

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395721	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/09/2024
NAME OF PROVIDER OR SUPPLIER: PARAMOUNT NURSING AND REHABILITATION AT FAYETTEVILLE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE: 6375 CHAMBERSBURG ROAD FAYETTEVILLE, PA 17222		
STATE LICENSE NUMBER: 420102				
(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 December 9, 2024, it was determined that Paramount Nursing and Rehabilitation Center at Fayetteville LLC did not correct all the deficiencies cited during the survey of September 3, 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:

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		

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

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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	Staffing ratios cannot be corrected for dates as this is a past occurrence and the facility needs to hire more CNA's to meet the staffing ratio regulation. Calculations of shift CNA ratios will be completed and reviewed daily for accuracy by the scheduler, ADON and/or DON while the facility is recruiting more CNA staff to meet the ratios. The facility continues to put effort into recruitment and retention of CNA staff members. This includes Pickup shift bonuses for all staff pickups effective 6/29/24 and continues to present, new hire incentives ongoing, such as sign-on bonus and facility has revised and rolled out new waging scales for CNA staff effective November 2024. Facility has also initiated recruitment bonuses to staff that contribute to the recruitment of new CNA hires effective in November 2024. On 7/28/24 the facility initiated 8hr CNA shifts, from 7.5hr CNA shifts. Facility initiated utilizing licensed nursing staff, including floor and	Completion Date: 03/07/2025 Status: APPROVED Date: 12/17/2024

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P 5520	Continued from page 2	P 5520	<p>management staff to fill CNA holes. Additional Emergency Staffing Nursing Manager on Duty initiated for weekend coverage, every weekend.</p> <p>Staff have been reeducated on staffing ratios and potential for mandation due to call off coverage at nurse staff meetings held on July 24th July 25th as well as additional meetings with RN supervisors on 11/20/24.</p> <p>The facility has hired individuals to attend CNA training in January and facility plans to continue to hold CNA training classes on campus until CNA staffing needs are met. CNA ratios will be audited by the scheduler and DON/Designee daily for 11 weeks or until substantial compliance is achieved. The results will be reported monthly at the facilities Quality Assurance Performance Improvement Meeting.</p>	

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P 5520	Continued from page 3 Based on staffing documents and staff interview, it was determined that the facility failed to ensure a required minimum of one Nurse Aide (NA) per 10 residents on Day shift (November 29 and 30, 2024; December 1, 2, 3, and 4, 2024), one NA per 11 residents on Evening shift (November 29 and 30, 2024; December 1, 2, 3, 4, and 5, 2024), and one NA per 15 residents on Night shift (November 30, 2024; December 1, 2, 3, 4, and 5, 2024). Findings include: Review of facility staffing ratio and resident census information for November 29 through December 5, 2024, revealed the following NA ratios, which did not meet the minimum NA ratio required for the resident census on the following shifts: November 29, 2024, Day and Evening shifts - 79 residents and 7.13 NAs on day shift, which did not meet the required ratio of 7.9 NAs on Day shift. Night shift 79 residents and 6.72 NAs, which did not meet the required ratio of 7.18 NAs.	P 5520		

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P 5520	Continued from page 4 November 30, 2024, Day, Evening, and Night shifts - 79 residents and 5.91 NAs, which did not meet the required ratio of 7.9 NAs on Day shift. Evening shift 79 residents and 6.31 NAs, which did not meet the required ratio of 7.18 NAs. Night shift 79 residents and 5.0 NAs, which did not meet the required ratio of 5.27 NAs. December 1, 2024, Day, Evening, and Night shifts - 79 residents and 5.72 NAs, which did not meet the required ratio of 7.9 NAs on Day shift. Evening shift 79 residents and 5.63 NAs, which did not meet the required ratio 7.18. Night shift 79 residents and 4.0 NAs, which did not meet the required ration of 5.27. December 2, 2024, Day, Evening, and Night shifts- 81 residents and 6.09 NAs, which did not meet the requirement of 8.10 on Day shift. Evening shift 81 residents and 6.0 NAs, which did not meet the required ratio 7.36. Night shift 81 residents and 4.77 NAs, which did not meet the required ratio	P 5520		

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P 5520	<p>Continued from page 5</p> <p>5.40.</p> <p>December 3, 2024, Day, Evening, and Night shifts- 81 residents and 6.50 NAs, which did not meet the requirement of 8.10 on Day shift. Evening shift 82 residents and 5.73 NAs, which did not meet the required ratio 7.45. Night shift 82 residents and 4.77 NAs, which did not meet the required ratio 5.40.</p> <p>December 4, 2024, Evening and Night shifts- 82 residents and 7.00 NAs, which did not meet the requirement of 7.45 on Evening shift. Night shift 82 residents and 5.24 NAs, which did not meet the required ratio 5.47.</p> <p>December 5, 2024, Day, Evening, and Night shifts- 82 residents and 7.59 NAs, which did not meet the requirement of 8.20 on Day shift. Evening shift 81 residents and 6.50 NAs, which did not meet the required ratio 7.36. Night shift 81 residents and 5.03 NAs, which did not meet the required ratio 5.40.</p>	P 5520		

