

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395556</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>SHENANDOAH SENIOR LIVING COMMUNITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>101 E WASHINGTON STREET SHENANDOAH, PA 17976</b>
STATE LICENSE NUMBER: <b>190102</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
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F 0000	INITIAL COMMENT  Based on a revisit and abbreviated complaint survey completed on January 3, 2025, at Shenandoah Senior Living Community it was determined there were no federal deficiencies cited under 42 CFR Part 483 Subpart B Requirements for Long Term Care as they relate to the health portion of the survey process, but failed to correct deficiencies cited on November 13, 2024, and remained out of compliance under the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:
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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	P5520 CNA Staffing Ratios 1. The facility is unable to correct CNA staffing ratios for December 4, 2024, December 7, 2024, December 8, 2024, December 9, 2024 and December 10, 2024. 2. No other dates were identified during the survey. 3. To prevent this from reoccurring, the DON/designee completed education with the nursing supervisors and scheduler to ensure the CNA staffing ratios are adequate for the census. Staffing will be based on current census and supervisors or scheduler will contact other staff to cover call offs. Recruitment of nursing staff will continue via facility website, indeed, social media websites, job fairs and off-site recruiters. Agency will be utilized for open shifts as needed and available. 4. To monitor or maintain ongoing compliance, the DON/designee will audit the schedule weekly x 4 weeks and biweekly x 4 to ensure the CNA staffing ratio has been met. Results will be reviewed at the QAPI meeting. 5. 1/16/2025	Completion Date: <b>01/16/2025</b> Status: <b>APPROVED</b> Date: <b>01/14/2025</b>
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P 5520	<p>Continued from page 1</p> <p>Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for 9 shifts out of 21 reviewed.</p> <p>Findings include:</p> <p>A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum nurse aide staff of 1:10 on the day shift, based on the facility's census:</p> <p>December 4, 2024- 9.5 NAs on the day shift, versus the required 9.80 for a census of 98. December 7, 2024- 9.0 NAs on the day shift, versus the required 9.50 for a census of 95. December 8, 2024- 9.0 NAs on the day shift, versus the required 9.2 for a census of 92. December 10, 2024- 9.0 NAs on the day shift, versus the required 9.2 for a census of 92.</p> <p>A review of the facility's weekly staffing records</p>	P 5520		

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P 5520	Continued from page 2  revealed that on the following date the facility failed to provide minimum nurse aide staff of 1:11 on the evening shift, based on the facility's census:  December 4, 2024- 8.50 NAs on the evening shift, versus the required 8.91 for a census of 98. December 7, 2024- 8.0 NAs on the evening shift, versus the required 8.45 for a census of 93. December 9, 2024- 7.50 NAs on the evening shift, versus the required 8.36 for a census of 92.  A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum nurse aide staff of 1:15 on the night shift, based on the facility's census:  December 7, 2024- 6.00 NAs on the night shift, versus the required 6.13 for a census of 92. December 10, 2024- 5.50 NAs on the night shift, versus the required 6.13 for a census of 92.  On the above dates mentioned no additional excess higher-level staff were available to compensate this	P 5520		

Pennsylvania Department of Health

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P 5520	Continued from page 3  deficiency.  An interview with the Director of Nursing, on January 3, 2025 at approximately 12:30 PM, confirmed the facility had not met the required nurse aide to resident ratios on the above dates.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 4  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	P5530 Nursing Services 1. The facility is unable to correct LPN staffing ratio on December 5, 2024, December 8, 2024, December 9, 2024 and December 10, 2024 2. No other dates were identified during the survey. 3. To prevent this from reoccurring, the DON/designee completed education with the Nursing supervisors and the scheduler to maintain LPN ratio with current census. If call offs occur, the supervisor needs to call staff and post on agency sites for the open shift. Recruitment of nursing staff will continue via facility website, indeed, social media websites, job fairs and off-site recruiters. Agency will be utilized for open shifts as needed and available. 4. To monitor and maintain ongoing compliance, the DON/designee will audit the schedule weekly x4 , biweekly x 4 and monthly x 2 to ensure the LPN ratio has been met. Results will be reviewed at the QAPI meeting.	Completion Date: <b>01/16/2025</b> Status: <b>APPROVED</b> Date: <b>01/14/2025</b>

