

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395510	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/11/2024
NAME OF PROVIDER OR SUPPLIER: GROVE MANOR STATE LICENSE NUMBER: 071602		STREET ADDRESS, CITY, STATE, ZIP CODE: 435 NORTH BROAD STREET GROVE CITY, PA 16127		
(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 Complaint Survey completed on December 11, 2024, at Grove Manor 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 Facilities as it relates to the Health portion of the survey process; 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:

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.

Pennsylvania Department of Health

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P 5520		P 5520		

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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	There were no negative care impacts to any resident as a result of the identified concern. The daily per patient day (PPD) staffing numbers remained over the state minimum. The facility cannot retroactively correct this finding. Nursing leadership will be re-educated on the Pennsylvania licensed professional staffing requirements by the Director of nursing or designee The Scheduler was re-educated on CNA ratios by the Nursing Home Administrator. The facility will continue to recruit their own staff and contract with various agencies to meet CNA ratios. The Director of nursing or Designee will audit staffing ratios five times per week for four weeks, then re-evaluate for need to increase or decrease monitoring to verify that all measures are being taken to meet licensed practical nurse staffing	Completion Date: 01/20/2025 Status: APPROVED Date: 12/24/2024

Pennsylvania Department of Health

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P 5520	Continued from page 2	P 5520	ratios. Audit finding will be submitted to the Quality Assurance and Performance Improvement Committee for further review and recommendations	

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P 5520	Continued from page 3 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to meet the Nurse Aide (NA) ratios for one NA per 10 residents during the day shift for six of 21 days (11/17/24, 11/21/24, 11/29/24, 11/30/24, 12/03/24, and 12/05/24), and one NA per 11 residents on the evening shift for two of 21 days reviewed (11/18/24, and 11/30/24). Findings include: Review of facility nursing staffing documents for the time period from 11/17/24, through 12/07/24, revealed the following NA staffing shortages for the day shift where the NA ratio was not met: 11/17/24 census of 50 residents 4.13 NAs worked and 5.00 were required 11/21/24 census of 49 residents 4.26 NAs worked and 4.90 were required 11/29/24 census of 52 residents 5.03 NAs worked and 5.20 were required 11/30/24 census of 53 residents 4.90 NAs	P 5520		

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P 5520	Continued from page 4 worked and 5.30 were required 12/03/24 census of 53 residents 4.41 NAs worked and 5.30 were required 12/05/24 census of 52 residents 4.14 NAs worked and 5.20 were required Review of facility nursing staffing documents for the time period from 11/17/24, through 12/07/24, revealed the following NA staffing shortages for the evening shift where the NA ratio was not met: 11/18/24 census of 50 residents 4.42 NAs worked and 4.55 were required 11/30/24 census of 53 residents 4.32 NAs worked and 4.82 were required During an interview on 12/11/24, at 10:27 a.m. the Human Resource Manager / Scheduler confirmed that the facility did not meet the minimum NA ratio for the above dates and shifts.	P 5520		



Certified End Page

GROVE MANOR

STATE LICENSE NUMBER: 071602

SURVEY EXIT DATE: 12/11/2024

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