

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395705	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
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NAME OF PROVIDER OR SUPPLIER: HEMPFIELD MANOR STATE LICENSE NUMBER: 085802	STREET ADDRESS, CITY, STATE, ZIP CODE: 1118 WOODWARD DRIVE GREENSBURG, PA 15601
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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
F 0000	INITIAL COMMENT Based on a revisit survey completed on January 23, 2025, it was determined that Hempfield Manor failed to correct the deficiencies cited during the survey of December 10, 2024, under the requirements of the 28 Pa, Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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

Pennsylvania Department of Health

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P 5520		P 5520		

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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	This plan of correction has been prepared and executed because the law requires it. This plan does not constitute an admission that any of the citations are either legally or factually correct. This plan of correction is not meant to establish any standard of care, contract, obligation, or position. Hempfield Manor reserves the right to raise all possible contestations and defenses in any civil, criminal, claim, action or proceeding. Please accept this plan of correction as Hempfield Manor credible allegation of compliance. All residents received appropriate care and services to meet their needs on the identified days and there was no direct correlation to an individual resident. Residents of Hempfield Manor will be protected from future staff ratios below the 1:11 nurse aide for evenings and 1:15 nurse aide for nights by a proactive preview by the DON/Designee of daily staff assignments and schedules to ensure adequate staff coverage. The nursing scheduler/designee will	Completion Date: 02/17/2025 Status: APPROVED Date: 02/05/2025

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P 5520	Continued from page 2	P 5520	<p>review projected staffing levels with the DON/designee daily for 3x weekly to ensure that any foreseeable staffing levels below nurse aide ratios are adequately covered. Weekend and Shift Supervisors will be educated by DON/designee by 2/14/25 to immediately contact all off staff on the nursing list first to see about coverage and next contact DON/ADON for any day that ratios unexpectedly drop below the nurse aide ratio minimum for immediate resolution.</p> <p>Hempfield Manor will continue to aggressively advertise externally for recruitment of nursing/C.N.A. applicants to enhance current staffing levels. Hempfield Manor will also review potential admissions and reconsider admissions if the facility is unable to meet minimum staffing levels. Hempfield Manor is an approved site for Fairview Manor's Pennsylvania Nurse Aide Training and Competency Evaluation Program and has ongoing class trainings throughout the year.</p>	

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P 5520	Continued from page 3	P 5520	Administrative RNs are assigned to an on-call schedule and are available to cover shifts when foreseeable staffing levels are below the ratio levels. All licensed nursing staff are asked to pick up at least one on-call shift per month to also cover calloffs that affect minimum ratios. Hempfield Manor has raised all wages for certified aides. Hempfield Manor also offers on call shifts/pay to current staff to cover extra shifts. Staffing ratios will be reviewed by a DON/nursing designee 3x's a week for a month, then weekly x3 weeks then monthly x2 months. Results will be reported on a monthly basis during monthly QAPI committee meeting and at Quarterly Quality Assurance/QAPI meeting.	

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P 5520	Continued from page 4 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 11 residents on the second shift on one of 12 days (1/12/25) and one NA per 15 residents on the night shift on seven of 12 days (19/25 through 1/12/25, 1/16/25, 1/19/25 and 1/20/25) as required. Findings include: A review of facility staffing documents provided by the facility from 1/9/25 through 1/20/25, revealed the facility failed to provide NA on the following shifts as required: Evening shift: Date Census Actual hours Hours required 1/12/25 108 57.00 73.64	P 5520		

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P 5520	Continued from page 5 Night shift: <table border="1"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Actual hours</th> <th>Hours required</th> </tr> </thead> <tbody> <tr> <td>1/9/25</td> <td>109</td> <td>48.60</td> <td>54.50</td> </tr> <tr> <td>1/10/25</td> <td>108</td> <td>48.70</td> <td>54.00</td> </tr> <tr> <td>1/11/25</td> <td>112</td> <td>55.30</td> <td>56.00</td> </tr> <tr> <td>1/12/25</td> <td>109</td> <td>48.90</td> <td>54.50</td> </tr> <tr> <td>1/16/25</td> <td>110</td> <td>43.40</td> <td>55.00</td> </tr> <tr> <td>1/19/25</td> <td>103</td> <td>48.70</td> <td>51.50</td> </tr> <tr> <td>1/20/25</td> <td>103</td> <td>34.00</td> <td>51.50</td> </tr> </tbody> </table> <p>During an interview on 1/23/25 at 12:55 p.m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the above shifts as required.</p>	Date	Census	Actual hours	Hours required	1/9/25	109	48.60	54.50	1/10/25	108	48.70	54.00	1/11/25	112	55.30	56.00	1/12/25	109	48.90	54.50	1/16/25	110	43.40	55.00	1/19/25	103	48.70	51.50	1/20/25	103	34.00	51.50	P 5520		
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1/9/25	109	48.60	54.50																																	
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P 5530		P 5530		

