

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395666	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/08/2025
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NAME OF PROVIDER OR SUPPLIER: SPRING HILL REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 192902	STREET ADDRESS, CITY, STATE, ZIP CODE: 2170 RHINE STREET PITTSBURGH, PA 15212
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(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	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<ol style="list-style-type: none"> 1. Staffing coordinator will be educated on CNA ratio requirements. 2. A scheduling app has been implemented for direct care staff and staff are acclimating to the procedures of applying for shifts and picking up open shifts/called off shifts. 3. Facility conducts daily labor meetings attended by DON and NHA to manage direct care staff and monitor CNA ratios and track new applicants/new hires. 4. Staffing coordinator/designee to audit daily staffing sheet x 3 weeks to meet CNA ratio requirements. 5. Results reported to QAPI for review and approval. 	<p>Completion Date: 05/12/2025</p> <p>Status: APPROVED</p> <p>Date: 04/16/2025</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 5520	Continued from page 1 Based on a review of staffing documents provided by the facility and staff interview it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the daylight shift on three of seven days (4/1/25, 4/5/25 and 4/6/25), one NA per 11 residents on the second shift on one of seven days (4/6/25) and one NA per 15 residents on the night shift on five of seven days (4/2/25 through 4/6/25) as required. Findings include: A review of facility staffing documents provided by the facility from 3/31/25 through 4/6/25, revealed the facility failed to provide NA on the following shifts as required: Daylight shift: Census Actual hours Hours required 4/1/25 74 43.70 55.50 4/5/25 76 44.00 57.00	P 5520		

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P 5520	Continued from page 2 4/6/25 76 37.10 57.00 Evening shift: Census Actual hours Hours required 4/6/25 76 42.50 51.82 Night shift: Census Actual hours Hours required 4/2/25 75 30.20 37.50 4/3/25 78 31.10 39.00 4/4/25 77 38.10 38.50 4/5/25 76 37.90 38.00 4/6/25 76 31.90 38.00 During an interview on 4/8/25 at 11.42 a.m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the above shifts as required.	P 5520		

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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	<ol style="list-style-type: none"> Staffing coordinator to be educated on maintaining a minimum PPD of 3.20 for direct care staff. A scheduling app has been implemented for direct care staff and staff are acclimating to the procedures of applying for shifts and picking up open shifts. Facility to conduct daily labor meetings attended by DON and NHA to manage direct care staff and monitor staffing calculation spreadsheet. NHA/designee to educate DON and licensed nurses to alert NHA/DON to shortages and/or call offs. NHA/designee to audit PPD 1/week for 6 weeks. Results reported to QAPI for review and approval. 	Completion Date: 05/12/2025 Status: APPROVED Date: 04/16/2025

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P 5640	Continued from page 4 Based on a review of nursing time schedules and staff interview, it was determined that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident on six of seven days (4/1/25 through 4/6/25). Findings include: Review of staffing documents and nursing staff schedules from 3/31/25 through 4/6/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following days: 4/1/25= 2.98 PPD. 4/2/25= 3.19 PPD. 4/3/25= 3.10 PPD. 4/4/25= 3.08 PPD. 4/5/25= 3.10 PPD. 4/6/25= 2.65 PPD. During an interview on 4/8/25, at 11:42 a.m. the Nursing Home Administrator confirmed that the	P 5640		

Pennsylvania Department of Health

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P 5640	Continued from page 5 facility failed to provide a minimum of 3.20 PPD hours of direct care on the above dates as required.	P 5640			



Certified End Page

SPRING HILL REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 192902

SURVEY EXIT DATE: 04/08/2025

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