



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395592</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/04/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>Haida Nursing and Rehab</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>397 THIRD AVENUE EXTENSION HASTINGS, PA 16646</b>		
STATE LICENSE NUMBER: <b>340102</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
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	1.)The facility is unable to correct the cited two of 21 days on the day shift, one of 21 days on evening shift and one of 21 days on night shift for minimum nurse aides. There were no concerns noted due to staffing.  2.)Education will be provided to the Scheduler and Registered Nurse staff on the nurse aide ratios per shift. The facility has a labor management meeting to discuss staffing levels and needs. The facility can utilize agency and nursing management to assist with maintaining the ratio.  3.)Director of Nursing or designee will audit the nurse aide staffing ratio daily times 5 days, weekly times 3 weeks and monthly times 2 months.  4.)Results of the audit will be reviewed at the Quality Assurance Performance Improvement meeting.	Completion Date: <b>08/25/2025</b> Status: <b>APPROVED</b> Date: <b>08/19/2025</b>

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P 5520	Continued from page 2  Based on review of nursing schedules, review of staffing information furnished by the facility, and staff interviews, it was determined that the facility failed to ensure a minimum of one nurse aide (NA) per 10 residents on the day shift for two of 21 days, failed to ensure a minimum of one NA per 11 residents on the evening shift for one of 21 days, and failed to ensure a minimum of one NA per 15 residents on the evening shift for one of 21 days reviewed.  Findings Include:  Review of facility census data indicated that on July 19, 2025, the facility census was 75, which required 5 NAs during the night shift. Review of the nursing time schedules revealed 4.73 NAs provided care on the night shift on July 19, 2025.  Review of facility census data indicated that on July 20, 2025, the facility census was 75, which required 7.5 NAs during the day shift. Review of the nursing time schedules revealed 7.47 NAs provided care on	P 5520		

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P 5520	Continued from page 3  the day shift on July 20, 2025.  Review of facility census data indicated that on July 25, 2025, the facility census was 79, which required 7.18 NAs during the evening shift. Review of the nursing time schedules revealed 6.97 NAs provided care on the evening shift on July 25, 2025.  Review of facility census data indicated that on July 27, 2025, the facility census was 80, which required 8 NAs during the day shift. Review of the nursing time schedules revealed 7.50 NAs provided care on the day shift on July 27, 2025.  No additional excess higher-level staff were available to compensate this deficiency.  Interview with the Nursing Home Administrator on August 4, 2025, at 4:05 p.m. confirmed that the facility did not meet the required NA-to-resident staffing ratios for the days listed above.	P 5520		

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NAME OF PROVIDER OR SUPPLIER: <b>Haida Nursing and Rehab</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>397 Third Avenue Extension Hastings, PA 16646</b>		
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P 5630		P 5630		

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P 5630	Continued from page 5  Nursing services.  (1) Effective July 1, 2023, 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 2.87 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5630	1.)The facility is unable to correct the cited three of 21 days that it failed provide 3.20 hours of direct resident care for each resident. There were no concerns noted due to the direct care hours.  2.)Education will be provided to the Scheduler and Registered Nurse staff on providing 3.20 hours of direct care per resident. The facility has a labor management meeting to discuss staffing levels and needs. The facility can utilize agency and nursing management to assist with maintaining the 3.20 staffing hours per resident  3.)Director of Nursing or designee will audit the daily hours of direct resident care for each resident daily times 5 days, weekly times 3 weeks and monthly times 2 months.  4.)Results of the audit will be reviewed at the Quality Assurance Performance Improvement meeting.	Completion Date: <b>08/25/2025</b> Status: <b>APPROVED</b> Date: <b>08/19/2025</b>

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P 5630	Continued from page 6  Based on review of nursing schedules and staff interviews, it was determined that the facility failed to provide 3.20 hours of direct resident care for each resident for three of 21 days (24-hour periods) reviewed.  Findings include:  Nursing time schedules provided by the facility for the weeks of July 14 through August 3, 2025, revealed that the facility provided only 3.19 hours of direct care for each resident on July 19, 2025; 3.16 hours of direct care for each resident on July 23, 2025; 3.13 hours of direct care for each resident on July 25, 2025.  Interview with the Nursing Home Administrator on August 4, 2025, at 4:05 p.m. confirmed that the facility did not meet the required daily hours of direct resident care for each resident on the days listed above.	P 5630		

Pennsylvania Department of Health

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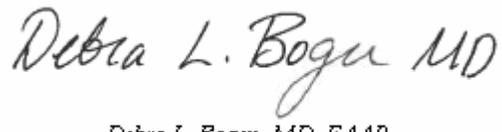


# Certified End Page

**Haida Nursing and Rehab**  
**STATE LICENSE NUMBER: 340102**  
**SURVEY EXIT DATE: 08/04/2025**

**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