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P 5530	Continued from page 7 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	All residents received appropriate care and services to meet their needs on the identified days and there was no direct correlation to an individual resident. Residents of Hempfield Manor will be protected from future staff ratios below the 1:40 night LPN by a proactive preview of daily staff assignments and schedules to ensure adequate staff coverage by DON/Designee. The nursing scheduler/designee will review projected staffing levels with the DON/designee 3x weekly to ensure that any foreseeable staffing levels below LPN ratios are adequately covered. Weekend and Shift Supervisors will be educated by DON/designee by 2/14/25 to immediately contact all off staff on the nursing list first to see about coverage and next contact DON/ADON for any day that ratios unexpectedly drop below the LPN ratio minimum for immediate resolution. Hempfield Manor will continue to aggressively advertise externally for	Completion Date: 02/17/2025 Status: APPROVED Date: 02/05/2025

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P 5530	Continued from page 8	P 5530	<p>recruitment of nursing applicants to enhance current staffing levels. Hempfield Manor will also review potential admissions and reconsider admissions if the facility is unable to meet minimum staffing levels. Administrative RNs are assigned to an on-call schedule and are available to cover shifts when foreseeable staffing levels are below the minimum ratio levels. All licensed nursing staff are asked to pick up at least one on-call shift per month and be available for call offs that cause staffing levels to be below the minimum ratio levels. Hempfield Manor offers extra on call pay for on call availability. Hempfield Manor has raised all wages for licensed nursing staff.</p> <p>Staffing ratios will be reviewed by a DON/nursing designee 3x's a week for a month, then weekly x3 weeks then monthly x2 months. Results will be reported on a monthly basis during monthly QAPI committee meeting and at Quarterly Quality Assurance/QAPI meeting.</p>	

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P 5530	Continued from page 9 Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 40 residents on the night shift on one of 12 days (1/11/25). Findings include: Review of facility census data, nursing time schedules from 1/9/25 through 1/20/25, revealed the following LPN staffing shortage: Night shift: 1/11/25 census 112 17.70 actual hours 22.40 hours required. During an interview on 1/23/25, at 12:55 p.m. the Nursing Home Administrator confirmed the facility failed to provide the minimum of LPN's on the above day as required.	P 5530		

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P 5640		P 5640		

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P 5640	Continued from page 11 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	All residents received appropriate care and services to meet their needs on the identified days and there was no direct correlation to an individual resident. Residents of Hempfield Manor will be protected from future staff ratios below 3.2 by a proactive preview of daily staff assignments and schedules to ensure adequate staff coverage by DON/Designee. The nursing scheduler/designee will review projected staffing levels with the DON/designee daily for 3x weekly to ensure that any foreseeable staffing levels below 3.2 PPD are adequately covered. Weekend and Shift Supervisors will be educated by DON/designee by 2/14/25 to immediately contact all off staff on the nursing list first to see about coverage and next contact DON/ADON for any day that ratios unexpectedly drop below the 3.2 minimum for immediate resolution Hempfield Manor will continue to aggressively advertise externally for recruitment of nursing/C.N.A. applicants to enhance current	Completion Date: 02/17/2025 Status: APPROVED Date: 02/05/2025

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P 5640	Continued from page 12	P 5640	<p>staffing levels. Hempfield Manor will also review potential admissions and reconsider admissions if the facility is unable to meet minimum staffing levels. Hempfield Manor is an approved site for Fairview Manor's Pennsylvania Nurse Aide Training and Competency Evaluation Program and has ongoing class trainings throughout the year. Administrative RNs are assigned to an on-call schedule and are available to cover shifts when foreseeable staffing levels are below the PPD minimum levels. All licensed nursing staff are asked to pick up at least one on-call shift per month and be available for call offs that cause staffing levels to be below the minimum PPD levels. Hempfield Manor offers extra on call pay for on call availability. Hempfield Manor has raised all wages for certified aides and licensed nursing staff.</p> <p>Nurse Staffing PPD Hours will be reviewed by a DON/nursing designee 3x's a week for a month, then weekly x3 weeks then monthly x2 months. Results will be reported</p>	

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P 5640	Continued from page 13	P 5640	on a monthly basis during monthly QAPI committee meeting and at Quarterly Quality Assurance/QAPI meeting.		

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P 5640	Continued from page 14 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 12 days reviewed (1/9/25, 1/10/25, 1/12/25, 1/16/25, 1/19/25 and 1/20/25). Findings include: Review of staffing documents and nursing staff schedules from 1/9/25 through 1/20/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following days: 1/9/25= 3.16 PPD. 1/10/25= 3.00 PPD. 1/12/25= 2.83 PPD. 1/16/25= 3.12 PPD. 1/19/25= 2.96 PPD. 1/20/25= 3.01 PPD. During an interview on 1/23/25, at 12:55 p.m. the	P 5640		

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P 5640	Continued from page 15 Nursing Home Administrator confirmed that the 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

HEMPFIELD MANOR

STATE LICENSE NUMBER: 085802

SURVEY EXIT DATE: 01/23/2025

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

Handwritten signature of Jeanne Parisi in black ink.

Jeanne Parisi
Deputy Secretary for Quality Assurance

Handwritten signature of Debra L. Bogen MD in black ink.

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