



Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395500</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/17/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>TWIN LAKES REHABILITATION AND HEALTHCARE CENTER</b>  STATE LICENSE NUMBER: <b>914302</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>227 SAND HILL ROAD GREENSBURG, PA 15601</b>
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P 5530		P 5530		

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

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P 5530	Continued from page 1  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	1. The ratios noted in the survey findings cannot be corrected as this is a past event. 2. Calculation of shift ratios will be completed and reviewed daily for accuracy by the scheduler or designee. 3. The facility has developed internal incentives to retain and attract staff and meet shift ratio requirements. Administrator will re-educate Director of Nursing and Scheduler regarding staffing ratios regulations. Facility scheduler, Director Of Nursing, Human Resources and Administrator have a daily staffing meeting (5 days per week) to review schedules including compliance with ratios. For staff call offs, every effort will be made to replace the call off using resources available including communicating with staff to replace the vacancy. Staffing patterns are projected at least one week in advance to enable ongoing efforts to fill any vacant shifts. The facility will take admissions when staffing is appropriate. 4. Ratios will be monitored daily by	Completion Date: <b>04/02/2025</b> Status: <b>APPROVED</b> Date: <b>02/04/2025</b>

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P 5530	Continued from page 2	P 5530	Scheduler and/or Director of Nursing or designee. Audits of ratios will be completed by Director of nursing or designee daily for 4 weeks then 3 days per week x 2 months or until substantial compliance is achieved. Results of audits will be reviewed by the Quality Assurance Performance Improvement Committee.	

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P 5530	Continued from page 3  Based on review of nursing schedules, review of staffing information furnished by the facility, and staff interviews, it was determined that the facility failed to ensure a minimum of one licensed practical nurse (LPN) per 25 residents during the day shift for three of 21 days, failed to ensure a minimum of one licensed practical nurse (LPN) per 30 residents during the evening shift for one of 21 days, and failed to ensure a minimum of one LPN per 40 residents on the night shift for four of 21 days reviewed for December 8 through 14, 2024; December 22 through 28, 2024; and January 5 through 11, 2025.  Findings include:  Review of facility census data revealed:  On December 11, 2024, the facility's census was 130 during the day shift, which required 5.20 LPN's; however, review of the time schedules revealed that 5.03 LPN's provided care during the	P 5530		

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P 5530	<p>Continued from page 4</p> <p>day shift.</p> <p>On December 25, 2024, the facility's census was 127 during the day shift, which required 5.08 LPN's; however, review of the time schedules revealed that 4.88 LPN's provided care during the day shift.</p> <p>On January 5, 2025, the facility's census was 124 during the day shift, which required 4.96 LPN's; however, review of the time schedules revealed that 4.75 LPN's provided care during the day shift.</p> <p>On December 11, 2024, the facility's census was 130 during the evening shift, which required 4.33 LPN's; however, review of the time schedules revealed that 3.94 LPN's provided care during the evening shift.</p> <p>On December 9, 2024, the facility's census was 124 during the night shift, which required 3.10 LPN's; however, review of the time schedules revealed that 2.22 LPN's provided care during the night shift.</p>	P 5530		

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P 5530	<p>Continued from page 5</p> <p>On December 12, 2024, the facility's census was 130 during the night shift, which required 3.25 LPN's; however, review of the time schedules revealed that 3.16 LPN's provided care during the night shift.</p> <p>On December 23, 2024, the facility's census was 126 during the night shift, which required 3.15 LPN's; however, review of the time schedules revealed that 2.56 LPN's provided care during the night shift.</p> <p>On December 25, 2024, the facility's census was 127 during the night shift, which required 3.18 LPN's; however, review of the time schedules revealed that 3.06 LPN's provided care during the night shift.</p> <p>However, there were no additional excess higher-level staff were available to compensate for these deficiencies.</p>	P 5530		

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P 5530	Continued from page 6  Interview with the Nursing Home Administrator on January 17, 2025, at 3:40 p.m. confirmed that the facility did not meet the required LPN-to-resident staffing ratios for the days listed above.	P 5530			



# Certified End Page

**TWIN LAKES REHABILITATION AND HEALTHCARE CENTER**

**STATE LICENSE NUMBER: 914302**

**SURVEY EXIT DATE: 01/17/2025**

**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