

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395767	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/07/2025
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NAME OF PROVIDER OR SUPPLIER: ROSE VIEW NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 1201 RURAL AVENUE WILLIAMSPORT, PA 17701
STATE LICENSE NUMBER: 185502	

(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 0000	INITIAL COMMENT	P 0000		
P 5520	<p>Based on an Abbreviated Survey in response to four Complaints completed on August 7, 2025, at Rose View Nursing and Rehabilitation Center, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.</p>	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	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. The plan of correction represents the facility's credible allegation of compliance. P5520 1. Findings of nurse aide nursing staff care ratios cannot be retroactively corrected. 2. Facility will provide a minimum of one nurse aide per 10 residents during day shift and one nurse aide per 11 residents on evening shift and one nurse aide per 15 residents on overnight shift. Staffing team will meet daily Monday-Friday to review staffing needs and create plans to ensure nurse aide coverage. In order to recruit and retain staff, facility has an active nurse aide training course that runs continuously to hire and	Completion Date: 10/02/2025 Status: APPROVED Date: 08/22/2025

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P 5520	Continued from page 2	P 5520	<p>train new CNAs. Facility recently put up a recruitment billboard to attract nurses and CNAs. Facility also has active job ads and recruiters who work around the clock to interview and hire new staff. Facility continuously hosts staff morale events, staff spotlights, and monthly caught caring awards to retain current staff. Facility offers bonuses to current staff in attempt to schedule more staff per shift.</p> <p>3. Scheduling manager will be educated on the requirements there must be a minimum of one nurse aide per 10 residents during day shift and a minimum of one nurse aide per 11 residents on evening shift and one nurse aide per 15 residents on overnight shift.</p> <p>4. Director of Nursing or Designee will conduct random audits to verify that nurse aide day shift, evening shift ratios and overnight shift meet the requirements weekly for 4 weeks and then monthly for 2 months thereafter. Audit results will be presented at the QAPI meeting for review and recommendations.</p>	

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P 5520	Continued from page 3 Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure a minimum of one nurse aide per 10 residents during the day shift for 21 of the 21 days reviewed, failed to ensure a minimum of one nurse aide per 11 residents during the evening shift for 16 of the 21 days reviewed and failed to ensure a minimum of one nurse aide per 15 residents during the overnight shift for 20 of the 21 days reviewed. Findings include: A review of nursing care hours provided by the facility dated from July 11, 2025, through July 31, 2025, revealed the following on the dayshift: July 11, 2025, census of 109 with 8.53 NAs, required 10.90 July 12, 2025, census of 108 with 8.36 NAs, required 10.80 July 13, 2025, census of 108 with 8.37 NAs, required 10.80 July 14, 2025, census of 109 with 8.70 NAs, required 10.90 July 15, 2025, census of 110 with 8.53 NAs, required 11 July 16, 2025, census of 111 with 8 NAs, required 11.10 July 17, 2025, census of 111 with 8.56 NAs, required 11.10 July 18, 2025, census of 111 with 8.25 NAs, required 11.10 July 19, 2025, census of 110 with 8 NAs, required 11 July 20, 2025, census of 110 with 8 NAs, required 11 July 21, 2025, census of 110 with 10 NAs, required 11 July 22, 2025, census of 111 with 10.40 NAs, required 11.10 July 23, 2025, census of 110 with 10 NAs, required 11	P 5520		

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P 5520	Continued from page 4 July 24, 2025, census of 110 with 8.97 NAs, required 11 July 25, 2025, census of 110 with 9 NAs, required 11 July 26, 2025, census of 110 with 9 NAs, required 11 July 27, 2025, census of 113 with 11 NAs, required 11.30 July 28, 2025, census of 112 with 9.83 NAs, required 11.20 July 29, 2025, census of 110 with 9.47 NAs, required 11 July 30, 2025, census of 111 with 10.30 NAs, required 11.10 July 31, 2025, census of 113 with 10 NAs, required 11.30 A review of nursing care hours provided by the facility dated from July 11, 2025, through July 31, 2025, revealed the following on the evening shift: July 11, 2025, census of 108 with 9.27 NAs, required 9.82 July 12, 2025, census of 108 with 7.99 NAs, required 9.82 July 13, 2025, census of 108 with 8.90 NAs, required 9.82 July 14, 2025, census of 109 with 9.37 NAs, required 9.91 July 17, 2025, census of 111 with 9.89 NAs, required 10.09 July 18, 2025, census of 110 with 9.20 NAs, required 10 July 19, 2025, census of 110 with 9.04 NAs, required 10 July 20, 2025, census of 110 with 8.89 NAs, required 10 July 24, 2025, census of 110 with 8.42 NAs, required 10 July 25, 2025, census of 110 with 9 NAs, required 11 July 26, 2025, census of 110 with 9 NAs, required 11 July 27, 2025, census of 113 with 11 NAs, required 11.30 July 28, 2025, census of 112 with 9.83 NAs, required 11.20 July 29, 2025, census of 110 with 9.47 NAs, required 11 July 30, 2025, census of 111 with 10.30 NAs, required 11.10 July 31, 2025, census of 113 with 10 NAs, required 11.30	P 5520		