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P 5520	Continued from page 6 During an interview with the Nursing Home Administrator and Director of Nursing on December 9, 2024, at 1:20 PM, it was revealed that Pennsylvania State minimum nursing staffing regulations weren't met.	P 5520		
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	Staffing ratios cannot be corrected for dates as this is past occurrence and facility will need to hire more LPN staffing to meet staffing ratio regulation. Calculations of shift LPN ratios will be completed and reviewed daily for accuracy by the scheduler and DON to assure enough LPN coverage is scheduled to meet the ratios. The facility continues to put forth efforts to recruit and retain new nursing staff members. This includes: Pickup shift bonuses for all staff pickups effective 6/29/24 and continue at this time, new hire incentives ongoing, such as sign-on bonus, increased LPN wage matrix effective 7/9/24. Tuition assistance and reimbursement programs offered by facility for nursing degrees. Staff have been re-educated on staffing ratios and potential for mandating due to call off coverage at nurse staffing meetings held on July 24th and 25th as well as additional meetings with RN supervisors on 11/20/24. Additional Emergency Staffing Nursing Manager on Duty	Completion Date: 03/07/2025 Status: APPROVED Date: 12/17/2024

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P 5530	Continued from page 8	P 5530	initiated for weekend coverage, every weekend during staffing shortages. Schedules and LPN ratios will be audited daily by the scheduler and DON/designee for 11 weeks or until substantial compliance is achieved. The results will be reported monthly at the facilities Quality Assurance Performance Improvement Meeting.	

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P 5530	Continued from page 9 Based on staffing documents and staff interview, it was determined that the facility failed to ensure a required minimum of one Licensed Practical Nurse (LPNs) per 25 residents on day shift (November 29, 2024; December 1, 4, and 5, 2024), one LPN per 30 resident on evening shift (December 3, and 4, 2024), and one LPN per 40 residents on night shift (November 30, 2024; December 1, 2, 3, and 5, 2024). Findings include: Review of facility staffing ratio and resident census information for November 29, 2024, through December 5, 2024, revealed the following LPN ratios, which did not meet the minimum NA ratio required for the resident census on the following shifts: November 29, 2024, day shift - 79 residents and 3.0 LPNs, which didn't meet the required ratio of 3.16.	P 5530		

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P 5530	Continued from page 10 November 30, 2024, night shift- 79 residents and 1.0 LPNs, which did not meet the required ratio 1.98. December 1, 2024, day and night shifts- 79 residents and 3.0 LPNs, which did not meet the required ratio 3.16 on day shift. Night shift 79 residents and 1.06 LPNs, which did not meet the required ratio 1.98. December 2, 2024, night shift- 81 residents and 2.0 LPNs, which did not meet the required ratio 2.03. December 3, 2024, evening and night shifts- 82 residents and 2.56 LPNs, which did not meet the required ratio 2.73 on evening shift. Night shift 82 residents and 1.31 LPNs, which did not meet the required ratio 2.05. December 4, 2024, day and evening shifts - 82 residents and 2.66 LPNs, which did not meet the required ration 3.28 on day shift. Evening shift 82 residents and 2.69 LPNs, which did not meet the	P 5530		

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P 5530	Continued from page 11 required ratio 2.73. December 5, 2024, day and night shift- 82 residents and 2.66 LPNs, which did not meet the required ratio 3.28 on day shift. Night shift 81 resident and 2.00 LPNs, which did not meet the required ratio 2.03. During an interview with the Nursing Home Administrator and Director of Nursing on December 9, 2024, at 1:20 PM, it was revealed that Pennsylvania State minimum nursing staffing regulations weren't met.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 12 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	Total staff hours cannot be corrected for dates Calculations of PPD will be completed and reviewed daily for accuracy by the scheduler, DON to assure enough staff hours per patient day is scheduled to cover PPD of 3.2. Pickup shift bonuses for all staff pickups effective 6/29/24 and continue at this time, new hire incentives ongoing, such as sign-on bonus, LPN and RN wage scale as well as waging analysis and increased starting wages for CNA, LPN and RN staff as well as current staff. Facility will continue to offer facility CNA training site. Effective on 7/28/24 facility had all CNA's move to an 8 hours work day increasing from 7.5 hours. Education will continue staffing ratios and potential for mandating due to call off coverage. Nurse staff meetings held on July 24th and 25th reviewing this as well as additional meetings with RN supervisors on 11/20/24. Schedules and CNA ratios will be audited daily by the scheduler and DON/designee for 11 weeks or until substantial compliance is achieved.	Completion Date: 03/07/2025 Status: APPROVED Date: 12/13/2024

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P 5640	Continued from page 13	P 5640	The results of the findings will be reported monthly at the facility Quality Assurance Performance Improvement meeting.		

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P 5640	Continued from page 14 Based on a review of staffing documents and staff interview, it was determined that the facility failed to ensure the total number of nursing care hours provided in each 24- hour period met the required minimum of 3.20 hours of direct care per resident for six of seven days reviewed (November 29 and 30, 2024; December 1, 2, 3, and 5, 2024). Findings include: Review of one week of facility staffing hours that included November 29, 2024, through December 5, 2024, revealed that the facility provided less than the required 3.20 hours of direct care per resident on the following dates: November 29 - 3.10 hours; November 30 - 2.81; December 1 - 2.57; December 2 - 2.85; December 3 - 2.56; and December 5 - 2.90. During an interview with the Nursing Home Administrator and Director of Nursing on December 9, 2024, at 1:20 PM, it was revealed that Pennsylvania State minimum nursing staffing regulations weren't met.	P 5640		



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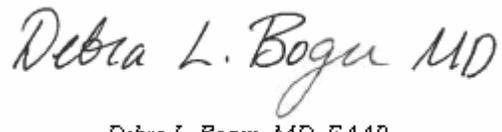
PARAMOUNT NURSING AND REHABILITATION AT FAYETTEVILLE, LLC

STATE LICENSE NUMBER: 420102

SURVEY EXIT DATE: 12/09/2024

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