

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395423	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/16/2025
NAME OF PROVIDER OR SUPPLIER: CORNER VIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 6655 FRANKSTOWN AVENUE PITTSBURGH, PA 15206		
STATE LICENSE NUMBER: 060402				
(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 an Abbreviated Survey in response to a complaint completed on January 16, 2025, at Corner View Nursing and Rehabilitation Center, 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 Facilities as it relates 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.	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 5640		P 5640		

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P 5640	Continued from page 1 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	No residents were affected during the days identified in the 2567. The Director of Nursing and Staffing Coordinator were re-educated regarding minimum staffing PPD (per patient day) by the Administrator. The facility has previously reviewed the staffing plan and has assessed wages, provided extra shift pick up bonuses to qualified staff, provided for flexible scheduling, and has advertised in several ways for staff including on online help wanted sites. The facility will send representatives to local job fairs, partnered with local businesses such as job corps, each morning the administration staff meets to review the staffing for the day and any critical days in the future, weekly staffing meetings, staffing to include increased employees to cover for any call offs, progressive disciplinary action if necessary and weekly review of new staff that has been hired and will be joining the facility team in the future and any staff that has resigned or	Completion Date: 02/19/2025 Status: APPROVED Date: 01/27/2025

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P 5640	Continued from page 2	P 5640	<p>has been terminated. Corporate leadership included on strategies and any needs of the facility. The Nursing Home Administrator, Director of Nursing, and Staffing Coordinator, or designees, will review the ratios daily and look ahead in the upcoming week schedule.</p> <p>The Director of Nursing or designee will monitor the PPD 5 times a week for 4 weeks then weekly X4. Results of audits will be reviewed at the facilities quality assurance performance improvement meeting.</p>	

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P 5640	Continued from page 3 Based on review of nursing time schedules and staff interviews it was determined that the facility administrative staff failed to provide the minimum number of general nursing hours to each resident in a 24 hour period on 11 of 21 days (12/25/24, 12/26/24, 12/29/24, 1/1/25, 1/3/25, 1/5/25, 1/6/25, 1/7/25, 1/8/25, 1/11/25, and 1/12/25). Findings include: Review of the nursing schedules and census information for 12/24/24, through 1/13/25, revealed that the facility failed to maintain 3.20 hours of general nursing care to each resident in a 24-hour period on the following dates: - 12/25/24, Census 168, PPD 3.11 - 12/26/25, Census 168, PPD 2.95 - 12/29/24, Census 163, PPD 3.11 - 1/1/25, Census 165, PPD 3.05 - 1/3/25, Census 165, PPD 2.96 - 1/5/25, Census 167, PPD 2.99 - 1/6/25, Census 168, PPD 2.97 - 1/7/25, Census 167, PPD 3.10	P 5640		

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P 5640	Continued from page 4 - 1/8/25, Census 166, PPD 3.13 - 1/11/25, Census 168, PPD 3.14 - 1/12/25, Census 167, PPD 3.09 During an interview on 1/16/25, at 2:20 p.m., the Nursing Home Administrator (NHA) confirmed that the facility administrative staff failed to provide the minimum number of general nursing hours to each resident in a 24 hour period on 11 of 21 days (12/25/24, 12/26/24, 12/29/24, 1/1/25, 1/3/25, 1/5/25, 1/6/25, 1/7/25, 1/8/25, 1/11/25, and 1/12/25).	P 5640		



Certified End Page

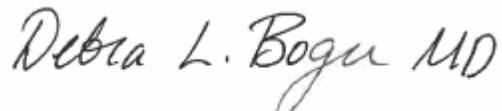
CORNER VIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 060402

SURVEY EXIT DATE: 01/16/2025

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