

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395451	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/10/2024
NAME OF PROVIDER OR SUPPLIER: INNERS CREEK SKILLED NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 WEST QUEEN STREET DALLASTOWN, PA 17313		
STATE LICENSE NUMBER: 900802				
(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 a Revisit Survey completed on December 10, 2024, it was determined that Inners Creek Skilled Nursing and Rehabilitation Center did not correct the deficiencies cited during the survey of November 7, 2024, under the requirements of the 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	<p>1. All residents received care in accordance with their plan of care and attending physician orders.</p> <p>2. The Clinical Leadership Team and scheduler review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. Facility continues to offer incentives, coordinate staffing schedules, and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff.</p> <p>3. All Nursing Staff have been educated on the 7/1/2024 Nursing Ratios and PPD requirements and the importance of maintaining the schedule as posted.</p> <p>4. To monitor and maintain ongoing compliance the DON or designee will audit staffing weekly x4 weeks then monthly for two months. Results will be taken to the QAPI for review and revision as needed.</p>	<p>Completion Date: 01/23/2025 Status: APPROVED Date: 12/19/2024</p>

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P 5520	Continued from page 1 Based on staffing document review 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 for one of seven days reviewed (December 7, 2024), one nurse aide per 11 residents on the evening shift for one of seven days reviewed (December 9, 2024), and one nurse aide per 15 residents on the overnight shift for seven of seven days reviewed (December 3-9, 2024). Findings Include: A review of facility-provided staffing ratio information for the day shift on December 7, 2024, revealed a census of 186 residents. Further review revealed an NA ratio of 18.27, which did not meet the required ratio of 18.60 NAs for the census on that shift. A review of facility-provided staffing ratio information for the evening shift on December 9, 2024, revealed a census of 190 residents. Further review revealed an NA ratio of 16.07, which did	P 5520		

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P 5520	Continued from page 2 not meet the required ratio of 17.27 NAs for the census on that shift. A review of the facility-provided staffing ratio information for the overnight shift on December 3, 2024, revealed a census of 180 residents. Further review revealed an NA ratio of 9.00, which did not meet the required ratio of 12.00 NAs for the census on that shift. A review of facility-provided staffing ratio information for the overnight shift on December 4, 2024, revealed a census of 182 residents. Further review revealed an NA ratio of 10.00, which did not meet the required ratio of 12.13 NAs for the census on that shift. A review of facility-provided staffing ratio information for the overnight shift on December 5, 2024, revealed a census of 183 residents. Further review revealed an NA ratio of 10.87, which did not meet the required ratio of 12.20 NAs for the census on that shift.	P 5520		

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P 5520	Continued from page 3 A review of facility-provided staffing ratio information for the overnight shift on December 6, 2024, revealed a census of 186 residents. Further review revealed an NA ratio of 11.53, which did not meet the required ratio of 12.40 NAs for the census on that shift. A review of facility-provided staffing ratio information for the overnight shift on December 7, 2024, revealed a census of 186 residents. Further review revealed an NA ratio of 9.07, which did not meet the required ratio of 12.40 NAs for the census on that shift. A review of facility-provided staffing ratio information for the overnight shift on December 8, 2024, revealed a census of 187 residents. Further review revealed an NA ratio of 9.93, which did not meet the required ratio of 12.47 NAs for the census on that shift. A review of facility-provided staffing ratio	P 5520		

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P 5520	Continued from page 4 information for the overnight shift on December 9, 2024, revealed a census of 190 residents. Further review revealed an NA ratio of 11.00, which did not meet the required ratio of 12.67 NAs for the census on that shift. An interview with the Nursing Home Administrator on December 10, 2024, at 9:47 AM, revealed the facility is not meeting the required NA ratios.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 5 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. All residents received care in accordance with their plan of care and attending physician orders. 2. The Clinical Leadership Team and scheduler review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. Facility continues to offer incentives, coordinate staffing schedules, and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff. 3. All Nursing Staff will be educated on the Nursing Ratios and PPD requirements and the importance of maintaining the schedule as posted. 4. To monitor and maintain ongoing compliance the DON or designee will audit staffing weekly x4 weeks then monthly for two months. Results will be taken to the QAPI for review and revision as needed.	Completion Date: 01/23/2025 Status: APPROVED Date: 12/19/2024

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P 5640	Continued from page 6 Based on review of 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 required minimum of 3.20 hours of direct care for each resident for three of seven days reviewed (December 7, 8, and 9, 2024). Findings Include: A review of facility-provided staffing information dated December 3, 2024 - December 9, 2024, revealed that the facility provided only 2.84 hours of direct care for each resident on December 7, 2024; 3.13 hours on December 8, 2024; and 3.06 hours on December 9, 2024. An interview with the Nursing Home Administrator on December 10, 2024, at 9:47 AM, revealed the facility was not meeting the required minimum hours.	P 5640		



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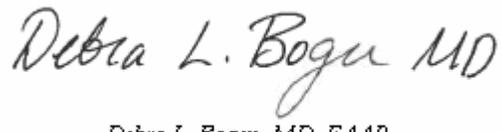
INNERS CREEK SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 900802

SURVEY EXIT DATE: 12/10/2024

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