

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002	STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407
--	---

(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
P 5520		P 5520		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
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	Plan of Correction: P 5520 Nursing Services 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Nursing home administrator/NHA or designee to in-service staffing coordinator, director of nursing, staff educator and assistant director of nursing and charge nurses on the state required minimum staffing ratios for nursing assistants. 2. How the care community will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Nursing Home Administrator/NHA or designee to conduct staffing meetings 3 times/week to ensure the state required minimum staffing ratios for nursing assistants are met throughout the week, weekends and holidays. 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?	Completion Date: 03/03/2025 Status: APPROVED Date: 02/07/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5520	Continued from page 2	P 5520	<p>NHA/ designee to review staffing sheets 3x weekly to ensure the state required minimum staffing ratios for nursing assistants are met for the day/ shifts prior. Staffing meeting includes discussion of open shifts, vacation coverage, review of current nursing staff schedule and what is needed to meet state required nurses aide ratio and PPD, interviews scheduled, new hires and orientation date.</p> <p>NHA/ designee to utilize corporate hiring and recruitment platform and Indeed for job applicants, attend job fairs, corporate talent acquisition specialist, newspaper ads, employee referral bonus program and tuition reimbursement for recruitment efforts. STNA's are offered call-in bonus pay and incentive programs for picking up additional shifts. NHA or designee will host open interview hours to increase recruitment efforts.</p> <p>The admission team will review potential admissions based on the ability to meet the care needs of the resident and meet minimum staffing</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5520	Continued from page 3	P 5520	<p>needs.</p> <p>4. How will the corrective action(s) be monitored to ensure that deficient practice will not recur, i.e., what quality assurance program will be put into place; and NHA/designee to meet 3x weekly with director of nursing/DON or designee and staffing coordinator to review nursing assistant ratios, staffing meeting and audit will continue to ensure sustained compliance.</p> <p>All audits will be reviewed through the quality and performance improvement process.</p> <p>5. Dates when corrective action will be completed. March 3, 2025</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5520	Continued from page 4 Based on review of the facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Nurse Aide (NA) was met per 10 residents for the day shift for three of 14 days (1/11/25, 1/12/25, and 1/19/25); and failed to ensure a minimum of one NA per 11 residents for the evening shift for four of 14 days (1/10/25, 1/11/25, 1/13/25, and 1/20/25); and failed to ensure a minimum of one NA per 15 residents for the overnight shift for nine of 14 days reviewed (1/10/25, 1/11/25, 1/12/25, 1/13/25, 1/15/25, 1/16/25, 1/17/25, 1/18/25, and 1/19/25). Findings include: Review of facility nursing staffing documents for the time period from 1/08/25, through 1/21/25, revealed the following NA staffing shortages for the day shift where the NA ratios were not met: 1/11/25 census of 108 residents 8.69 NA worked and 10.80 were required.	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5520	Continued from page 5 1/12/25 census of 108 residents 9.51 NA worked and 10.80 were required. 1/19/25 census of 107 residents 9.71 NA worked and 10.70 were required. Review of facility nursing staffing documents for the time period from 1/08/25, through 1/21/25, revealed the following NA staffing shortages for the evening shift where the NA ratios were not met: 1/10/25 census of 109 residents 9.63 NA worked and 9.91 were required. 1/11/25 census of 108 residents 8.83 NA worked and 9.82 were required. 1/13/25 census of 108 residents 9.76 NA worked and 9.82 were required. 1/20/25 census of 107 residents 9.35 NA worked and 9.73 were required. Review of facility nursing staffing documents for the time period from 1/08/25, through 1/21/25, revealed the following NA staffing shortages for the overnight shift where the NA ratios were not met:	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5520	Continued from page 6 1/10/25 census of 109 residents worked and 7.27 were required. 6.47 NA 1/11/25 census of 108 residents worked and 7.20 were required. 5.33 NA 1/12/25 census of 108 residents worked and 7.20 were required. 5.39 NA 1/13/25 census of 108 residents worked and 7.20 were required. 5.47 NA 1/15/25 census of 107 residents worked and 7.13 were required. 7.01 NA 1/16/25 census of 105 residents worked and 7.00 were required. 6.37 NA 1/17/25 census of 105 residents worked and 7.00 were required. 4.80 NA 1/18/25 census of 107 residents worked and 7.13 were required. 5.60 NA 1/19/25 census of 107 residents worked and 7.13 were required. 6.60 NA During a telephone interview on 1/27/25, at 10:45 a.m. the Nursing Home Administrator confirmed the NA ratios were not met for the above days and	P 5520		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5520	Continued from page 7 shifts.	P 5520		
