

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395875	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/12/2025
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NAME OF PROVIDER OR SUPPLIER: GREENWOOD CENTER FOR NURSING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE: 149 LAFAYETTE AVENUE TAMAQUA, PA 18252
STATE LICENSE NUMBER: 017902	

(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 and abbreviated complaint survey completed on February 12, 2025, it was determined Greenwood Center for Nursing and Rehab corrected the federal deficiency cited during the survey ending January 2, 2024 under 42 CFR Part 483 Subpart B Requirements for Long Term Care as they relate to the health portion of the survey process, however, the facility remained out of compliance with 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:
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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.

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P 5510	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5510	<ol style="list-style-type: none"> 1. Facility cannot retroactively correct past nursing ratios. 2. Facility continues to recruit for open nursing positions through online systems and fliers and utilize agency staff. 3. Facility implemented system of daily staffing meetings to ensure efforts were met to meet the necessary ratios. Nursing scheduler was educated on this new process. 4. NHA will audit ratios weekly for 4 weeks and then monthly for 2 months to ensure CNA ratios are met. 5. Audits will be submitted to QAPI for review. 	<p>Completion Date: 04/02/2025</p> <p>Status: APPROVED</p> <p>Date: 02/25/2025</p>

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P 5510	Continued from page 1 Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for 12 shifts out of 21 reviewed. Findings include: Review of the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, §211.12 Nursing Services, dated July 1, 2023, indicated the following subsections. (f.1) In addition to the director of nursing services, a facility shall provide all of the following: (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. A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum nurse aide staff of 1:12 on the day and evening shifts and 1:20 on the night shift	P 5510		

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P 5510	Continued from page 2 based on the facility's census per the regulation that was effective July 1, 2023. February 4, 2025 - 6.75 nurse aides on the day shift, versus the required 8.25 for a census of 99. February 4, 2025 - 7.53 nurse aides on the evening shift, versus the required 8.42 for a census of 101. February 5, 2025 - 7.41 nurse aides on the day shift, versus the required 8.50 for a census of 102. February 5, 2025 - 8.44 nurse aides on the evening shift, versus the required 8.50 for a census of 102. February 5, 2025 - 4.44 nurse aides on the night shift, versus the required 5.10 for a census of 102. February 6, 2025 - 7.25 nurse aides on the day shift, versus the required 8.50 for a census of 102. February 7, 2025 - 6.44 nurse aides on the day shift, versus the required 8.67 for a census of 104. February 8, 2025 - 8.50 nurse aides on the evening shift, versus the required 8.67 for a census of 104. February 9, 2025 - 7.94 nurse aides on the day shift, versus the required 8.67 for a census of 104. February 9, 2025 - 7.44 nurse aides on the evening shift, versus the required 8.58 for a census of 103.	P 5510		

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P 5510	Continued from page 3 February 9, 2025 - 5.13 nurse aides on the night shift, versus the required 5.15 for a census of 103. February 10, 2025 - 8.53 nurse aides on the day shift, versus the required 8.58 for a census of 103. On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency. An interview with the Nursing Home Administrator on February 12, 2025, at approximately 12:30 PM, confirmed the facility had not met the required nurse aide to resident ratios on the above dates.	P 5510		
P 5520		P 5520		

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P 5520	Continued from page 4 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. Facility cannot retroactively correct past nursing ratios. 2. Facility continues to recruit for open nursing positions through online systems and fliers and utilize agency staff. 3. Facility implemented system of daily staffing meetings to ensure efforts were met to meet the necessary ratios. Nursing scheduler was educated on this new process. 4. NHA will audit ratios weekly for 4 weeks and then monthly for 2 months to ensure CNA ratios are met. 5. Audits will be submitted to QAPI for review.	Completion Date: 04/02/2025 Status: APPROVED Date: 02/25/2025

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P 5520	Continued from page 5 Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for 17 shifts out of 21 reviewed. Findings include: Review of the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, §211.12 Nursing Services, dated July 1, 2023, indicated the following subsections. (f.1) In addition to the director of nursing services, a facility shall provide all of the following: (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. A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum nurse aide staff of 1:10 on the day shift, 1:11 on the evening shift, and 1:15 on the	P 5520		

