

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395500	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/08/2025
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NAME OF PROVIDER OR SUPPLIER: TWIN LAKES REHABILITATION AND HEALTHCARE CENTER STATE LICENSE NUMBER: 914302	STREET ADDRESS, CITY, STATE, ZIP CODE: 227 SAND HILL ROAD GREENSBURG, PA 15601
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P 5510		P 5510		

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

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P 5510	Continued from page 1 Nursing services. (2) Effective July 1, 2023, a minimum of 1 nurse aide per 12 residents during the day, 1 nurse aide per 12 residents during the evening, and 1 nurse aide per 20 residents overnight. This REGULATION is not met as evidenced by:	P 5510	<ol style="list-style-type: none"> 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: 06/25/2025 Status: APPROVED Date: 04/29/2025

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P 5510	Continued from page 2	P 5510	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 5510	<p>Continued from page 3</p> <p>Based on review of nursing schedules and staffing information furnished by the facility, and staff interview, it was determined that the facility failed to provide one nurse aide (NA) per 10 residents on the day shift for one of five days reviewed, and one NA per 11 residents on the evening shift for two of five days reviewed for April 2, 2025, through April 6, 2025.</p> <p>Findings include:</p> <p>Review of facility census data indicated that on April 4, 2025, the facility census was 129 during the evening shift, which required 11.73 NA's; however, review of the time schedules revealed that 11.07 NA's provided care during the evening shift.</p> <p>On April 6, 2025, the facility census was 128 during the day shift, which required 12.80 NA's; however, review of the time schedules revealed that 10.73 NA's provided care during the day shift. The facility census was 128 during the evening shift, which</p>	P 5510		

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P 5510	Continued from page 4 required 11.64 NA's; however, review of the time schedules revealed that 9.47 NA's provided care during the evening shift. No additional excess higher-level staff were available to compensate for these deficiencies. Interview with the Nursing Home Administrator on April 7, 2025, at 4:27 p.m. confirmed that the facility did not meet the required NA-to-resident staffing ratios for the days listed above.	P 5510		
P 5630		P 5630		

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P 5630	Continued from page 5 Nursing services. (1) Effective July 1, 2023, 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 2.87 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5630	1. The hours of direct care staffing noted in the survey findings cannot be corrected as this is a past event. 2. Calculation of direct care staffing 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 direct care staffing 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.	Completion Date: 06/25/2025 Status: APPROVED Date: 04/29/2025

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P 5630	Continued from page 6	P 5630	4. Direct care staffing will be monitored daily by 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 5630	Continued from page 7 Based on review of nursing schedules and staff interviews, it was determined that the facility failed to provide 3.20 hours of direct resident care for each resident for two of five days (24-hour periods) reviewed. Findings include: Nursing time schedules provided by the facility for the days of April 2 through April 6, 2025, revealed that the facility provided only 2.99 hours of direct care for each resident on April 5, 2025, and 2.83 hours of direct care for each resident on April 6, 2025. Interview with the Nursing Home Administrator on April 7, 2025, at 4:27 p.m. confirmed that the facility did not meet the required daily direct resident care hours on the days listed above.	P 5630		



Certified End Page

TWIN LAKES REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 914302

SURVEY EXIT DATE: 04/08/2025

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