

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395687 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 12/11/2024 |
|--|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER: YORK NURSING AND REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE: 7101 OLD YORK ROAD PHILADELPHIA, PA 19126 | | |
| STATE LICENSE NUMBER: 023802 | | | | |
| (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 Based on an Abbreviated Survey in response to two complaints completed on December 11, 2024, it was determined that York Nursing and Rehabilitation Center was in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. However the facility was not in compliance with the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process. | F 0000 | | |

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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| 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 | <p>Step 1 The facility is currently staffed at or above state minimum requirements.</p> <p>Step 2 The facility will partner with agencies to ensure that nurse aid requirements are met and to better manage last-minute callouts and unexpected events related to staffing.</p> <p>Step 3 The staff coordinator and other administrative staff involved in coordinating staffing educated on federal and state CNA staffing requirements.</p> <p>Step 4 The NHA or designee will audit staffing levels weekly x4 and monthly x2. Results will be reviewed during the monthly QAPI meeting.</p> | <p>Completion Date: 01/13/2025</p> <p>Status: APPROVED</p> <p>Date: 12/27/2024</p> |

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| P 5520 | <p>Continued from page 1</p> <p>Based on review of nursing staff schedules, punch reports and interviews with staff, it was determined that the facility failed to maintain required staffing ratios, including one nurse aide per 10 residents during the day shift, one nurse aide per 11 residents during the evening shift and one nurse aide per 15 residents during the overnight shift, on seven of seven days reviewed (November 28, 29, 30, December 1, 2, 3, 4, 2024).</p> <p>Findings include:</p> <p>Review of facility census data revealed that on November 28, 2024, the facility census was 207, which required 141.14 hours of nurse aides during the evening shift. Review of the nursing time schedules, and punch reports revealed 128.00 hours of nurse aide care was provided during the shift.</p> <p>Review of facility census data revealed that on November 29, 2024, the facility census was 209, which required 156.75 hours of nurse aides during the day shift. Review of the nursing time schedules,</p> | P 5520 | | |

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| P 5520 | Continued from page 2 and punch reports revealed 128.00 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on November 29, 2024, the facility required 142.50 hours of nurse aides during the evening shift. Review of the nursing time schedules, and punch reports revealed 120.00 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on November 29, 2024, the facility required 104.50 hours of nurse aides during the night shift. Review of the nursing time schedules, and punch reports revealed 104.00 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on November 30, 2024, the facility census was 209, which required 156.75 hours of nurse aides during the day shift. Review of the nursing time schedules, and punch reports revealed 120.00 hours of nurse aide care was provided during the shift. | P 5520 | | |

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| P 5520 | Continued from page 3 Review of facility census data revealed that on November 30, 2024, the facility required 104.50 hours of nurse aides during the night shift. Review of the nursing time schedules, and punch reports revealed 96.00 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on December 1, 2024, the facility census was 210, which required 157.50 hours of nurse aides during the day shift. Review of the nursing time schedules, and punch reports revealed 80.00 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on December 1, 2024, the facility required 143.18 hours of nurse aides during the evening shift. Review of the nursing time schedules, and punch reports revealed 120.00 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on | P 5520 | | |

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| P 5520 | Continued from page 4 December 2, 2024, the facility census was 209, which required 156.75 hours of nurse aides during the day shift. Review of the nursing time schedules, and punch reports revealed 128.00 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on December 2, 2024, the facility required 142.50 hours of nurse aides during the evening shift. Review of the nursing time schedules, and punch reports revealed 128.00 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on December 3, 2024, the facility census was 207, which required 155.25 hours of nurse aides during the day shift. Review of the nursing time schedules, and punch reports revealed 120.00 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on December 3, 2024, the facility census was 207, which required 103.50 hours of nurse aides during | P 5520 | | |

