

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395873	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/04/2024
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NAME OF PROVIDER OR SUPPLIER: LGAR HEALTH & REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE: 800 ELSIE STREET TURTLE CREEK, PA 15145
STATE LICENSE NUMBER: 074802	

(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 4, 2024, it was determined that LGAR Health and Rehabilitation corrected the deficiencies cited during the survey of October 18, 2024, under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities, however, has continued non-compliance with two 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 5510		P 5510		

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P 5510	Continued from page 1 Nursing services. (2) Effective July 1, 2023, a minimum of 1 nurse aide per 12 residents during the day, 1 nurse aide per 12 residents during the evening, and 1 nurse aide per 20 residents overnight. This REGULATION is not met as evidenced by:	P 5510	The facility failed to meet the CNA required ratios on one daylight shift, 11/29/2024, during the five-day period of 11/29/24 through 12/3/24. The state ratio regulation will be reviewed with the nurse scheduler and RNS. Ratios are reviewed daily by the DON when posting staffing sheets. Ratios are met at the time of scheduling. If there is a call off or no show, and the staffing ratios would not be met, the DON/designee will attempt to replace the call off or no show as follows: 1. Seek CNAs to volunteer from all qualified staff who are working. 2. Contact qualified employees who have made themselves available for overtime. 3. Attempt to contact employees on the next shift to come in early. 4. Use Per Diem Staff. 5. Use Temporary Staffing Agencies. In addition, the facility uses bonus incentives for internal staff, and we contract with 5 different nursing	Completion Date: 01/03/2025 Status: APPROVED Date: 12/13/2024

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P 5510	Continued from page 2	P 5510	temporary agencies. The nurse scheduler will complete the DOH staffing ratio spreadsheet and turn it into NHA for review on a weekly basis. Information will be presented to the QAPI committee for review and recommendations.		

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P 5510	<p>Continued from page 3</p> <p>Based on a review of staffing documents provided by the facility and staff interview it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the daylight shift for one of five days (11/29/24) as required.</p> <p>Findings include:</p> <p>A review of facility staffing documents provided by the facility from 11/29/24 through 12/3/24, revealed the facility failed to provide NA on the following shifts as required:</p> <p>Daylight shift:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Actual hours</th> <th>Hours required</th> </tr> </thead> <tbody> <tr> <td>11/29/24</td> <td>47</td> <td>32.03</td> <td>37.60</td> </tr> </tbody> </table> <p>During an interview on 12/4/24 at 3:10 p.m., the Nursing Home Administrator confirmed that the</p>	Date	Census	Actual hours	Hours required	11/29/24	47	32.03	37.60	P 5510		
Date	Census	Actual hours	Hours required									
11/29/24	47	32.03	37.60									

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P 5510	Continued from page 4 facility failed to provide NA's in the facility on the above shift as required.	P 5510			
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	The facility failed to meet the LPN ratios on the night shift on three (11/30/24, 12/2/24, and 12/3/24) of five days during the period of 11/29/24 through 12/3/24. The state ratio regulation will be reviewed with the nurse scheduler and RNS. Ratios are reviewed daily by the DON when posting staffing sheets. Ratios are met at the time of scheduling. If there is a call off or no show, and the staffing ratios would not be met, the DON/designee will attempt to replace the call off or no show as follows: 1. Seek LPNs to volunteer from all qualified staff who are working. 2. Contact qualified employees who have made themselves available for overtime. 3. Attempt to contact employees on the next shift to come in early. 4. Use Per Diem Staff. 5. Use Temporary Staffing Agencies. In addition, the facility uses bonus incentives for internal staff, and we	Completion Date: 01/03/2025 Status: APPROVED Date: 12/13/2024

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P 5530	Continued from page 6	P 5530	contract with 5 different nursing temporary agencies. The nurse scheduler will complete the DOH staffing ratio spreadsheet and turn it into NHA for review on a weekly basis. Information will be presented to the QAPI committee for review and recommendations.	

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P 5530	Continued from page 7 Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 40 residents on the night shift on three of five days (11/30/24, 12/2/24 and 12/3/24). Findings include: Review of facility census data, nursing time schedules from 11/29/24 through 12/3/24, revealed the following LPN staffing shortages: Night shift: 11/30/24 census 47 8.00 actual hours 9.40 hours required. 12/2/24 census 48 8.00 actual hours 9.60 hours required. 12/3/24 census 48 8.00 actual hours 9.60 hours required.	P 5530		

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P 5530	Continued from page 8 During an interview on 12/4/24, at 3:10 p.m. the Nursing Home Administrator confirmed the facility failed to provide the minimum of LPN's on the above days as required.	P 5530			



Certified End Page

LGAR HEALTH & REHABILITATION CTR

STATE LICENSE NUMBER: 074802

SURVEY EXIT DATE: 12/04/2024

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