

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395423</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>CORNER VIEW NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>6655 FRANKSTOWN AVENUE PITTSBURGH, PA 15206</b>		
STATE LICENSE NUMBER: <b>060402</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  Based on an Abbreviated Survey in response to a complaint completed on April 23, 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; 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.

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P 5640	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<p>There were no adverse effects to the residents of our facility as a result of decreased HPPD on 3/1, 3/2, 3/3, 3/4, 3/5, 3/6, 3/7, 4/12, 4/16, 4/18, and 4/20/2025.</p> <p>The Director of Nursing, HR and Scheduler will be re-educated on the state requirement for HPPD by the Nursing Home Administrator or Designee. Staffing meetings will be held 3 days a week to review HPPD from the previous day and the projected HPPD, as well as the upcoming week to ensure appropriate staffing levels. If projected staffing levels are below the minimum of 3.2 HPPD, then the facility will reach out to current staff and staffing agencies to enlist staff to meet the minimum requirement. Facility will continue to recruit staff through all platforms.</p> <p>Audits of HPPD will be completed 5 days a week x4 by the NHA/designee to ensure HPPD meets the state minimums. Results of the audits will be submitted to the QAPI committee monthly for review and recommendations.</p>	<p>Completion Date: <b>05/27/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>05/03/2025</b></p>

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P 5640	Continued from page 1  Based on review of nursing time schedules and staff interview it was determined that the facility failed to meet the State minimum number of general nursing hours to each resident in a 24-hour period (PPD) on 11 out of 21 days(3/1/25-3/7/25; 4/12/25, 4/16/25, 4/18/25, and 4/20/25).  Findings include:  Review of the nursing schedules and census information for 3/1/25-3/7/25; 4/8/25-4/14/25, 4/15/25- 4/21/25, revealed that the facility failed to maintain 3.20 hours of general nursing care to each resident in a 24-hour period (PPD) on the following dates: -3/1/25, Census 157, PPD 3.08 -3/2/25, Census 157, PPD 2.65 -3/3/25, Census 158, PPD 3.03 -3/4/25, Census 160, PPD 2.95 -3/5/25, Census 161, PPD 3.06 -3/6/25, Census 158, PPD 2.54 -3/7/25, Census 161, PPD 3.07 -4/12/25, Census 150, PPD 3.19	P 5640		

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P 5640	Continued from page 2  -4/16/25, Census 151, PPD 3.06 -4/18/25, Census 154, PPD 2.91 -4/20/25, Census 153, PPD 2.77  During an interview on 4/23/25 at 8:16 a.m., the Nursing Home Administrator (NHA) confirmed that the facility failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on 11 out of 21 days (3/1/25-3/7/25; 4/12/25, 4/16/25, 4/18/25, and 4/20/25).	P 5640		



# Certified End Page

**CORNER VIEW NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 060402**

**SURVEY EXIT DATE: 04/23/2025**

**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