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| P 5520 | Continued from page 5 the night shift. Review of the nursing time schedules, and punch reports revealed 8.50 hours of nurse aide care was provided during the shift. Review of facility census data revealed that on December 4, 2024, the facility census was 208, which required 156.00 hours of nurse aides during the day shift. Review of the nursing time schedules, and punch reports revealed 18.00 hours of nurse aide care was provided during the shift. Staffing calculations and the above areas of concerns, were reviewed with the Nursing Home Administrator, and the Director of Nursing on December 11, 2024, at 2:01 p.m. | 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 | Step 1 The facility is currently staffed at or above state minimum requirements. Step 2 The facility will partner with agencies to ensure that LPN minimum requirements are met, allowing for better management of last-minute callouts and unexpected staffing events. Step 3 The staff coordinator and other administrative staff involved in coordinating staffing educated on federal and state LPN staffing requirements. Step 4 The NHA or designee will audit staffing levels weekly x4 and monthly x2. Results will be reviewed during the monthly QAPI meeting | Completion Date: 01/13/2025 Status: APPROVED Date: 12/27/2024 |
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| P 5530 | Continued from page 7 Based on a review of nursing time schedules and the resident census it was determined that the facility failed to ensure the minimum licensed practical nurse (LPN) staff to resident ratio was provided on the day shifts for two shifts out of seven reviewed for the days of November 28, through December 4, 2024. (12/1/2024-12/2024) Findings include: A review of the facility's weekly staffing records of November 28, through December 4, 2024. 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. On December 1, 2024, during day shift, the facility actually provided, only 8.00 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 8.40. | P 5530 | | |

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| P 5530 | Continued from page 8 On December 2, 2024, during day shift, the facility actually provided, only 8.00 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 8.36. Staffing calculations and the above areas of concerns, were reviewed with the Nursing Home Administrator, and the Director of Nursing on December 11, 2024, at 2:01 p.m. | P 5530 | | |
| P 5640 | | P 5640 | | |

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| P 5640 | Continued from page 9 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 | Step 1 The facility is currently staffed at or above state minimum requirements. Step 2 The facility will partner with agencies to ensure the state minimum requirement of 3.2 hours of direct resident care is met, allowing for better management of last-minute callouts and unexpected staffing events. Step 3 The staff coordinator and other administrative staff involved in coordinating staffing educated on federal and state direct resident care hours requirements. Step 4 The NHA or designee will audit staffing levels weekly x4 and monthly x2. Results will be reviewed during the monthly QAPI meeting. | Completion Date: 01/13/2025 Status: APPROVED Date: 12/27/2024 |
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| P 5640 | Continued from page 10 Based on review of nursing time schedules, punch reports and staff interviews, it was determined that the facility failed to provide a minimum of 3.20 hours of direct nursing care per resident on six of seven days reviewed (November 29, and 30, 2024; and December 1, 2, 3, and 4, 2024). Findings include: Review of facility census data, punch reports and nursing time schedules revealed that on November 29, 2024, the facility census was 209, and a total of 567.25 hours of direct nursing staff hours were provided, which equaled 2.71 hours of direct nursing care provided. Review of facility census data, punch reports and nursing time schedules revealed that on November 30, 2024, the facility census was 209, and a total of 591.25 hours of direct nursing staff hours were provided, which equaled 2.83 hours of direct nursing care provided. | P 5640 | | |

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| P 5640 | Continued from page 11 Review of facility census data, punch reports and nursing time schedules revealed that on December 1, 2024, the facility census was 210, and a total of 527.25 hours of direct nursing staff hours were provided, which equaled 2.51 hours of direct nursing care provided. Review of facility census data, punch reports and nursing time schedules revealed that on December 2, 2024, the facility census was 209, and a total of 591.75 hours of direct nursing staff hours were provided, which equaled 2.83 hours of direct nursing care provided. Review of facility census data, punch reports and nursing time schedules revealed that on December 3, 2024, the facility census was 207, and a total of 561.40 hours of direct nursing staff hours were provided, which equaled 2.71 hours of direct nursing care provided. Review of facility census data, punch reports and nursing time schedules revealed that on December | P 5640 | | |

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| P 5640 | Continued from page 12 4, 2024, the facility census was 208, and a total of 537.75 hours of direct nursing staff hours were provided, which equaled 2.59 hours of direct nursing care provided. Staffing calculations and the above areas of concerns, were reviewed with the Nursing Home Administrator, and the Director of Nursing on October 1, 2024 at 2:01 p.m. | P 5640 | | | |



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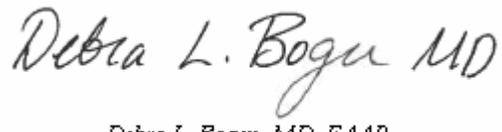
YORK NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 023802

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