

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395831</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/30/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>SCHUYLKILL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1000 SCHUYLKILL MANOR ROAD POTTSVILLE, PA 17901</b>		
STATE LICENSE NUMBER: <b>453002</b>				
(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 a complaint completed on December 30, 2024, at Schuylkill 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 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	<ol style="list-style-type: none"> <li>1. C.N.A. ratios for the dates noted in the survey cannot be corrected as this is a past event.</li> <li>2. Calculation of shift C.N.A. ratios will be completed and reviewed daily for accuracy by the scheduler.</li> <li>3. The facility has developed internal incentives to retain and attract new staff. The facility has attended job fairs and nursing schools to recruit direct care staff, in addition to other ongoing recruiting initiatives. We are using recruitment lists to call area CNAs to consider joining our facility. We have reached out to Nurse Aide training institutions to determine their ability to staff ongoing Nurse Aide Training classes. Facility has introduced an employee referral program to recruit staff also. Agency staff are being utilized in an effort to reach daily shift ratios. The scheduler will look ahead for a minimum of 1 week at projected staffing patterns to enable more time to achieve appropriate C.N.A. ratios as needed.</li> <li>4. C.N.A. ratios will be audited by</li> </ol>	Completion Date: <b>03/05/2025</b> Status: <b>APPROVED</b> Date: <b>01/13/2025</b>

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P 5520	Continued from page 2	P 5520	scheduler and DON daily for 4 weeks, then 3 days per week x 2 months or until substantial compliance is achieved. Results will be reported to QAPI committee. 5. Date of correction is 03/05/2025.	

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P 5520	Continued from page 3  Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for 19 of 21 days reviewed.  Findings include:  Review of nursing schedules for 21 days from December 9 through 29, 2024, revealed the following:  The facility failed to meet the minimum NA to resident ratio of one NA for ten residents on day shift (7:00 a.m. to 3:00 p.m.) on December 9, 10, 14, 15, 16, 18, 21, 22, 23, 24, 25, 26, 27, 28, and 29, 2024.  The facility failed to meet the minimum NA to resident ratio of one NA for 11 residents on evening shift (3:00 p.m. to 11:00 p.m.) on December 9, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, and 29, 2024.	P 5520		

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P 5520	Continued from page 4  The facility failed to meet the minimum NA to resident ratio of one NA for 15 residents on night shift (11:00 p.m. to 7:00 a.m.) on December 13, 15, 16, 18, 19, 20, 21, 23, 25, 26, and 29, 2024.  During an interview on December 30, 2024, at 2:20 p.m., the Director of Nursing confirmed that the facility did not meet the required NA to resident ratios on the days identified.	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	<ol style="list-style-type: none"> <li>1. LPN ratios for the dates noted in the survey cannot be corrected as this is a past event.</li> <li>2. Calculation of shift LPN ratios will be completed and reviewed daily for accuracy by the scheduler.</li> <li>3. The facility has developed internal incentives to retain and attract new staff. Facility has attended LPN schools to recruit new staff, and introduced employee referral program, as well as calling area LPNs to consider joining facility staff. Agency staff are being utilized in an effort to reach daily shift ratios. The scheduler will look ahead for a minimum of 1 week at projected staffing patterns to enable more time to achieve appropriate LPN ratios as needed.</li> <li>4. LPN ratios will be audited by scheduler and DON daily for 4 weeks, then 3 days per week x 2 months or until substantial compliance is achieved. Results will be reported to QAPI committee.</li> <li>5. Date of correction is 03/05/2025.</li> </ol>	Completion Date: <b>03/05/2025</b> Status: <b>APPROVED</b> Date: <b>01/13/2025</b>

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P 5530	Continued from page 6  Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed practical nurse (LPN) to resident ratios for 11 of 21 days reviewed.  Findings include:  Review of nursing schedules for 21 days from December 9 through 29, 2024, revealed the following:  The facility failed to meet the minimum LPN to resident ratio of one LPN for 25 residents on day shift (7:00 a.m. to 3:00 p.m.) on December 14, 15, 21, 22, 25, and 28, 2024.  The facility failed to meet the minimum LPN to resident ratio of one LPN for 30 residents on evening shift (3:00 p.m. to 11:00 p.m.) on December 15, 17, and 24, 2024.  The facility failed to meet the minimum LPN to resident ratio of one LPN for 40 residents on night	P 5530		

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P 5530	Continued from page 7  shift (11:00 p.m. to 7:00 a.m.) on December 13, 14, 15, 21, 23, 24, 25, and 26, 2024.  During an interview on December 30, 2024, at 2:20 p.m., the Director of Nursing confirmed that the facility did not meet the required LPN to resident ratio on the days identified.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 8  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"> <li>Nursing hours noted in the survey cannot be corrected as this is a past event.</li> <li>Calculation of daily PPD will be completed and reviewed daily for accuracy by the scheduler.</li> <li>The facility has developed internal incentives to retain and attract new staff. Re-introduction of a Nurse Aide Training program is scheduled with classes to train new nurse aides. Agency contracts are in place in an effort to reach daily PPD requirements. The scheduler will look ahead for a minimum of 1 week to determine projected PPD to allow more time to achieve PPD hours requirements.</li> <li>PPD hours will be audited by scheduler and DON daily for 4 weeks, then 3 days per week x 2 months, or until substantial compliance is achieved. Results will be reviewed at QAPI meeting.</li> <li>Date of compliance is 03/05/2025.</li> </ol>	Completion Date: <b>03/05/2025</b> Status: <b>APPROVED</b> Date: <b>01/13/2025</b>

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P 5640	<p>Continued from page 9</p> <p>Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for 20 of 21 days reviewed.</p> <p>Findings include:</p> <p>Review of nursing schedules for 21 days from December 9 through 29, 2024, revealed the following total nursing care hours below minimum requirements:</p> <p>Monday, December 9, 2024: 2.9 care hours per resident.                      Tuesday, December 10, 2024: 3.17 care hours per resident.                      Thursday, December 12, 2024: 3.18 care hours per resident.                      Friday, December 13, 2024: 2.96 care hours per resident.                      Saturday, December 14, 2024: 2.76 care hours per resident.                      Sunday, December 15, 2024: 2.19 care hours per</p>	P 5640		

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P 5640	Continued from page 10  resident. Monday, December 16, 2024: 2.85 care hours per resident. Tuesday, December 17, 2024: 3.00 care hours per resident. Wednesday, December 18, 2024: 3.00 care hours per resident. Thursday, December 19, 2024: 2.78 care hours per resident. Friday, December 20, 2024: 2.94 care hours per resident. Saturday, December 21, 2024: 2.64 care hours per resident. Sunday, December 22, 2024: 2.80 care hours per resident. Monday, December 23, 2024: 2.73 care hours per resident. Tuesday, December 24, 2024: 2.56 care hours per resident. Wednesday, December 25, 2024: 2.08 care hours per resident. Thursday, December 26, 2024: 2.66 care hours per resident.	P 5640		

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P 5640	Continued from page 11  Friday, December 27, 2024: 3.15 care hours per resident. Saturday, December 28, 2024: 2.89 care hours per resident. Sunday, December 29, 2024: 2.50 care hours per resident.  During an interview on December 30, 2024, at 2:20 p.m., the Director of Nursing confirmed the facility did not meet the minimum required nursing care hours on the days identified.	P 5640		



# Certified End Page

**SCHUYLKILL CENTER**

**STATE LICENSE NUMBER: 453002**

**SURVEY EXIT DATE: 12/30/2024**

**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