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P 5530	Continued from page 5	P 5530		5. 1 /16 / 2025	

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P 5530	Continued from page 6  Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum licensed practical nurse staff to resident ratio was provided on each shift for 5 shifts out of 21 shifts reviewed.  Findings include:  A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum licensed practical nurse (LPN) staff of 1:25 on the day shift based on the facility's census.  December 8, 2024 - 3.00 LPNs on the day shift, versus the required 3.68 for a census of 92.  A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum licensed practical nurse (LPN) staff of 1:40 on the night shift based on the facility's census.	P 5530		

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P 5530	Continued from page 7  December 5, 2024 - 2.00 LPNs on the night shift, versus the required 2.4 for a census of 96. December 8, 2024 - 2.00 LPNs on the night shift, versus the required 2.3 for a census of 92. December 9, 2024 - 2.00 LPNs on the night shift, versus the required 2.3 for a census of 92. December 10, 2024 - 2.00 LPNs on the night shift, versus the required 2.3 for a census of 92.  On the above date mentioned no additional excess higher-level staff were available to compensate this deficiency.  An interview with the Director of Nursing on January 3, 2025, approximately 12:30 PM, confirmed the facility had not met the required LPN to resident ratio on the above dates.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 8  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	P5640 Nursing Services 1. The facility is unable to correct PPDs for December 4, 2024, December 5, 2024, December 7, 2024, December 8, 2024, December 9, 2024 and December 10, 2024 2. No other dates were identified during the survey. 3. To prevent this from reoccurring, the DON/designee completed education with the nursing supervisors and the scheduler to maintain a PPD of 3.2. If call offs occur, the supervisor needs to call staff and post on agency sites for the open shift. Recruitment of nursing staff will continue via facility website, indeed, social media websites, job fairs and off-site recruiters. Agency will be utilized for open shifts as needed and available. 4. To monitor and maintain ongoing compliance, the DON/designee will audit the schedule weekly x4, biweekly x 4 and monthly x 2 to ensure the PPD has been met. Results will be reviewed at the QAPI meeting.	Completion Date: <b>01/16/2025</b> Status: <b>APPROVED</b> Date: <b>01/14/2025</b>



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P 5640	<p>Continued from page 10</p> <p>Based on a review of nurse staffing and resident census and staff interview, it was determined the facility failed to consistently provide minimum general nursing care hours to each resident daily on six out of the seven days reviewed.</p> <p>Findings include:</p> <p>A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 3.2 hours of general nursing care to each resident:</p> <p>December 4, 2024- 2.95 direct care nursing hours per resident. December 5, 2024- 3.02 direct care nursing hours per resident. December 7, 2024- 2.84 direct care nursing hours per resident. December 8, 2024- 3.06 direct care nursing hours per resident. December 9, 2024- 3.11 direct care nursing hours per resident.</p>	P 5640		

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P 5640	Continued from page 11  December 10, 2024- 2.93 direct care nursing hours per resident.  The facility's general nursing hours were below minimum required levels on the dates noted above.  An interview with the Director of Nursing on January 2, 2025, at approximately 12:30 PM confirmed that the facility failed to consistently provide minimum general nursing care hours to each resident daily.	P 5640		



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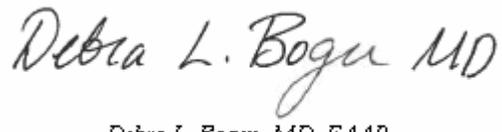
**SHENANDOAH SENIOR LIVING COMMUNITY**

**STATE LICENSE NUMBER: 190102**

**SURVEY EXIT DATE: 01/03/2025**

**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