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P 5520	Continued from page 5 A review of nursing care hours provided by the facility dated from July 11, 2025, through July 31, 2025, revealed the following on the overnight shift: July 11, 2025, census of 108 with 5.87 NAs, required 7.20 July 12, 2025, census of 108 with 3.87 NAs, required 7.20 July 13, 2025, census of 108 with 5 NAs, required 7.20 July 14, 2025, census of 110 with 5.87 NAs, required 7.33 July 15, 2025, census of 110 with 5.12 NAs, required 7.33 July 16, 2025, census of 111 with 6.75 NAs, required 7.40 July 17, 2025, census of 111 with 5.62 NAs, required 7.40 July 19, 2025, census of 110 with 7 NAs, required 7.33 July 20, 2025, census of 110 with 6.27 NAs, required 7.33 July 21, 2025, census of 111 with 6.37 NAs, required 7.40 July 22, 2025, census of 109 with 6.65 NAs, required 7.27 July 23, 2025, census of 110 with 6.25 NAs, required 7.33 July 24, 2025, census of 110 with 7.18 NAs, required 7.33 July 25, 2025, census of 110 with 5.37 NAs, required 7.33 July 26, 2025, census of 113 with 5 NAs, required 7.53 July 27, 2025, census of 113 with 6.25 NAs, required 7.53 July 28, 2025, census of 109 with 6.37 NAs, required 7.27 July 29, 2025, census of 111 with 5.24 NAs, required 7.40 July 30, 2025, census of 113 with 6.75 NAs, required 7.53 July 31, 2025, census of 113 with 6.09 NAs, required 7.53 Interview with the Administrator on August 7, 2025, at 2:30 PM confirmed the above findings.	P 5520		

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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	P5530 1. Findings of LPN nursing staff care ratios cannot be retroactively corrected. 2. Facility will provide a minimum of one Licensed Practical Nurse per 25 residents during the day shift and a minimum of one LPN per 40 residents during the night shift. Staffing team will meet daily Monday-Friday to review staffing needs and create plans to ensure LPN coverage. In order to recruit and retain staff, facility has an active nurse aide training course that runs continuously to hire and train new CNAs. Facility recently put up a recruitment billboard to attract nurses and CNAs. Facility also has active job ads and recruiters who work around the clock to interview and hire new staff. Facility continuously hosts staff morale events, staff spotlights, and monthly caught caring awards to retain current staff. The facility offers bonuses to current staff in an effort to schedule more staff per shift. 3. Scheduling manager will be	Completion Date: 10/02/2025 Status: APPROVED Date: 08/22/2025

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P 5530	Continued from page 8	P 5530	<p>educated on the requirements of one Licensed Practical Nurse per 25 residents during the day shift and a minimum of one LPN per 40 residents during the night shift.</p> <p>4. Director of Nursing or Designee will conduct random audits to verify that LPN day shift and night shift meet the requirements weekly for 4 weeks and then monthly for 2 months thereafter. Audit results will be presented at the QAPI meeting for review and recommendations.</p>	

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P 5530	Continued from page 9 Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure a minimum of one licensed practical nurse (LPN) per 25 residents during the day shift for 14 of the 21 days reviewed, and one LPN per 40 residents during the overnight shift for 20 of the 21 days reviewed. Findings include: A review of nursing care hours provided by the facility dated from July 11, 2025, through July 31, 2025, revealed the following on the day shift: July 11, 2025, census of 109 with 3.87 LPNs, required 4.36 July 12, 2025, census of 108 with 4 LPNs, required 4.32 July 13, 2025, census of 108 with 4 LPNs, required 4.32 July 18, 2025, census of 111 with 4 LPNs, required 4.44 July 19, 2025, census of 110 with 4 LPNs, required 4.40 July 20, 2025, census of 110 with 4 LPNs, required 4.40 July 21, 2025, census of 110 with 4 LPNs, required 4.40 July 22, 2025, census of 111 with 4 LPNs, required 4.44 July 23, 2025, census of 110 with 4 LPNs, required 4.40 July 25, 2025, census of 110 with 3.81 LPNs, required 4.40 July 26, 2025, census of 110 with 4 LPNs, required 4.40 July 27, 2025, census of 113 with 4 LPNs, required 4.52	P 5530		

