

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/11/2024	
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767		
STATE LICENSE NUMBER: 021802				
(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 5510	Nursing services. (2) Effective July 1, 2023, a minimum of 1 nurse aide per 12 residents during the day, 1 nurse aide per 12 residents during the evening, and 1 nurse aide per 20 residents overnight. This REGULATION is not met as evidenced by:	P 5510	The facility attempts to schedule staff to meet the ratios per current state regulations. The facility offers shift bonuses to employees who pick up extra shifts or stay over in case of a call off. Registered Nurses, Licensed Practical Nurses, and Nursing Administration all assist to fill in as supplemental staff. An active recruitment campaign is ongoing including sign on bonuses, shift differentials, and employee referral bonuses. Admissions are being limited and denied due to staffing challenges. Nursing Administration will continue to review staffing ratios daily and attempt to cover call off holes as needed. Day sheets will be reviewed daily x5 weekly x2 then biweekly ongoing with payroll review with reports to Quality Assurance.	Completion Date: 01/07/2025 Status: APPROVED Date: 12/30/2024
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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P 5510	Continued from page 1 Based on review of nursing schedules, review of staffing information furnished by the facility, and staff interview, it was determined that the facility failed to ensure a minimum of one nurse aide (NA) per 10 residents on the day shift for one of seven days reviewed from December 4 to December 10, 2024; failed to ensure a minimum of one nurse aide (NA) per 11 residents on the evening shift for one of seven days reviewed from December 4 to December 10, 2024; and to ensure a minimum of one nurse aide (NA) per 15 residents on the night shift for three of seven days reviewed from December 4 to December 10, 2024 . Findings include: Review of facility census data indicated that on December 5, 2024, the facility census was 44, which required 4.40 NA's during the day shift. Review of the nursing time schedules revealed that 3.00 NA's provided care on the day shift on December 5, 2024.	P 5510		

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P 5510	Continued from page 2 Review of facility census data indicated that on December 9, 2024, the facility census was 42, which required 3.82 NA's during the evening shift. Review of the nursing time schedules revealed that 3.13 NA's provided care on the evening shift on December 9, 2024. Review of facility census data indicated that on December 4, 2024, the facility census was 45, which required 3.00 NA's during the night shift. Review of the nursing time schedules revealed that 2.00 NA's provided care on the night shift on December 4, 2024. Review of facility census data indicated that on December 8, 2024, the facility census was 44, which required 2.93 NA's during the night shift. Review of the nursing time schedules revealed that 2.00 NA's provided care on the night shift on December 8, 2024. Review of facility census data indicated that on	P 5510		

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P 5510	Continued from page 3 December 9, 2024, the facility census was 42, which required 2.80 NA's during the night shift. Review of the nursing time schedules revealed that 2.00 NA's provided care on the night shift on December 9, 2024. No additional excess higher-level staff were available to compensate for these deficiencies. Interview with the Director of Nursing on December 11, 2024, at 3:06 p.m. confirmed that the facility did not meet the required NA-to-resident staffing ratios for the days listed above.	P 5510		
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	The facility attempts to schedule staff to meet the ratios per current state regulations. The facility offers shift bonuses to employees who pick up extra shifts or stay over in case of a call off. Registered Nurses, Licensed Practical Nurses, and Nursing Administration all assist to fill in as supplemental staff. An active recruitment campaign is ongoing including sign on bonuses, shift differentials, and employee referral bonuses. Admissions are being limited and denied due to staffing challenges. Nursing Administration will continue to review staffing ratios daily and attempt to cover call off holes as needed. Day sheets will be reviewed daily x5 weekly x2 then biweekly ongoing with payroll review with reports to Quality Assurance.	Completion Date: 01/07/2025 Status: APPROVED Date: 12/30/2024

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P 5530	<p>Continued from page 5</p> <p>Based on review of nursing schedules, review of staffing information furnished by the facility, and staff interview, it was determined that the facility failed to ensure a minimum of one Licensed Practical Nurse (LPN) per 40 residents on the night shift for three of seven days reviewed from December 4 to December 10, 2024.</p> <p>Findings include:</p> <p>Review of facility census data indicated that on December 4, 2024, the facility census was 45, which required 1.13 LPN's during the night shift. Review of the nursing time schedules revealed that 0.25 LPN's provided care on the night shift on December 4, 2024.</p> <p>Review of facility census data indicated that on December 8, 2024, the facility census was 44, which required 1.10 LPN's during the night shift. Review of the nursing time schedules revealed that 1.00 LPN's provided care on the night shift on</p>	P 5530		

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P 5530	Continued from page 6 December 8, 2024. Review of facility census data indicated that on December 10, 2024, the facility census was 42, which required 1.05 LPN's during the night shift. Review of the nursing time schedules revealed that 1.00 LPN's provided care on the night shift on December 10, 2024. No additional excess higher-level staff were available to compensate for these deficiencies. Interview with the Director of Nursing on December 11, 2024, at 3:06 p.m. confirmed that the facility did not meet the required LPN-to-resident staffing ratios for the days listed above.	P 5530		



Certified End Page

MULBERRY HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: 021802

SURVEY EXIT DATE: 12/11/2024

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