

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395428</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>NORTHERN DAUPHIN NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>990 MEDICAL ROAD MILLERSBURG, PA 17061</b>		
STATE LICENSE NUMBER: <b>451902</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 the Revisit survey completed on December 24, 2024, it was determined that Northern Dauphin Nursing and Rehabilitation had not corrected all the deficiencies cited during the survey of October 25, 2024, under the requirements of 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 5520	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<ol style="list-style-type: none"> <li>1. CNA ratio noted to be deficient cannot be corrected as this is a past event.</li> <li>2. CNA schedules will be monitored daily to ensure scheduled staff meet projected ratio requirement by the Scheduler and DON/Designee.</li> <li>3. Re-education to Scheduler and Nursing Administrative Staff regarding the required ratio to be completed. Facility is increasing its presence with advertising on social media in regard to promoting/advertising open positions and vetting applicants; Agency rate has been increased and shift bonus being offered. HR attends job fairs as they are available. Tuition reimbursement and referral bonus are all in place as incentive for recruiting and committal purposes.</li> <li>4. Ratio will be audited by DON/designee daily x4 weeks, then 3 days per week x 2 months or until substantial compliance is achieved. Results provided to QAPI. Date of compliance 02/04/2025</li> </ol>	<p>Completion Date: <b>02/04/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>01/03/2025</b></p>

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P 5520	Continued from page 1  Based on staffing documents and staff interview, it was determined that the facility failed to ensure a required minimum of one Nurse Aide (NA) per 10 residents on day shift (December 15 and 20, 2024), one NA per 11 residents on evening shift (December 14-20, 2024), and one NA per 15 residents on overnight shift (December 17 and 20, 2024).  Findings include:  Review of facility staffing ratio and resident census information for December 14 through 20, 2024, revealed the following NA ratios, which did not meet the minimum NA ratio required for the resident census on the following shifts:  December 14, 2024, evening shift - 165 residents and 13.67 NAs on evening shift, which didn't meet the required ratio of 15.0. December 15, 2024, day and evening shifts -165 residents and 14.93 NAs on day shift, which didn't meet the required ratio of 16.5. Evening shift 165	P 5520		

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P 5520	Continued from page 2  residents and 13.7 NAs, which didn't meet the required ratio of 15.0. December 16, 2024, evening shift -165 residents and 14.7 NAs on day shift, which didn't meet the required ratio of 15.0 on evening shift. December 17, 2024, evening and night shifts - 165 residents and 14.23 NAs on evening shift, which didn't meet the required ratio of 15.0. Night shift 165 residents and 6.77 NAs, which didn't meet the required ratio of 11.0. December 18, 2024, evening shift -165 residents and 14.77 NAs on evening shift, which didn't meet the required ratio of 15.0. December 19, 2024, evening shift - 166 residents and 14.67 NAs on evening shift, which didn't meet the required ratio of 15.09. December 20, 2024, day, evening, and night shifts - 164 residents, and 13.33 NAs on day shift, which didn't meet the required ration of 16.4. Evening shift 164 residents and 6.33 NAs, which didn't meet the required ratio of 14.91. Night shift 164 residents and 6.57 NAs, which didn't meet the required ratio of 10.93.	P 5520		

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P 5520	Continued from page 3  During an electronic communication with the Nursing Home Administrator on December 24, 2024, at 9:00 AM, it was confirmed the facility had not met the staffing requirements.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 4  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. LPN ratio noted to be deficient cannot be corrected as this is a past event.</li> <li>2. LPN schedules will be monitored daily to ensure scheduled staff meet projected ratio requirement by the Scheduler and DON/Designee.</li> <li>3. Re-education to Scheduler and Nursing Administrative Staff regarding the required ratio to be completed. Facility is increasing its presence with advertising on social media in regard to promoting/advertising open positions and vetting applicants; Agency rate has been increased and shift bonus being offered. HR attends job fairs as they are available. Tuition reimbursement and referral bonus are all in place as incentive for recruiting and committal purposes.</li> <li>4. Ratio will be audited by DON/designee daily x4 weeks, then 3 days per week x 2 months or until substantial compliance is achieved. Results provided to QAPI. Date of compliance 02/04/2025</li> </ol>	Completion Date: <b>02/04/2025</b> Status: <b>APPROVED</b> Date: <b>01/03/2025</b>