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P 5520	Continued from page 6 night shift based on the facility's census per the regulation that was effective July 1, 2024. February 4, 2025 - 6.75 nurse aides on the day shift, versus the required 9.90 for a census of 99. February 4, 2025 - 7.53 nurse aides on the evening shift, versus the required 9.18 for a census of 101. February 4, 2025 - 6.13 nurse aides on the night shift, versus the required 6.73 for a census of 101. February 5, 2025 - 7.41 nurse aides on the day shift, versus the required 10.20 for a census of 102. February 5, 2025 - 8.44 nurse aides on the evening shift, versus the required 9.27 for a census of 102. February 5, 2025 - 4.44 nurse aides on the night shift, versus the required 6.80 for a census of 102. February 6, 2025 - 7.25 nurse aides on the day shift, versus the required 10.20 for a census of 102. February 6, 2025 - 6.78 nurse aides on the night shift, versus the required 6.87 for a census of 103. February 7, 2025 - 6.44 nurse aides on the day shift, versus the required 10.40 for a census of 104. February 8, 2025 - 9.03 nurse aides on the day shift, versus the required 10.40 for a census of 104.	P 5520		

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P 5520	Continued from page 7 February 8, 2025 - 8.50 nurse aides on the evening shift, versus the required 9.45 for census of 104. February 9, 2025 - 7.94 nurse aides on the day shift, versus the required 10.40 for a census of 104. February 9, 2025 - 7.44 nurse aides on the evening shift, versus the required 9.36 for a census of 103. February 9, 2025 - 5.13 nurse aides on the night shift, versus the required 6.87 for a census of 103. February 10, 2025 - 8.53 nurse aides on the day shift, versus the required 10.30 for a census of 103. February 10, 2025 - 8.78 nurse aides on the evening shift, versus the required 9.45 for a census of 104. February 10, 2025 - 6.81 nurse aides on the night shift, versus the required 6.934 census of 104. On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency. An interview with the Nursing Home Administrator on February 12, 2025, at approximately 12:30 PM, confirmed the facility had not met the required nurse	P 5520		

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P 5520	Continued from page 8	P 5520		
P 5530	<p>aide to resident ratios on the above dates.</p> <p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5530	<ol style="list-style-type: none"> 1. Facility cannot retroactively correct past LPN ratios. 2. Facility continues to recruit for open nursing positions through online systems and fliers and utilize agency staff. 3. Facility implemented system of daily staffing meetings to ensure efforts were met to meet the necessary ratios. Nursing scheduler was educated on this new process. 4. NHA will audit LPN ratios weekly for 4 weeks and then monthly for 2 months to ensure LPN ratios are met. 5. Audits will be submitted to QAPI for review. 	<p>Completion Date: 04/02/2025</p> <p>Status: APPROVED</p> <p>Date: 02/25/2025</p>

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P 5530	<p>Continued from page 9</p> <p>Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum licensed practical nurse staff to resident ratio was provided on each shift for 3 shift out of 21 reviewed.</p> <p>Findings include:</p> <p>A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum licensed practical nurse (LPN) staff of 1:40 on the night shift based on the facility's census.</p> <p>February 6, 2025 - 3.09 LPNs on the day shift, versus the required 4.08 for a census of 102. February 8 , 2025 - 4.13 LPNs on the day shift, versus the required 4.16 for a census of 104. February 9, 2025 - 4.13 LPNs on the day shift, versus the required 4.16 for a census of 104.</p> <p>On the above dates mentioned no additional excess higher-level staff were available to compensate this</p>	P 5530		

