

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395541</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/17/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>SINKING SPRING SKILLED NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3000 WINDMILL ROAD SINKING SPRING, PA 19608</b>		
STATE LICENSE NUMBER: <b>380702</b>				
(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 a Revisit survey completed on December 17, 2025, regarding Sinking Spring Skilled Nursing and Rehabilitation Center, it was determined that the facility corrected the deficiencies cited during the survey of September 26, 2025, under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities. However, the facility did not correct the deficiencies under the 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.

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P 5520	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	1,2) Nurse aide staffing ratios will be reviewed for the last 7 days to evaluate if nurse aide ratios are met. 3) Nursing admin and scheduler will be re-educated on new July 1 nurse staffing and PPD requirements. 4) Weekly audit of nurse aid ratios will be conducted for 60 days by NHA/designee to ensure nurse aid ratios are met. Tracking and trends to be submitted to the QAPI committee.	Completion Date: <b>01/30/2026</b> Status: <b>APPROVED</b> Date: <b>12/26/2025</b>
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

Pennsylvania Department of Health

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P 5520	<p>Continued from page 1</p> <p>Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratio for one of 21 days reviewed.</p> <p>Findings include:</p> <p>Review of nursing time schedules for 21 days from November 25, 2025, through December 15, 2025, revealed the following:</p> <p>The facility failed to meet the minimum NA to resident ratio of one NA for 15 residents on the night shift (11:00 p.m. to 7:00 a.m.) on December 9, 2025.</p>	P 5520		

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P 5520	Continued from page 2	P 5520		
P 5530	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5530	<p>1,2) LPN staffing ratios will be reviewed for the last 7 days to evaluate if LPN ratios are met.</p> <p>3) Nursing admin and scheduler will be re-educated on new July 1 nurse staffing and PPD requirements.</p> <p>4) Weekly audit of LPN ratios will be conducted for 60 days by NHA/designee to ensure LPN ratios are met. Tracking and trends to be submitted to the QAPI committee.</p>	<p>Completion Date: <b>01/30/2026</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>12/26/2025</b></p>

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P 5530	Continued from page 3  Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed practical nurse (LPN) to resident rations for five of 21 days reviewed.  Findings include:  Review of nursing time schedules for 21 days from November 25, 2025, through December 15, 2025, revealed the following:  The facility failed to meet the minimum LPN to resident ratio of one LPN for 25 residents on the day shift (7:00 a.m. to 3:00 p.m.) on November 30, 2025, and December 2, 2025.  The facility failed to meet the minimum LPN to resident ratio of one LPN for 30 residents on the evening shift (3:00 p.m. to 11:00 p.m.) on November 30, 2025, and December 6, 12, and 13, 2025.	P 5530		

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P 5640	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	1,2) HPPD will be reviewed for the last 7 days to evaluate if the state minimum PPD of 3.2 is met. 3) Nursing admin and scheduler will be re-educated on new July 1 nurse staffing and PPD requirements. 4) Weekly audit of HPPD will be conducted for 60 days by NHA/designee to ensure minimal HPPD is met. Tracking and trends to be submitted to the QAPI committee.	Completion Date: <b>01/30/2026</b> Status: <b>APPROVED</b> Date: <b>12/26/2025</b>

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P 5640	<p>Continued from page 5</p> <p>Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for three of 21 days reviewed.</p> <p>Findings include:</p> <p>Review of nursing schedules for 21 days from November 25, 2025, through December 15, 2025, revealed the following total nursing care hours below minimum requirements:</p> <p>November 30, 2025: 3.11 care hours per resident</p> <p>December 6, 2025: 3.12 care hours per resident</p> <p>December 13, 2025: 3.09 care hours per resident</p>	P 5640		



# Certified End Page

**SINKING SPRING SKILLED NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 380702**

**SURVEY EXIT DATE: 12/17/2025**

**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