

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395589	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/02/2025
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NAME OF PROVIDER OR SUPPLIER: MOUNT CARMEL SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE: 2616 LOCUST GAP HIGHWAY MOUNT CARMEL, PA 17851
STATE LICENSE NUMBER: 137802	

(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	F 0000		
F 0732 SS=C	Based on an Abbreviated Survey in response to two Complaints, completed on January 2, 2024, it was determined that Mount Carmel Senior Living Community was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.	F 0732		

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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F 0732 SS=C	Continued from page 1 483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.	F 0732	The error in the Staff Posting was corrected at the time of Survey. The daily Staff Posting will be reviewed for accuracy by the DON/Designee. Staff responsible for completing the Staff Posting will be educated regarding its completion and the importance of its accuracy. Random audits of the Staff Posting will be conducted by the DON/Designee weekly for 4 weeks and monthly for 2 months. Results of the audits will be reviewed at the monthly QAPI meeting.	Completion Date: 01/21/2025 Status: APPROVED Date: 01/17/2025

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F 0732 SS=C	Continued from page 2 §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by:	F 0732		

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F 0732 SS=C	Continued from page 3 Based on observation, review of posted daily nurse staffing data, and staff interview, it was determined that the facility failed to ensure daily nurse staff data was accurately posted. Findings include: Observation on January 2, 2024, at 12:52 PM revealed the facility's posted nursing time noted 11 nurse aides were working dayshift. Observation of the facility on January 2, 2024, revealed there were only 10 nurse aides working on the dayshift. Further review of the posted nursing time noted 88 nurse aide hours on the dayshift. Review of the facility's schedules for January 2, 2024, revealed there were only 70 actual nurse aide hours worked on the dayshift. Interview with the Director of Nursing on January 2, 2024, at 12:59 PM confirmed these findings. 28 Pa. Code 201.14(a) Responsibility of licensee	F 0732		

Pennsylvania Department of Health

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P 5520		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	The Facility is unable to correct past CNA ratios. The Facility is currently in the process of trying to partner with an outside provider to offer CNA classes at the Facility with the hope of increasing the Facility staff when the participants become CNAs. Facility ancillary Nursing staff assist in filling open shifts. Nursing staff will be educated on the Facility Attendance Policy. The Facility continues to actively recruit for open CNA positions using online systems, fliers, and outside recruiters. The Facility continues to use Agency staff to fill open shifts. Agency CNA rates were recently increased as an attempt to aid with staffing. Shift bonuses continue to be offered to Facility staff as necessary to aid in filling open positions.	Completion Date: 03/05/2025 Status: APPROVED Date: 01/17/2025

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P 5520	Continued from page 2	P 5520	<p>The Facility continues to conduct daily staffing meetings to ensure all available efforts are being made to meet necessary CNA ratios.</p> <p>The DON/Designee will audit CNA ratios weekly for 4 Weeks, then monthly for 2 months for compliance.</p> <p>Results of the audits will be reported at the monthly QAPI meeting for review and recommendations.</p>	

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P 5520	<p>Continued from page 3</p> <p>Based on a review of nursing staffing hours for December 26, 2024, to January 2, 2025, 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 six of eight days reviewed, one NA per 11 residents during the evening shift for five of eight days reviewed, and one NA per 15 residents during the night shift for four of eight days reviewed.</p> <p>Findings include:</p> <p>Review of nursing staff care hours provided by the facility revealed the following nurse aides scheduled for the resident census:</p> <p>Day shift (requires one NA per 10 residents):</p> <p>December 26, 2024, 6.38 NAs for a census of 101, requires 10.10 NAs December 28, 2024, 7.75 NAs for a census of 102, requires 10.20 NAs December 29, 2024, 8.25 NAs for a census of</p>	P 5520		

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P 5520	<p>Continued from page 4</p> <p>103, requires 10.30 NAs December 30, 2024, 8.00 NAs for a census of 103, requires 10.30 NAs December 31, 2024, 5.56 NAs for a census of 104, requires 10.40 NAs January 2, 2025, 8.75 NAs for a census of 106, requires 10.60 NAs</p> <p>Evening shift (requires one NA per 11 residents):</p> <p>December 26, 2024, 8.00 NAs for a census of 101, requires 9.18 NAs December 27, 2024, 9.00 NAs for a census of 101, requires 9.18 NAs December 29, 2024, 7.38 NAs for a census of 103, requires 9.36 NAs December 31, 2024, 6.75 NAs for a census of 104, requires 9.45 NAs January 2, 2025, 8.00 NAs for a census of 106, requires 9.64 NAs</p> <p>Night shift (requires one NA per 15 residents):</p>	P 5520		