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P 5530	Continued from page 10 July 28, 2025, census of 112 with 4.18 LPNs, required 4.48 July 31, 2025, census of 113 with 2 LPNs, required 4.52 A review of nursing care hours provided by the facility dated from July 11, 2025, through July 31, 2025, revealed the following on the overnight shift: July 11, 2025, census of 108 with 1 LPN, required 2.70 July 12, 2025, census of 108 with 2 LPNs, required 2.70 July 13, 2025, census of 108 with 1.84 LPNs, required 2.70 July 14, 2025, census of 110 with 1 LPN, required 2.75 July 15, 2025, census of 110 with 2 LPNs, required 2.75 July 16, 2025, census of 111 with 1 LPN, required 2.78 July 17, 2025, census of 111 with 1 LPN, required 2.78 July 18, 2025, census of 110 with 2 LPNs, required 2.75 July 19, 2025, census of 110 with 2 LPNs, required 2.75 July 20, 2025, census of 110 with 1.50 LPNs, required 2.75 July 21, 2025, census of 111 with 2 LPNs, required 2.78 July 23, 2025, census of 110 with 2 LPNs, required 2.75 July 24, 2025, census of 110 with 2 LPNs, required 2.75 July 25, 2025, census of 110 with 2 LPNs, required 2.75 July 26, 2025, census of 113 with 2 LPNs, required 2.83 July 27, 2025, census of 113 with 2 LPNs, required 2.83 July 28, 2025, census of 109 with 2 LPNs, required 2.73 July 29, 2025, census of 111 with 2 LPNs, required 2.78 July 30, 2025, census of 113 with 2 LPNs, required 2.83 July 31, 2025, census of 113 with 1.50 LPNs, required 2.83	P 5530		

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P 5530	Continued from page 11 Interview with the Administrator on August 7, 2025, at 2:30 PM confirmed the above findings.	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	P5640 1. Findings of nursing staff care hours cannot be retroactively corrected. 2. Facility will provide a minimum of 3.2 hours nursing care hours per patient day. In order to recruit and retain staff, facility has an active nurse aide training course that runs continuously to hire and train new CNAs. Facility recently put up a recruitment billboard to attract nurses and CNAs. Facility also has active job ads and recruiters who work around the clock to interview and hire new staff. Facility continuously hosts staff morale events, staff spotlights, and monthly caught caring awards to retain current staff. Facility offers bonuses to current staff in an effort to get more staff scheduled per shift. 3. Scheduling manager will be educated on the requirement of providing a minimum of 3.2 nursing care hours per patient per day. Staffing team will meet daily Monday-Friday to review staffing needs and create plans to ensure	Completion Date: 10/02/2025 Status: APPROVED Date: 08/22/2025

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P 5640	Continued from page 13	P 5640	adequate coverage. 4. Director of Nursing or Designee will conduct random audits to verify that facility is providing a minimum of 3.2 nursing care hours per patient per day weekly for 4 weeks and then monthly for 2 months thereafter. Audit results will be presented at the QAPI meeting for review and recommendations.	

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P 5640	Continued from page 14 Based on review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure the total of nursing care hours provided in each 24-hour period was a minimum of 3.2 hours per patient day (PPD), effective July 1, 2024, for 21 of the 21 days reviewed. Findings include: Review of nursing staff care hours from July 11, 2025, through July 31, 2025, revealed that the facility failed to meet the minimum hours per patient day for the following days: July 11, 2025, 2.58 hours PPD July 12, 2025, 2.43 hours PPD July 13, 2025, 2.57 hours PPD July 14, 2025, 2.61 hours PPD July 15, 2025, 2.73 hours PPD July 16, 2025, 2.72 hours PPD July 17, 2025, 2.61 hours PPD July 18, 2025, 2.70 hours PPD July 19, 2025, 2.67 hours PPD July 20, 2025, 2.57 hours PPD July 21, 2025, 2.84 hours PPD July 22, 2025, 3.05 hours PPD July 23, 2025, 2.85 hours PPD July 24, 2025, 2.74 hours PPD	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395767	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/07/2025
NAME OF PROVIDER OR SUPPLIER: ROSE VIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1201 RURAL AVENUE WILLIAMSPORT, PA 17701		
STATE LICENSE NUMBER: 185502				
(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 5640	Continued from page 15 July 25, 2025, 2.66 hours PPD July 26, 2025, 2.41 hours PPD July 27, 2025, 2.67 hours PPD July 28, 2025, 2.70 hours PPD July 29, 2025, 2.61 hours PPD July 30, 2025, 2.86 hours PPD July 31, 2025, 2.51 hours PPD Interview with the Administrator on August 7, 2025, at 2:30 PM, confirmed the above findings.	P 5640		



Certified End Page

ROSE VIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 185502

SURVEY EXIT DATE: 08/07/2025

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