P 5530		P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5530	Continued from page 8 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	Plan of Correction: P 5530 Nursing Services 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Nursing Home Administrator/NHA or designee to in-service staffing coordinator, director of nursing/DON, staff educator and assistant director of nursing and charge nurses on the state required minimum staffing ratios for licensed practical nurses. 2. How the care community will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. NHA/ designee to conduct staffing meetings 3 times/week to ensure the state required minimum staffing ratios for licensed practical nurses are met throughout the week, weekends and holidays. 3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?	Completion Date: 03/03/2025 Status: APPROVED Date: 02/07/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5530	Continued from page 9	P 5530	<p>NHA/designee to review staffing sheets 3x weekly to ensure the state required minimum staffing ratios for licenses practical nurses are met for the day/ shifts prior. Staffing meeting includes discussion of open shifts, vacation coverage, review of current nursing staff schedule and coverage needed to meet state required LPN ratio and PPD, interviews scheduled, new hires and orientation date.</p> <p>NHA/designee to utilize corporate recruitment platform and Indeed for job applicants, attend job fairs, corporate talent acquisition specialist, newspaper ads, employee referral bonus program and tuition reimbursement for recruitment efforts. Licensed Nurses are offered call-in bonus pay and incentive programs for picking up additional shifts.</p> <p>NHA or designee will host open interview hours to increase recruitment efforts.</p> <p>The admission team will review potential admissions based on the ability to meet the care needs of the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5530	Continued from page 10	P 5530	<p>resident and meet minimum staffing needs.</p> <p>4. How will the corrective action(s) be monitored to ensure that deficient practice will not recur, i.e., what quality assurance program will be put into place; and NHA/designee to meet 3x weekly with DON/designee and staffing coordinator to review licenses practical nurse's ratios. Staffing meetings will continue to ensure sustained compliance All audits will be reviewed through the quality and performance improvement process.</p> <p>5. Dates when corrective action will be completed. March 3, 2025</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5530	Continued from page 11 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure the Licensed Practical Nurse (LPN) ratios were met of one LPN per 25 residents on the day shift for two of 14 days (1/15/25, and 1/20/25), and one LPN per 40 residents on the overnight shift for four of 14 days (1/11/25, 1/12/25, 1/13/25, and 1/19/25). Findings include: Review of facility nursing staffing documents for the time period from 1/08/25, through 1/21/25, revealed the following LPN staffing shortages for the day shift where the LPN ratios were not met: 1/15/25 census of 107 residents 4.05 LPNs worked and 4.28 were required. 1/20/25 census of 107 residents 4.27 LPNs worked and 4.28 were required.	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5530	Continued from page 12 Review of facility nursing staffing documents for the time period from 1/08/25, through 1/21/25, revealed the following LPN staffing shortages for the overnight shift where the LPN ratios were not met: 1/11/25 census of 108 residents 2.13 LPNs worked and 2.70 were required. 1/12/25 census of 108 residents 2.13 LPNs worked and 2.70 were required. 1/13/25 census of 108 residents 2.13 LPNs worked and 2.70 were required. 1/19/25 census of 107 residents 1.07 LPNs worked and 2.68 were required. During a telephone interview on 1/27/25, at 10:45 a.m. the Nursing Home Administrator confirmed that the facility did not meet the minimum LPN ratio for the above days and shifts.	P 5530		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5540		P 5540		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5540	Continued from page 14 Nursing services. (5) Effective July 1, 2023, a minimum of 1 RN per 250 residents during all shifts. This REGULATION is not met as evidenced by:	P 5540	Plan of Correction: P 5540 Nursing Services 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Nursing Home Administrator/NHA or designee to in-service staffing coordinator, staff educator, DON/director of nursing and assistant director of nursing and charge nurses on the state required minimum staffing ratios for registered nurses. 2. How the care community will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. NHA/designee to conduct staffing meetings 3 times/week to ensure the state required minimum staffing ratios for registered nurses are met throughout the week, weekends and holidays. 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur	Completion Date: 03/03/2025 Status: APPROVED Date: 02/07/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5540	Continued from page 15	P 5540	<p>NHA/designee to review staffing sheets 3x weekly to ensure the state required minimum staffing ratios for registered nurses are met for the day/ shifts prior. Staffing meeting includes discussion of open shifts, vacation coverage, review of current nursing staff schedule and coverage needed to meet state required registered nurse ratio and PPD, the interviews scheduled, new hires and orientation date.</p> <p>NHA/ designee to utilize corporate recruitment platform and Indeed for job applicants, attend job fairs, corporate talent acquisition specialist, newspaper ads, employee referral bonus program and tuition reimbursement for recruitment efforts. Registered Nurses are offered call-in bonus pay and incentive programs for picking up additional shifts.