

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395746	(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: CARLISLE SKILLED NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 940 WALNUT BOTTOM ROAD CARLISLE, PA 17013
STATE LICENSE NUMBER: 392802	

(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 Findings of an abbreviated complaint survey and a revisit survey completed on January 23, 2025, at Carlisle Skilled Nursing and Rehabilitation Center identified that the facility was not in compliance with the following 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		

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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	1. No residents affected. Residents received care in accordance with their plan of care and attending physician orders. 2. No residents affected. All residents will continue to receive care in accordance with their plan of care and attending physicians orders. 3. The NHA, Clinical Leadership Team, Human Resources, and Scheduler will review the schedule in daily meetings. In the event of call offs the facility will follow staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. The facility continues to coordinate staffing schedules and replace call offs per policy. The facility will continue to hire for all open positions using a new recruitment platform, job fairs, and utilize agency staff as needed. 4. NHA has re-educated the Director of Nursing and Scheduler on Nursing ratios and PPD requirements and the importance of maintaining the schedule as posted.	Completion Date: 02/20/2025 Status: APPROVED Date: 02/03/2025

Pennsylvania Department of Health

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P 5520	Continued from page 2	P 5520	5. To monitor and maintain ongoing compliance the NHA/DON/Designee will audit staffing daily x 4 weeks then weekly for 2 months for review and revision as needed. Results of audits will be reported to the QAPI Committee.	

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P 5520	<p>Continued from page 3</p> <p>Based on review of 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 for two of seven days reviewed (January 6 and 11, 2025); one NA per 11 residents on evening shift for one of seven days reviewed (January 10, 2025); and one NA per 15 residents on night shift for three of seven days reviewed (January 5, 6, and 11, 2025).</p> <p>Findings Include:</p> <p>Review of facility-provided staffing ratio information for January 5, 2025, on night shift, revealed a census of 141 residents. Further review revealed a NA ratio of 5.84; therefore, the facility did not meet the required ratio of 9.40.</p> <p>Review of facility-provided staffing ratio information for January 6, 2025, on day shift, revealed a census of 141 residents. Further review revealed a NA ratio of 10.28; therefore, the facility did not meet the required ratio of 14.10.</p>	P 5520		

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P 5520	Continued from page 4 Review of facility-provided staffing ratio information for January 6, 2025, on night shift, revealed a census of 141 residents. Further review revealed a NA ratio of 5.73; therefore, the facility did not meet the required ratio of 9.40. Review of facility-provided staffing ratio information for January 10, 2025, on evening shift, revealed a census of 140 residents. Further review revealed a NA ratio of 11.97; therefore, the facility did not meet the required ratio of 12.73. Review of facility-provided staffing ratio information for January 11, 2025, on day shift, revealed a census of 141 residents. Further review revealed a NA ratio of 13.16; therefore, the facility did not meet the required ratio of 14.10. Review of facility-provided staffing ratio information for January 11, 2025, on night shift, revealed a census of 142 residents. Further review revealed a NA ratio of 8.31; therefore, the facility did not meet	P 5520		

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P 5520	Continued from page 5 the required ratio of 9.47. During an interview with the Nursing Home Administrator on January 23, 2025, at 9:52 AM, he confirmed that the facility did not meet the NA ratios due to call offs related to illnesses and weather.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 6 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"> 1. No residents affected. Residents received care in accordance with their plan of care and attending physician orders. 2. No residents affected. Residents will continue to receive care in accordance with their plan of care and attending physician orders. 3. The NHA, Clinical Leadership Team, Human Resources, and Scheduler will review the schedule in daily meetings. In the event of call offs the facility will follow staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. The facility continues to coordinate staffing schedules and replace call offs per policy. The facility will continue to hire for all open positions using a new recruitment platform, job fairs, and utilize agency staff as needed. 4. NHA has re-educated the Director of Nursing and Scheduler on Nursing ratios and PPD requirements and the importance of maintaining the schedule as posted. 5. To monitor and maintain ongoing 	Completion Date: 02/20/2025 Status: APPROVED Date: 02/03/2025

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P 5640	Continued from page 7	P 5640	compliance the NHA/DON/Designee will audit staffing daily x 4 weeks then weekly for 2 months for review and revision as needed. Results of audits will be reported to the QAPI Committee.	

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P 5640	Continued from page 8 Based on 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 be a required minimum of 3.20 hours of direct care for each resident for four of seven days reviewed (January 5, 6, 10, and 11, 2025). Findings Include: Review of facility provided staffing information dated January 5 through January 11, 2025, revealed that the facility provided only 2.90 hours of direct care for each resident on January 5, 2025; 2.52 hours on January 6, 2025; 3.05 hours on January 10, 2025; and 2.89 hours on January 11, 2025. During an interview with the Nursing Home Administrator on January 23, 2025, at 9:52 AM, he confirmed that the facility did not meet the PPD requirements due to call offs related to illnesses and weather.	P 5640		



Certified End Page

CARLISLE SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 392802

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


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