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P 5530	Continued from page 10 deficiency. An interview with the Nursing Home Administrator on February 12, 2025, approximately 12:30 PM, confirmed the facility had not met the required LPN to resident ratios on the above dates.	P 5530		
P 5630	Nursing services. (1) Effective July 1, 2023, 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 2.87 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5630	1. Facility cannot retroactively correct past nursing hours. 2. Facility continues to recruit for open nursing positions through online systems and fliers and utilizing agency staff. 3. Facility implemented system of daily staffing meetings to ensure efforts were met to meet the necessary nursing hours. Nursing scheduler was educated on this new process. 4. NHA will audit nursing hours weekly for 4 weeks and then monthly for 2 months to ensure CNA Nursing hours are met. 5. Audits will be submitted to QAPI for review	Completion Date: 04/02/2025 Status: APPROVED Date: 02/25/2025

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P 5630	Continued from page 11 Based on a review of nurse staffing and resident census and staff interview, it was determined the facility failed to consistently provide minimum general nursing care hours to each resident daily. Findings include: Review of the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, §211.12 Nursing Services, dated July 1, 2023, indicated the following subsections. (i) A minimum number of general nursing care hours shall be provided for each 24-hour period as follows: (1) Effective July 1, 2023, 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 2.87 hours of direct resident care for each resident. A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 2.87 hours of general	P 5630		

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P 5630	Continued from page 12 nursing care to each resident per the regulation effective July 1, 2023: February 5, 2025 -2.74 direct care nursing hours per resident. February 9, 2025 -2.68 direct care nursing hours per resident. The facility's general nursing hours were below minimum required levels on the dates noted above. An interview with the Nursing Home Administrator on February 12, 2025, at approximately 12:30 PM confirmed the facility failed to consistently provide minimum general nursing care hours to each resident daily.	P 5630		
P 5640		P 5640		

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P 5640	Continued from page 13 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	1. Facility cannot retroactively correct past nursing hours. 2. Facility continues to recruit for open nursing positions through online systems and fliers and utilizing agency staff. 3. Facility implemented system of daily staffing meetings to ensure efforts were met to meet the necessary nursing hours. Nursing scheduler was educated on this new process. 4. NHA will audit nursing hours weekly for 4 weeks and then monthly for 2 months to ensure CNA Nursing hours are met. 5. Audits will be submitted to QAPI for review	Completion Date: 04/02/2025 Status: APPROVED Date: 02/25/2025

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P 5640	Continued from page 14 Based on a review of nurse staffing and resident census and staff interview, it was determined that the facility failed to consistently provide minimum general nursing care hours to each resident daily. Findings include: Review of the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, §211.12 Nursing Services, dated July 1, 2023, indicated the following subsections. (i) A minimum number of general nursing care hours shall be provided for each 24-hour period as follows: (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. A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 3.2 hours of general	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395875	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/12/2025
NAME OF PROVIDER OR SUPPLIER: GREENWOOD CENTER FOR NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE: 149 LAFAYETTE AVENUE TAMAQUA, PA 18252		
STATE LICENSE NUMBER: 017902				
(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 nursing care to each resident per the regulation effective July 1, 2024: February 4, 2025 - 2.97 direct care nursing hours per resident. February 5, 2025 - 2.72 direct care nursing hours per resident. February 6, 2025 - 2.96 direct care nursing hours per resident. February 7, 2025 - 3.08 direct care nursing hours per resident. February 8, 2025 - 3.06 direct care nursing hours per resident. February 9, 2025 - 2.68 direct care nursing hours per resident. February 10, 2025 - 3.19 direct care nursing hours per resident. The facility's general nursing hours were below minimum required levels on the dates noted above. An interview with the Nursing Home Administrator on February 12, 2025 at approximately 12:30 PM confirmed the facility failed to consistently provide	P 5640		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395875	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 02/12/2025
NAME OF PROVIDER OR SUPPLIER: GREENWOOD CENTER FOR NURSING AND REHAB STATE LICENSE NUMBER: 017902			STREET ADDRESS, CITY, STATE, ZIP CODE: 149 LAFAYETTE AVENUE TAMAQUA, PA 18252		
(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 16 minimum general nursing care hours to each resident daily.	P 5640			



Certified End Page

GREENWOOD CENTER FOR NURSING AND REHAB

STATE LICENSE NUMBER: 017902

SURVEY EXIT DATE: 02/12/2025

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