

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395782	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/23/2024
NAME OF PROVIDER OR SUPPLIER: FAIRVIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 184 BETHLEHEM PIKE PHILADELPHIA, PA 19118		
STATE LICENSE NUMBER: 320402				
(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 an Abbreviated Survey in response to one complaint, completed on December 23, 2024, it was determined that the facility was in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities but failed to be in compliance with the 28 Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	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	Plan of Correction for § 211.12(f.1)(3) Nursing Services: 1. Review of CNA Staffing Ratios: The facility reviewed CNA staffing ratios for the following dates: o Day Shifts: 12/15/24, 12/16/24, 12/17/24, 12/18/24, 12/21/24. o Night Shifts: 12/15/24, 12/16/24, 12/17/24, 12/18/24, 12/21/24. The review determined that no grievances were filed, or care affected due to staffing ratios. 2. Expanded Review: Additional dates were reviewed to ensure that CNA staffing ratios were met and to confirm that care was not adversely impacted. 3. Education on Staffing Ratios: The scheduling coordinator will be educated on the CNA staffing ratio requirements. o Day Shift: Minimum of 1 CNA per 10 residents. o Evening Shift: Minimum of 1 CNA per 11 residents. o Night Shift: Minimum of 1 CNA per 15 residents.	Completion Date: 03/17/2025 Status: APPROVED Date: 01/24/2025

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P 5520	Continued from page 2	P 5520	<p>4. Monitoring and Audits: The NHA or designee will conduct audits of CNA staffing ratios for all shifts. These audits will be conducted weekly for four weeks to ensure compliance.</p> <p>5. Quality Assurance Reporting: Audit results will be presented to the Quality Assurance and Performance Improvement (QAPI) committee for evaluation and further action as needed.</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 did not ensure a minimum of one nurse aid (NA) for every 20 residents during the night shift on five of seven days reviewed (week of December 15, 2024). Findings include: Review of nursing staff care hours provided by the facility revealed the following staff scheduled for the resident census: Night shift (requires one NA per 20 residents) On December 15, 2024, 70.49 NA hours, with a census of 153 residents, required 76.5 NA hours. On December 16, 2024, 71.6 NA hours, with a census of 153 residents, required 76.5 NA hours. On December 17, 2024, 56.01 NA hours, with a census of 152 residents, required 76 NA hours.	P 5520		

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P 5520	Continued from page 4 On December 18, 2024, 69.43 NA hours, with a census of 153 residents, required 76.5 NA hours. On December 21, 2024, 69.2 NA hours, with a census of 155 residents, required 77.5 NA hours. Interview with Employee E1, the Nursing Home Administrator on December 23, 2024, at 3:15 p.m., confirmed that the above staffing levels did not meet the required minimums.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 5 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	Plan of Correction for § 211.12(f.1)(4) Nursing Services: 1. Review of LPN Staffing Ratios: The facility reviewed the LPN staffing ratios for December 21, 2024. No grievances were filed or resident care was negatively affected on that date due to staffing ratios. 2. Expanded Review: Additional dates were reviewed to ensure that LPN staffing ratios were met and to confirm that resident care levels were not adversely impacted. 3. Education on Staffing Ratios: The scheduling coordinator will be educated on the LPN staffing ratio requirements: o Day Shift: Minimum of 1 LPN per 25 residents. o Evening Shift: Minimum of 1 LPN per 30 residents. o Night Shift: Minimum of 1 LPN per 40 residents. 4. Monitoring and Audits: The NHA or designee will conduct audits of LPN staffing ratios for all	Completion Date: 03/17/2025 Status: APPROVED Date: 01/24/2025

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P 5530	Continued from page 6	P 5530	<p>shifts. These audits will be conducted weekly for four weeks to ensure compliance.</p> <p>5. Quality Assurance Reporting: Audit results will be reviewed at the Quality Assurance and Performance Improvement (QAPI) committee for evaluation and further action as needed.</p>	

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P 5530	Continued from page 7 Based on a review of nursing staffing hours and staff interview, it was determined that the facility did not ensure a minimum of one Licensed Nurse (LPN) for every 25 residents on the day shift for one of seven days reviewed, and one LPN for every 30 residents on the evening shift for one of seven days reviewed (week of December 15, 2024). Findings include: Review of nursing staff care hours provided by the facility revealed the following staff scheduled for the resident census: Day shift (requires one LPN per 25 residents) On December 21, 2024, 25 LPN hours, with a census of 155 residents, required 49.6 LPN hours. Evening shift (requires one LPN per 30 residents) On December 21, 2024, 37.48 LPN hours, with a census of 155 residents, required 41.33 LPN hours. Interview with Employee E1, the Nursing Home	P 5530		

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P 5530	Continued from page 8 Administrator on December 23, 2024, at 3:15 p.m., confirmed that the above staffing levels did not meet the required minimums.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 9 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	Plan of Correction for § 211.12(i)(2) Nursing Services: 1. Review of General Nursing Care Staffing Ratios: The facility reviewed the total number of general nursing care staffing ratios for December 15, 2024, December 16, 2024, December 18, 2024, December 20, 2024, and December 21, 2024. No grievances or care were affected on those dates due to staffing ratios. 2. Expanded Review: Additional dates were reviewed to ensure that ratios were met, and care affects. 3. Education on Staffing Ratios: The scheduling coordinator will be educated on general nursing care staffing ratios o Minimum of 3.2 hours of direct resident care per resident per day. 4. Monitoring and Audits: The NHA or designee will conduct audits to verify nursing care staffing ratios for all shifts. These audits will	Completion Date: 03/17/2025 Status: APPROVED Date: 01/24/2025

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P 5640	Continued from page 10	P 5640	<p>be conducted weekly for four weeks to ensure compliance.</p> <p>5. Quality Assurance Reporting: Audit results will be presented to the Quality Assurance and Performance Improvement (QAPI) committee for evaluation and further action as needed.</p>	

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P 5640	<p>Continued from page 11</p> <p>Based on a review of nursing staffing hours and staff interview, it was determined that the facility did not ensure a minimum of 3.2 nursing care hours per patient, per day (PPD), on five of seven days reviewed (week of December 15, 2024).</p> <p>Findings include:</p> <p>Review of nursing staff care hours provided by the facility revealed the following staff scheduled for the resident census:</p> <p>December 15, 2024, 476.31 care hours with a census of 153 residents, totaling 3.11 PPD.</p> <p>December 16, 2024, 474.09 care hours with a census of 153 residents, totaling 3.10 PPD.</p> <p>December 18, 2024, 472.71 care hours with a census of 153 residents, totaling 3.09 PPD.</p> <p>December 20, 2024, 483.62 care hours with a census of 155 residents, totaling 3.12 PPD.</p>	P 5640		

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P 5640	Continued from page 12 December 15, 2024, 409.69 care hours with a census of 155 residents, totaling 2.64 PPD. Interview with Employee E1, the Nursing Home Administrator on December 23, 2024, at 3:15 p.m., confirmed that the above staffing levels did not meet the required minimum PPD of 3.2.	P 5640			



Certified End Page

FAIRVIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 320402

SURVEY EXIT DATE: 12/23/2024

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