

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395719	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u> 00 </u> B. WING: <u> </u>	(X3) DATE SURVEY COMPLETED: 12/16/2024
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NAME OF PROVIDER OR SUPPLIER: RIVERSIDE HEALTH & REHAB CENTER STATE LICENSE NUMBER: 185402	STREET ADDRESS, CITY, STATE, ZIP CODE: 100 8TH STREET MCKEESPORT, PA 15132
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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 5510		P 5510		

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

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P 5510	Continued from page 1 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	Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of the requirements under state and federal laws. The center recognizes the requirement of nursing assistants ratios of 1 to 10 on daylight, 1 to 11 on evening shifts and 1 to 15 on night shifts. The Director of Nursing/Designee will review documentation for the date 12/15/24 to ensure no adverse events occurred. To prevent recurrence the scheduler and Director of Nursing will be re-educated by the administrator on the PA state requirements for nursing ratios and HPPD.	Completion Date: 12/24/2024 Status: APPROVED Date: 12/19/2024

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P 5510	Continued from page 2	P 5510	<p>The Administrator/Director of Nursing/Designee and scheduler will meet to review staffing ratios for the day as well as staffing projections through the week and weekends. The Director of Nursing is the backup for the scheduler.</p> <p>To monitor and maintain ongoing compliance the Administrator/Designee will conduct weekly audits x 4 weeks to ensure nursing assistants ratios are met using the facility staffing tool. Findings of the audits will be reviewed at the facility's monthly QAPI meeting.</p>	

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P 5510	Continued from page 3 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 one of seven days (12/15/24) as required. Findings include: A review of facility staffing documents provided by the facility from 12/9/24/24 through 12/15/24, revealed the facility failed to provide NA on the following shifts as required: Daylight shift: Date Census Actual hours Hours required 12/15/24 92 64.00 73.60 During an interview on 12/16/24 at 2:15 p.m., the Nursing Home Administrator confirmed that the	P 5510		

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P 5510	Continued from page 4 facility failed to provide NA's in the facility on the above shift as required.	P 5510			



Certified End Page

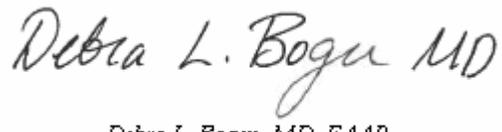
RIVERSIDE HEALTH & REHAB CENTER

STATE LICENSE NUMBER: 185402

SURVEY EXIT DATE: 12/16/2024

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