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P 5520	Continued from page 5 December 29, 2024, 6.00 NAs for a census of 103, requires 6.87 NAs December 30, 2024, 6.00 NAs for a census of 103, requires 6.87 NAs December 31, 2024, 4.00 NAs for a census of 104, requires 6.93 NAs January 1, 2025, 4.00 NAs for a census of 106, requires 7.07 NAs Interview with the Nursing Home Administrator and Director of Nursing on January 2, 2025, at 1:17 PM confirmed that the facility did not meet regulatory NA-to-resident ratios as evidenced above.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 6 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	The Facility is unable to correct past LPN ratios. Nursing staff will be educated on the Facility Attendance Policy. Facility ancillary Nursing staff assist in filling open shifts. The Facility continues to actively recruit for open LPN positions using online systems, fliers, and outside recruiters. The Facility also uses Agency staff to fill open shifts. Agency LPN rates were recently adjusted in an attempt to aid with staffing. Shift bonuses continue to be offered to Facility staff as necessary to aid in filling open shifts. The Facility continues to conduct daily staffing meetings to ensure all available efforts are being made to meet necessary LPN ratios. The DON/Designee will audit LPN ratios weekly for 4 weeks, then monthly for 2 months for	Completion Date: 03/05/2025 Status: APPROVED Date: 01/17/2025

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P 5530	Continued from page 7	P 5530	compliance. Results of the audits will be reported at the monthly QAPI meeting for review and recommendations.	

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P 5530	Continued from page 8 Based on a review of nursing staffing hours for December 26, 2024, to January 2, 2025, 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 one of the eight days reviewed, and one LPN per 40 residents during the night shift for five of the eight days reviewed. Findings include: Review of nursing staff care hours provided by the facility revealed the following staff scheduled for the following resident census: Day shift (requires one LPN per 25 residents): December 29, 2024, 4.00 LPNs for a census of 103, requires 4.12 LPNs Overnight shift (requires one LPN per 40 residents): December 26, 2024, 2.50 LPNs for a census of	P 5530		

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P 5530	Continued from page 9 101, requires 2.53 LPNs December 27, 2024, 2.50 LPNs for a census of 101, requires 2.53 LPNs December 28, 2024, 2.50 LPNs for a census of 102, requires 2.55 LPNs December 29, 2024, 2.00 LPNs for a census of 103, requires 2.58 LPNs December 31, 2024, 2.00 LPNs for a census of 104, requires 2.60 LPNs Interview with the Nursing Home Administrator and Director of Nursing on January 2, 2025, at 1:17 PM confirmed that the facility did not meet regulatory LPN-to-resident ratios as evidenced above.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 10 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	The Facility is unable to correct the past issue of not meeting the 3.2 daily Nursing PPD requirement. The Facility is currently in the process of trying to partner with an outside provider to offer CNA classes at the Facility with the hope of increasing the Facility staff when the participants become CNAs. Facility ancillary Nursing staff assist in filling open shifts. Nursing staff will be educated on the Facility Attendance Policy. The Facility continues to recruit for open RN, LPN, and CNA positions using online sites, fliers, and outside recruiters. The Facility continues to use Agency staff to fill open shifts. Agency CNA rates were recently increased to try to assist with staffing. Shift bonuses are also offered as necessary to Facility staff to fill open shifts.	Completion Date: 03/05/2025 Status: APPROVED Date: 01/17/2025

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P 5640	Continued from page 11	P 5640	<p>The Facility continues to conduct daily staffing meetings to ensure efforts were made to meet the daily PPD requirement.</p> <p>The DON/Designee will audit the daily PPD weekly for 4 weeks, then monthly for 2 months for compliance.</p> <p>Results of the audits will be reviewed at the monthly QAPI meeting.</p>	

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P 5640	Continued from page 12 Based on a review of nursing staffing hours December 26, 2024, to January 2, 2025, 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, for 4 of the 8 days reviewed. Findings include: Review of nursing staff care hours for December 26, 2024, to January 2, 2025, revealed that the facility failed to meet the minimum hours per patient day for the following days: December 26, 2024, 2.97 hours PPD December 29, 2024, 2.65 hours PPD December 31, 2024, 2.44 hours PPD January 2, 2025, 3.13 hours PPD Interview with the Nursing Home Administrator and Director of Nursing on January 2, 2025, at 1:17 PM confirmed that the facility did not meet regulatory daily hours PPD as evidenced above.	P 5640		



Certified End Page

MOUNT CARMEL SENIOR LIVING COMMUNITY

STATE LICENSE NUMBER: 137802

SURVEY EXIT DATE: 01/02/2025

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