

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395512	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
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NAME OF PROVIDER OR SUPPLIER: SUNBURY SKILLED NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 123302	STREET ADDRESS, CITY, STATE, ZIP CODE: 901 COURT ST SUNBURY, PA 17801
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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
P 0000	INITIAL COMMENT	P 0000		
P 5520	<p>Based on an Abbreviated Survey in response to two Complaint Investigations, completed on January 8, 2024, at Sunbury Skilled Nursing and Rehabilitation 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 as they relate 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.</p>	P 5520		

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

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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	5520 Licensure Nursing Services (NA Staff Ratios) The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiency within. To remain in compliance with all federal and state regulations, the facility has taken or will take actions set forth in the following plan of correction. 1. There were no adverse effects to the residents of our facility as a result of decreased staffing ratios. 2. The Administrator, Director of Nursing, Scheduler and Human Resource Director will be educated on the state requirement for nurse aide to resident staffing ratios by the Quality Clinical Consultant/designee. 3. Staffing meetings will be held 5 days a week to review nurse aide	Completion Date: 02/20/2025 Status: APPROVED Date: 01/14/2025

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P 5520	Continued from page 2	P 5520	<p>ratios from the previous day and the projected nurse aide staff ratios for the current day, as well as the upcoming week to ensure appropriate staffing levels. If projected staffing levels are below the state requirement for nurse aides, then the facility will reach out to current staff and staffing agencies to meet the minimum requirement. The facility will continue to recruit staff through all platforms.</p> <p>4. Audits of nursing aide staff ratios will be completed randomly by the DON/designee to ensure nurse aid staff ratios meet the state minimums. Results of the audits with trends will be reported through QA&A.</p> <p>5. Date of Compliance February 20, 2025.</p>	

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P 5520	Continued from page 3 Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure a minimum of one nurse aide (NA) per 10 residents during the day shift for 6 of the 21 days reviewed, failed to ensure a minimum of one NA per 11 residents during the evening shift for 7 of the 21 days reviewed, and failed to ensure a minimum of one NA per 15 residents during the overnight shift for 12 of the 21 days reviewed. Findings include: A review of nursing care hours provided by the facility for the dates of November 24-30, 2024, December 15-21, 2024, and the dates of January 1-6, 2025, revealed the following: Day shift (requires one NA per 10 residents): November 28, 2024, census of 118 with 11.38 NAs, required 11.80 December 15, 2024, census of 113 with 9.75 NAs, required 11.30	P 5520		

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P 5520	Continued from page 4 December 16, 2024, census of 113 with 10.50 NAs, required 11.30 December 20, 2024, census of 113 with 10.63 NAs, required 11.30 January 4, 2025, census of 113 with 8.25 NAs, required 11.30 January 5, 2025, census of 113 with 8.88 NAs, required 11.30 Evening shift (requires one NA per 11 residents): November 25, 2024, census of 117 with 8.38 NAs, required 10.64 November 26, 2024, census of 119 with 8.63 NAs, required 10.82 December 16, 2024, census of 114 with 8.50 NAs, required 10.36 December 19, 2024, census of 113 with 10.25 NAs, required 10.27 December 21, 2024, census of 112 with 9.0 NAs, required 10.18 January 2, 2025, census of 114 with 8.25 NAs, required 10.36	P 5520		

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P 5520	Continued from page 5 January 6, 2025, census of 113 with 9.13 NAs, required 10.27 Night shift (required one NA per 15 residents): November 25, 2024, census of 117 with 6.50 NAs, required 7.80 November 26, 2024, census of 118 with 6.50 NAs, required 7.87 November 27, 2024, census of 118 with 5.75 NAs, required 7.87 November 28, 2024, census of 117 with 7.13 NAs, required 7.80 November 29, 2024, census of 117 with 7.25 NAs, required 7.80 November 30, 2024, census of 116 with 6.00 NAs, required 7.73 December 15, 2024, census of 113 with 7.00 NAs, required 7.53 December 16, 2024, census of 114 with 7.50 NAs, required 7.60 December 17, 2024, census of 114 with 7.38 NAs, required 7.60	P 5520		

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P 5520	Continued from page 6 December 19, 2024, census of 113 with 7.00 NAs, required 7.53 December 20, 2024, census of 112 with 7.38 NAs, required 7.47 January 1, 2025, census of 114 with 7.00 NAs, required 7.60 Interview with the nursing home administrator and director of nursing on January 8, 2024, at 2:45 PM confirmed the above noted findings.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 7 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	5530 Licensure Nursing Services (LPN Staff Ratios) The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiency within. To remain in compliance with all federal and state regulations, the facility has taken or will take actions set forth in the following plan of correction. 1. There were no adverse effects to the residents of our facility as a result of decreased staffing ratios. 2. The Administrator, Director of Nursing, Scheduler and Human Resource Director will be educated on the state requirement for LPN to resident staffing ratios by the Quality Clinical Consultant/designee. 3. Staffing meetings will be held 5 days a week to review LPN ratios	Completion Date: 02/20/2025 Status: APPROVED Date: 01/14/2025

