

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395422	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/07/2025	
NAME OF PROVIDER OR SUPPLIER: PENNKNOLL VILLAGE STATE LICENSE NUMBER: 680602		STREET ADDRESS, CITY, STATE, ZIP CODE: 208 PENNKNOLL ROAD EVERETT, PA 15537		
(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 5520	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"> 1. The facility cannot retroactively correct nursing staffing hours and ratios. 2. The facility is focusing on the retention of existing nursing staff and recruiting new staff through the efforts of the staffing committee and human resource department. 3. The Executive Director (ED) re-educated the scheduler and nursing supervisors on the staffing ratios and hours per patient day (HPPD). Staffing meetings to review the calculations for nursing staff ratios and HPPD for accuracy. 4. The ED or Designees to conduct Quality Improvement (QI) monitoring of daily schedules to ensure the ratio of care/minimum PPD will be met. QI monitoring conducted via OnShift Daily Schedules reviewed 5X per week X 4 weeks, then weekly X 4 weeks. Findings reported to the Quality Improvement Performance Improvement (QAPI) committee and updated as indicated. QI monitoring schedule modified based on findings. 	Completion Date: 04/30/2025 Status: APPROVED Date: 04/03/2025
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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P 5520	Continued from page 1 Based on review of nursing schedules and staffing information provided by the facility, as well as staff interview, it was determined that the facility failed to provide one nurse aide per 15 residents on the overnight shift for one of five days reviewed for February 26, 2025, through March 2, 2025. Findings include: Review of facility census data revealed: On February 28, 2025, the facility census was 86, which required 5.73 nurse aides during the over nightshift. Review of the nursing time schedules revealed 5.43 nurse aides provided care on the overnight shift. No additional excess higher-level staff were available to compensate for this deficiency. Interview with the Nursing Home Administrator on March 6, 2025, at 10:26 a.m. confirmed that the	P 5520		

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P 5520	Continued from page 2 facility did not meet the required nurse aide-to-resident staffing ratios for the day listed above.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 3 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"> 1. The facility cannot retroactively correct nursing staffing hours and ratios. 2. The facility is focusing on the retention of existing nursing staff and recruiting new staff through the efforts of the staffing committee and human resource department. 3. The Executive Director (ED) re-educated the scheduler and nursing supervisors on the staffing ratios and hours per patient day (HPPD). Staffing meetings to review the calculations for nursing staff ratios and HPPD for accuracy. 4. The ED or Designees to conduct Quality Improvement (QI) monitoring of daily schedules to ensure the ratio of care/minimum PPD will be met. QI monitoring conducted via OnShift Daily Schedules reviewed weekly x 4 weeks, then once a month as needed. Findings reported to the Quality Improvement Performance Improvement (QAPI) committee and updated as indicated. QI monitoring schedule modified based on findings. 	Completion Date: 04/30/2025 Status: APPROVED Date: 04/03/2025

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P 5530	Continued from page 4 Based on review of nursing schedules, review of staffing information provided by the facility, and staff interview, it was determined that the facility failed to ensure a minimum of one Licensed Practical Nurse per 25 residents on the day shift for three of five days reviewed, a minimum of one Licensed Practical Nurse per 30 residents on the evening shift for two of five days reviewed, and a minimum of one Licensed Practical Nurse per 40 residents on the night shift for two of five days reviewed on February 26, 2025, through March 2, 2025. Findings Include: Review of facility census data indicated that on February 26, 2025, the facility census was 85, which required 3.40 Licensed Practical Nurses during the day shift. Review of the nursing time schedules revealed 3.28 Licensed Practical Nurses provided care on the day shift. The facility census was 85, which required 2.83 Licensed Practical Nurses during the evening shift. Review of the	P 5530		

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P 5530	Continued from page 5 nursing time schedules revealed 2.68 Licensed Practical Nurses provided care on the evening shift. Review of facility census data indicated that on February 28, 2025, the facility census was 86, which required 3.44 Licensed Practical Nurses during the day shift. Review of the nursing time schedules revealed 3.12 Licensed Practical Nurses provided care on the day shift. The facility census was 86, which required 2.15 Licensed Practical Nurses during the night shift. Review of the nursing time schedules revealed 1.96 Licensed Practical Nurses provided care on the night shift. Review of facility census data indicated that on March 2, 2025, the facility census was 85, which required 3.40 Licensed Practical Nurses during the day shift. Review of the nursing time schedules revealed 3.02 Licensed Practical Nurses provided care on the day shift. The facility census was 85, which required 2.83 Licensed Practical Nurses during the evening shift. Review of the nursing time schedules revealed 2.31 Licensed Practical Nurses	P 5530		

Pennsylvania Department of Health

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P 5530	Continued from page 6 provided care on the evening shift. The facility census was 85, which required 2.13 Licensed Practical Nurses during the night shift. Review of the nursing time schedules revealed 1.69 Licensed Practical Nurses provided care on the night shift. No additional excess higher-level staff were available to compensate for these deficiencies. Interview with the Nursing Home Administrator on March 6, 2025, at 10:26 a.m. confirmed that the facility did not meet the Licensed Practical Nurse-to-resident staffing ratios for the day listed above.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 7 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	1. The facility cannot retroactively correct nursing staffing hours and ratios. 2. The facility is focusing on the retention of existing nursing staff and recruiting new staff through the efforts of the staffing committee and human resource department. 3. The Executive Director (ED) re-educated the scheduler and nursing supervisors on the staffing ratios and hours per patient day (HPPD). Staffing meetings to review the calculations for nursing staff ratios and HPPD for accuracy. 4. The ED or Designees to conduct Quality Improvement (QI) monitoring of daily schedules to ensure the ratio of care/minimum PPD will be met. QI monitoring conducted via OnShift Daily Schedules reviewed weekly x 4 weeks, then once a month as needed. Findings reported to the Quality Improvement Performance Improvement (QAPI) committee and updated as indicated. QI monitoring schedule modified based on findings.	Completion Date: 04/30/2025 Status: APPROVED Date: 04/03/2025

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P 5640	Continued from page 8 Based on review of staffing information provided by the facility and staff interviews, it was determined that the facility failed to provide 3.20 hours of direct resident care for each resident for two of five days (24-hour periods) reviewed. Findings include: Nursing time schedules provided by the facility for the days of February 26, 2025, through March 2, 2025, revealed that the facility provided only 3.16 hours of direct care for each resident on February 28, 2025, and 3.19 hours of direct care for each resident on March 2, 2025. Interview with the Nursing Home Administrator on March 6, 2025, at 10:26 a.m. confirmed that the facility did not meet the required daily direct resident care hours on the days listed above.	P 5640		



Certified End Page

PENNKROLL VILLAGE

STATE LICENSE NUMBER: 680602

SURVEY EXIT DATE: 03/07/2025

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