

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395483	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/13/2025
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NAME OF PROVIDER OR SUPPLIER: MARKLEY REHABILITATION AND HEALTHCARE CENTER	STATE LICENSE NUMBER: 182002	STREET ADDRESS, CITY, STATE, ZIP CODE: 550 EAST FORNANCE STREET NORRISTOWN, PA 19401
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(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 three Complaints, completed on February 13, 2025, at Markley Rehabilitation and Healthcare Center, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care; 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:
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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 5620	Nursing services. (i) A minimum number of general nursing care hours shall be provided for each 24-hour period as follows: This REGULATION is not met as evidenced by:	P 5620	No residents were negatively impacted by not meeting 3.20 PPD. The facility completed an audit of HPPD for the past 30 days. Variances were reviewed with the staffing coordinator and recorded on the facility audit tool. The Administrator re-educated the staffing coordinator on the required HPPD. The Administrator has reviewed staff recruitment and retention initiatives and have communicated those initiatives to the facility recruitment manager. The Administrator / Designee will audit centers HPPD 3 times per week for 4 weeks then weekly for 2 months. Audit findings will be submitted to the Quality Assurance Performance Improvement Committee monthly for further review and recommendations as needed. Further audit frequency will be determined based on the outcome of the previously completed audit findings	Completion Date: 03/18/2025 Status: APPROVED Date: 03/13/2025
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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P 5620	<p>Continued from page 1</p> <p>Based on the review of nursing staffing schedules for the week of December 29, 2024 through January 4, 2025, and interview with staff, it was determined that the facility failed to meet the minimum of 3.2 hours of direct resident care for each resident for two days. (December 31, 2024 and January 4, 2025)</p> <p>Findings include:</p> <p>An interview was conducted with the facility administrator on February 13, 2025, 10:00 a.m. A request was made for the facility to calculate staff to resident ratios and direct nursing care hours for the week of December 29, 2024 through January 4, 2025.</p> <p>A review of nursing personnel staffing schedules for the week of December 29, 2024 through January 4, 2025, revealed that staffing was 3.00 hours of direct resident care for each resident on December 31, 2024.</p>	P 5620		

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P 5620	Continued from page 2 A review of nursing personnel staffing schedules for the week of December 29, 2024 through January 4, 2025, revealed that staffing was 2.97 hours of direct resident care for each resident on January 4, 2025.	P 5620			



Certified End Page

MARKLEY REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 182002

SURVEY EXIT DATE: 02/13/2025

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