</p> <p>NHA or designee will host open interview hours to increase recruitment efforts.</p> <p>The admission team will review potential admissions based on the ability to meet the care needs of the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5540	Continued from page 16	P 5540	<p>residents and meet minimum staffing needs.</p> <p>4. How will the corrective action(s) be monitored to ensure that deficient practice will not recur, i.e., what quality assurance program will be put into place; and NHA/designee to meet 3x weekly with DON/designee and staffing coordinator to review registered nurse's ratios. Staffing meetings will continue to ensure sustained compliance.</p> <p>All audits will be reviewed through the quality performance and improvement process.</p> <p>5. Dates when corrective action will be completed. March 3, 2025</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5540	Continued from page 17 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Registered Nurse (RN) per 250 residents during the evening shift for one of 14 days reviewed (1/18/25). Findings include: Review of facility nursing staffing documents for the time period from 1/08/25, through 1/21/25, revealed the following RN staffing shortages for the evening shift where the RN ratios were not met: 1/18/25 census of 107 residents 0.49 RNs worked and 1.00 was required. During a telephone interview on 1/27/25, at 10:45 a.m. the Nursing Home Administrator confirmed that the facility did not meet the minimum RN ratio for the above day and shift.	P 5540		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5540	Continued from page 18	P 5540		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5640	Continued from page 19 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	Plan of Correction: P 5640 Nursing Services 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Nursing Home Administrator/NHA or designee to in-service staffing coordinator, staff educator, Director of Nursing/DON and assistant director of nursing and charge nurses on the state required minimum staffing levels of 3.2 hours per patient day. 2. How the care community will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. NHA/designee to conduct staffing meetings 3 times weekly to ensure the state required minimum number of general nursing care hours are met through the week, weekends and holidays. 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur	Completion Date: 03/03/2025 Status: APPROVED Date: 02/07/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5640	Continued from page 20	P 5640	<p>NHA/designee to review staffing sheets 3x weekly to ensure adequate nursing coverage is scheduled to meet the minimum number of general nursing care hours. Staffing meeting includes discussion of open shifts, vacation coverage, review of current nursing staff schedule and coverage needed to meet state required minimum staffing hours of 3.2, interviews scheduled, new hires and orientation date.</p> <p>NHA/ designee to utilize corporate recruitment platform and Indeed for job applicants, attend job fairs, corporate talent acquisition specialist, newspaper ads, employee referral bonus program and tuition reimbursement for recruitment efforts. Nursing staff are offered call-in- bonus pay and incentive programs for picking up additional shifts.</p> <p>NHA or designee will host open interview hours to increase recruitment efforts.</p> <p>The admission team will review potential admissions based on the ability to meet the care needs of the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5640	Continued from page 21	P 5640	<p>residents and meet minimum staffing needs.</p> <p>4. How the corrective action(s) will be monitored to ensure that deficient practice will not recur, i.e., what quality assurance program will be put into place; and NHA/designee to meet 3x weekly with DON/designee and staffing coordinator to review nursing schedule and projected daily minimum number of general nursing care hours to ensure the minimum 3.2 hours are met. Staffing meetings will continue to ensure sustained compliance.</p> <p>All audits will be reviewed through the quality and performance improvement process.</p> <p>5. Dates when corrective action will be completed. March 3, 2025</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5640	Continued from page 22 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to provide the minimum number of general nursing care hours of 3.2 hours of direct resident care hours per resident in a 24-hour period for 10 of 14 days reviewed (1/10/25, 1/11/25, 1/12/25, 1/13/25, 1/14/25, 1/15/25, 1/17/25, 1/18/25, 1/19/25, and 1/20/25. Findings include: Review of nursing staffing documents for the time period from 1/08/25, through 1/21/25, revealed that the hours of direct resident care was below 3.2 minimum per patient per day (PPD) on the following dates: 1/10/25 3.14 1/11/25 2.62 1/12/25 2.73 1/13/25 3.00 1/14/25 3.16	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CORRY MANOR STATE LICENSE NUMBER: 815002		STREET ADDRESS, CITY, STATE, ZIP CODE: 640 WORTH STREET CORRY, PA 16407		
(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
P 5640	Continued from page 23 1/15/25 3.08 1/17/25 2.94 1/18/25 3.01 1/19/25 2.81 1/20/25 3.19 During a telephone interview on 1/27/25, at 10:45 a.m. the Nursing Home Administrator confirmed the facility did not meet the 3.2 minimum hours of direct resident care on the above dates.	P 5640		



Certified End Page

CORRY MANOR

STATE LICENSE NUMBER: 815002

SURVEY EXIT DATE: 01/27/2025

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