <p>Findings include:</p> <p>Review of nursing staff care hours provided by the facility for November 10-16, 2024, November 24-30, 2024, and December 2-8, 2024, revealed the following licensed practical nurses scheduled for the resident census:</p> <p>Day shift (requires one LPN per 25 residents):</p> <p>November 12, 2024, census of 106 with 3.93 LPNs, required 4.24 November 16, 2024, census of 103 with 3.99 LPNs, required 4.16</p>	P 5530		

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P 5530	Continued from page 10  November 24, 2024, census of 99 with 3.91 LPNs, required 3.96 November 25, 2024, census of 99 with 3.51 LPNs, required 3.96 November 29, 2024, census of 101 with 3.99 LPNs, required 4.04 December 7, 2024, census of 102 with 4.00 LPNs, required 4.08  Evening shift (requires one LPN per 30 residents):  November 12, 2024, census of 106 with 3.26 LPNs, required 3.53 November 15, 2024, census of 103 with 3.28 LPNs, required 3.43 November 16, 2024, census of 103 with 3.25 LPNs, required 3.43 November 24, 2024, census of 99 with 3.06 LPNs, required 3.30 November 25, 2024, census of 99 with 2.66 LPNs, required 3.30 November 27, 2024, census of 99 with 2.75 LPNs, required 3.30	P 5530		

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NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT SYCAMORE REHABILITATION AND NURSING CENTER</b>  STATE LICENSE NUMBER: <b>194402</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1445 SYCAMORE ROAD MONTOURSVILLE, PA 17754</b>		
(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 5530	<p>Continued from page 11</p> <p>November 29, 2024, census of 101 with 3.11 LPNs, required 3.37 December 3, 2024, census of 103 with 3.18 LPNs, required 3.43 December 6, 2024, census of 102 with 2.95 LPNs, required 3.40</p> <p>Overnight shift (requires one LPN per 40 residents):</p> <p>November 26, 2024, census of 104 with 2.09 LPNs, required 2.60 November 27, 2024, census of 99 with 2.06 LPNs, required 2.48 November 28, 2024, census of 99 with 2.28 LPNs, required 2.48 November 29, 2024, census of 101 with 2.08 LPNs, required 2.53 December 6, 2024, census of 102 with 2.06 LPNs, required 2.55</p> <p>During a meeting with the Nursing Home Administrator on December 9, 2024, at 3:35 PM she confirmed that the facility did not meet</p>	P 5530		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395379</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/09/2024</b>
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P 5530	Continued from page 12  regulatory LPN-to-resident ratios as evidenced above.	P 5530		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395379</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/09/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT SYCAMORE REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1445 SYCAMORE ROAD MONTOURSVILLE, PA 17754</b>		
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P 5640	Continued from page 13  Nursing services.  (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5640	<p>1. While the facility cannot retroactively correct; since the staffing citations, the facility has hired 4 med nurses (2 RN and 2 LPN) along with 2 CNAs. Also, the facility has seen a total 2 CNAs, come off of orientation in the last 2 weeks that will now be included in the facility's HPPD.</p> <p>2. Facility will conduct an audit consisting of the last two-week period of nursing staffing HPPDs.</p> <p>3. The facility shall make reasonable attempts to acquire new staff, including offering competitive pay rates, shift differentials, partnering with local community schools, and offering employee benefits.</p> <p>4. The NHA/Designee will educate the scheduler/designee on the requirements of meeting the minimum HPPD per the regulation.</p> <p>5. The Scheduling Manager/ Designee will randomly audit the HPPD weekly x's 3 weeks to ensure</p>	Completion Date: <b>01/22/2025</b> Status: <b>APPROVED</b> Date: <b>12/24/2024</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395379</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/09/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT SYCAMORE REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1445 SYCAMORE ROAD MONTOURSVILLE, PA 17754</b>		
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P 5640	Continued from page 14	P 5640	HPD regulatory compliance. Any concerns/issues will be reviewed monthly to the facility's QAPI Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395379</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/09/2024</b>
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P 5640	Continued from page 15  Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure the total of nursing care hours provided in each 24-hour period was a minimum of 3.2 hours per patient day (PPD), effective July 1, 2024, for 14 of the 20 days reviewed.  Findings include:  Review of nursing staff care hours for the weeks of November 11-16, 2024, November 24-30, 2024, and December 2-8, 2024, revealed that the facility failed to meet the minimum hours per patient day for the following days:  November 11, 2024, 3.17 hours PPD November 12, 2024, 3.05 hours PPD November 13, 2024, 3.03 hours PPD November 14, 2024, 3.17 hours PPD November 24, 2024, 3.07 hours PPD November 27, 2024, 2.85 hours PPD November 28, 2024, 3.19 hours PPD November 29, 2024, 3.04 hours PPD	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395379</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>12/09/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT SYCAMORE REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1445 SYCAMORE ROAD MONTOURSVILLE, PA 17754</b>		
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P 5640	Continued from page 16  November 30, 2024, 3.04 hours PPD December 2, 2024, 3.09 hours PPD December 3, 2024, 3.18 hours PPD December 4, 2024, 3.07 hours PPD December 7, 2024, 2.90 hours PPD December 8, 2024, 3.05 hours PPD  During a meeting with the Nursing Home Administrator on December 9, 2024, at 3:35 PM she confirmed that the facility did not meet regulatory daily hours PPD as evidenced above.	P 5640			



# Certified End Page

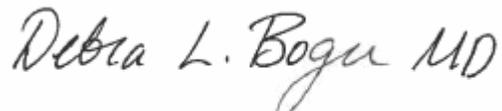
**WECARE AT SYCAMORE REHABILITATION AND NURSING CENTER**

**STATE LICENSE NUMBER: 194402**

**SURVEY EXIT DATE: 12/09/2024**

**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, 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