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P 5530	Continued from page 8	P 5530	<p>from the previous day and the projected LPN staff ratios for the current day, as well as the upcoming week to ensure appropriate staffing levels. If projected staffing levels are below the state requirement for LPNs, then the facility will reach out to current staff and staffing agencies to meet the minimum requirement. The facility will continue to recruit staff through all platforms.</p> <p>4. Audits of LPN staff ratios will be completed randomly by the DON/designee to ensure LPN staff ratios meet the state minimums. Results of the audits with trends will be reported through QA&A.</p> <p>5. Date of Compliance February 20, 2025.</p>	

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P 5530	Continued from page 9 Based on a review of nursing staffing hours and staff interview, 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 5 of the 21 days reviewed, failed to ensure a minimum of one LPN per 30 residents during the evening shift for 1 of the 21 days reviewed, and failed to ensure a minimum of one LPN per 40 residents during the overnight shift for 12 of the 21 days reviewed. Findings include: A review of nursing care hours provided by the facility for the weeks of November 24-30, 2024, December 15-21, 2024, and the dates of January 1-7, 2025, revealed the following: Day shift: (requires 1 LPN to 25 residents): November 30, 2024, census of 117 with 4.13 LPNs, required 4.68 December 15, 2024, census of 113 with 4.13 LPNs, required 4.52	P 5530		

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P 5530	Continued from page 10 December 17, 2024, census of 114 with 4.13 LPNs, required 4.56 December 18, 2024, census of 114 with 4.50 LPNs, required 4.56 December 19, 2024, census of 113 with 4.50 LPNS, required 4.52 Evening shift (requires 1 LPN to 30 residents): January 4, 2025, census of 113 with 3.50 LPNs, required 3.77 Night shift (requires 1 LPN to 40 residents): November 27, 2024, census of 118 with 2.0 LPNS, required 2.95 November 29, 2024, census of 117 with 1.88 LPNS, required 2.93 November 30, 2024, census of 116 with 2.63 LPNs, required 2.90 December 15, 2024, census of 113 with 2.13 LPNs, required 2.83 December 16, 2024, census of 114 with 2.00	P 5530		

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P 5530	Continued from page 11 LPNs, required 2.85 December 18, 2024, census of 113 with 1.88 LPNs, required 2.83 December 20, 2024, census of 112 with 2.38 LPNs, required 2.80 January 2, 2025, census of 114 with 1.88 LPNS, required 2.85 January 3, 2025, census of 114 with 2.63 LPNs, required 2.85 January 4, 2024, census of 113 with 2.63 LPNs, required 2.83 January 6, 2024, census of 113 with 2.00 LPNs, required 2.83 January 7, 2024, census of 114 with 2.00 LPNs, required 2.85 Interview with the nursing home administrator and director of nursing on January 8, 2025, at 3:45 PM confirmed the above noted findings.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 12 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	5640 Licensure Nursing Services (HPPD) The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiency within. To remain in compliance with all federal and state regulations, the facility has taken or will take actions set forth in the following plan of correction. 1. There were no adverse effects to the residents of our facility as a result of decreased HPPD. 2. DON will re-educate the staffing coordinator/designee on the 3.2 HPPD staffing requirement and will provide education on calculating HPPD and adjusting staffing to attain the 3.2 HPPD. 3. Staffing meetings will be held 5 days a week to review HPPD from the previous day and the projected HPPD for the current day, as well as	Completion Date: 02/20/2025 Status: APPROVED Date: 01/14/2025

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P 5640	Continued from page 13	P 5640	<p>the upcoming week to ensure appropriate staffing levels. If projected staffing levels are below the 3.2 minimum, then the facility will reach out to current staff and staffing agencies to meet the minimum requirement. The facility will continue to recruit staff through all platforms.</p> <p>4. The staffing coordinator will conduct an audit of HPPD levels randomly to ensure HPPDs meet the minimum 3.2 HPPD. Results of the audits with trends will be reported through QA&A.</p> <p>5. Date of Compliance February 20, 2025.</p>	

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P 5640	Continued from page 14 Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure the total of nursing care hours provided in each 24-hour period was a minimum of 3.2 hours per patient day (PPD), effective July 1, 2024, on 2 of 21 days reviewed. Findings include: Review of nursing staff care hours for the weeks of November 24-30, 2024, December 15-21, 2024, and the dates of January 1-7, 2025, revealed the following concerns: December 15, 2024, 3.01 hours PPD December 16, 2024, 3.15 hours PPD Interview with the Nursing Home Administrator and Director of Nursing on January 8, 2025, at 3:45 PM confirmed that the facility failed to meet the required nursing staffing PPD as listed above.	P 5640		



Certified End Page

SUNBURY SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 123302

SURVEY EXIT DATE: 01/08/2025

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