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P 5530	Continued from page 5  Based on staffing documents and staff interview, it was determined that the facility failed to ensure a required minimum of one Licensed Practical Nurse (LPNs) per 25 residents on day shift (December 14, 2024), one LPN per 30 resident on evening shift (December 14, and 20, 2024), and one LPN per 40 residents on night shift (December 14, 15, 17, 19, and 20, 2024).  Findings include:  Review of facility staffing ratio and resident census information for December 14 through 20, 2024, revealed the following LPN ratios, which did not meet the minimum NA ratio required for the resident census on the following shifts:  December 14, 2024, day, evening, and night shifts - 165 residents and 4.75 LPNs on day shift, which didn't meet the required ratio of 6.60. Evening shift 165 residents and 5.28 LPNs, which didn't meet the required ratio of 5.50. Night shift 165 residents and 3.03 LPNs, which didn't meet the required ratio of	P 5530		

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P 5530	Continued from page 6  4.13. December 15, 2024, night shift - 165 residents and 3.19 LPNs on overnight shift, which didn't meet the required ratio of 4.13. December 17, 2024, night shift -165 residents and 3.31 LPNs on night shift, which didn't meet the required ratio of 4.13. December 19, 2024, night shift -166 residents and 4.09 LPNs on night shift, which didn't meet the required ratio of 4.15. December 20, 2024, evening and night shifts - 164 residents and 4.81 LPNs on evening shift, which didn't meet the required ratio of 4.17. Night shift 164 residents and 3.31 LPNs, which didn't meet the required ratio of 4.10. During an electronic communication with the Nursing Home Administrator on December 24, 2024, at 9:00 AM, it was confirmed the facility had not met the staffing requirements.	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	<ol style="list-style-type: none"> <li>1. Minimum required 3.20 hours of direct patient care noted to be deficient cannot be corrected as this is a past event.</li> <li>2. PPD will be calculated in advance and updated daily based on census to ensure facility is meeting PPD requirement by the Scheduler and DON/Designee.</li> <li>3. Re-education to Scheduler and Nursing Administrative Staff regarding the required PPD to be completed. Facility is increasing its presence with advertising on social media in regards to promoting/advertising open positions and vetting applicants; Agency rate has been increased and shift bonus being offered. HR attends job fairs as they are available. Tuition reimbursement and referral bonus are all in place as incentive for recruiting and committal purposes.</li> <li>4. PPD will be audited by DON/designee daily x4 weeks, then 3 days per week x 2 months or until substantial compliance is achieved. Results provided to QAPI. Date of</li> </ol>	Completion Date: <b>02/04/2025</b> Status: <b>APPROVED</b> Date: <b>01/03/2025</b>

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P 5640	<p>Continued from page 8</p> <p>Based on staffing documents and staff interview, it was determined that the facility failed to ensure the total number of nursing care hours provided in each 24-hour period be a minimum of 3.20 hours of direct care for each resident for six of seven days reviewed (December 14, 15, 16, 17, 19, and 20, 2024).</p> <p>Findings Include:</p> <p>Review of one week of facility staffing hours that included December 14 through 20, 2024, revealed that the facility provided less than the required 3.20 hours of direct care per resident on the following dates: December 14 - 2.76; December 15 - 2.84; December 16 - 3.09; December 17 - 2.77; December 19 - 3.15; and December 10 - 2.14.</p> <p>During an electronic communication with the Nursing Home Administrator on December 24, 2024, at 9:00 AM, it was confirmed the facility had not met the staffing requirements.</p>	P 5640	compliance 02/04/2025	



# Certified End Page

**NORTHERN DAUPHIN NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 451902**

**SURVEY EXIT DATE: 12/24/2024**

**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