

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395469	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/11/2025
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NAME OF PROVIDER OR SUPPLIER: EMERALD NURSING AND REHABILITATION STATE LICENSE NUMBER: 023202	STREET ADDRESS, CITY, STATE, ZIP CODE: 320 SOUTH MARKET STREET ELIZABETHTOWN, PA 17022
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P 5520		P 5520		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 5520	Continued from page 1 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	Nursing Home Administrator/Designee will continue to audit nursing staffing schedules for the next two weeks to ensure schedules reflect at a minimum 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. Nursing Home Administrator/Designee will utilize the Staffing Calculator Tool Spreadsheet to calculate these staff ratios to ensure compliance. Nursing Home Administrator, Director of Nursing, and Scheduler/HR will continue to hold weekly meetings to discuss new opportunities to utilize local community resources for staffing including vocational schools that offer aide training programs. Facility will hold bi-weekly meetings with cooperate recruiting team to improve hiring process and discuss opportunities to contract with additional Staffing Agencies to ensure the facility remains in	Completion Date: 03/30/2025 Status: APPROVED Date: 02/19/2025

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P 5520	Continued from page 2	P 5520	<p>continued compliance with nurse staff ratios and PPD.</p> <p>Nursing Home Administrator will continue to have daily staffing meetings with Director of Nursing and Facility Nursing Scheduler to review daily staffing schedules to ensure compliance with staffing regulations, discuss potential barriers to meeting required staffing ratios and identify strategies to meet staffing ratios including but not limited to recruitment efforts, bonus structure, use of agency and overtime hours. Scheduler/HR will discuss with staffing agencies any issues with their staff involving absenteeism and/or tardiness as it effects facility ratios.</p> <p>Nursing Home Administrator will continue to audit daily nursing staffing ratios to ensure nurse aide ratios are in compliance with mandated state laws regarding minimum staffing ratios. These audits will be conducted weekly for 4 weeks and monthly for 2 months</p>	

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P 5520	Continued from page 3	P 5520	utilizing the Staffing Calculator Tool Spreadsheet. Results of these audits will be reviewed by the Quality Assurance Performance Improvement Committee		

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P 5520	<p>Continued from page 4</p> <p>Based on a review of facility staffing data for the period of January 28, 2025 through February 6, 2025,, it was determined that the facility failed to ensure a minimum of one nurse aide per 10 residents on the day shift for four days and one nurse aide per 11 residents on the evening shift for two days and one nurse aide per 15 residents on the night shift for two days.</p> <p>Findings include:</p> <p>Review of facility staffing data for the period of January 28, 2025 through February 6, 2025, revealed the following dates and shifts that did not meet the requirements of one nurse aide per 10 residents on the day shift, one nurse aide per 11 residents on the evening shift and one nurse aide per 15 residents on the night shift.</p> <p>Day shift 2/1/2025 2/2/2025</p>	P 5520		

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P 5520	Continued from page 5 2/5/2025 2/6/2025 Evening shift 1/30/2025 2/1/2025 Night shift 1/31/2025 2/4/2025 The aforementioned data was confirmed with the Nursing Home Administrator in a telephone interview on February 11, 2025.	P 5520		



Certified End Page

EMERALD NURSING AND REHABILITATION

STATE LICENSE NUMBER: 023202

SURVEY EXIT DATE: 02/11/2025

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