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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>395877</b> | (X2) MULTIPLE CONSTRUCTION:<br>A. BLDG: <u>00</u><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED:<br><br><b>04/14/2025</b> |
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| NAME OF PROVIDER OR SUPPLIER:<br><b>HIGHLAND VIEW REHABILITATION &amp; HEALTHCARE CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>90 MAIN STREET<br/>BROCKWAY, PA 15824</b> |
| STATE LICENSE NUMBER: <b>027702</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  | 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.

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| F 0000  | Continued from page 1<br><br>Based on a Follow-up Survey completed on April 14, 2025, it was determined that Highland View Rehabilitation and Healthcare Center corrected the federal deficiencies cited during the survey of February 21, 2025, under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities; however was not in compliance with the following requirements of the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations. | F 0000   |  |                    |

Pennsylvania Department of Health

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| P 5520             |  | P 5520        |  |                    |

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|---|--------|------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE: |
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| P 5520   | Continued from page 1<br><br>Nursing services.<br><br>(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.<br><br>This REGULATION is not met as evidenced by: | P 5520   | <p>*No residents were found to be negatively affected by failing to meet the nurse aide ratios</p> <p>*Residents will be visually monitored each shift by the RN supervisor to ensure the residents are receiving quality care</p> <p>*Scheduler, RN Supervisors, Director of Nursing and Assistant Director of Nursing will be educated on the proper Nurse Aide ratios for each shift</p> <p>*Daily staffing sheets and the biweekly schedule will be reviewed by the Administrator, Director of Nursing, and Scheduler Monday-Friday to assure that proper nurse aide ratios are being met. This is an ongoing process that has no end date.</p> <p>*Job ads are posted on Indeed and active hiring is occurring.</p> <p>*Admin nursing and scheduler who is a nurse aide fill in for open shifts</p> | <p>Completion Date:<br/><b>05/15/2025</b></p> <p>Status:<br/><b>APPROVED</b></p> <p>Date:<br/><b>04/23/2025</b></p> |

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| P 5520   | Continued from page 2  | P 5520   | <p>when call-offs occur. Nurse aides who are currently working are asked to stay into another shift and those who are not on the schedule are called to come in.</p> <p>*Staff who call off are given progressive discipline so they understand the importance of calling off for their scheduled shifts.</p> <p>*Staffing ratios will be reviewed at Quality Assurance Process Improvement meetings</p> |  |
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| P 5520   | Continued from page 3<br><br>Based on review of the facility staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Nurse Aide (NA) per 10 residents for the day shift for one of 15 days reviewed (4/02/25); failed to ensure a minimum of one NA per 11 residents for the evening shift for one of 15 days reviewed (3/30/25); and failed to ensure a minimum of one NA per 15 residents for the overnight shift for three of 15 days reviewed (3/30/25, 4/05/25, and 4/06/25).<br><br>Findings include:<br><br>Review of facility nursing staffing documents for the time period from 3/26/25 through 4/09/25, revealed the following NA staffing shortage for the day shift where the NA ratios were not met:<br><br>4/02/25            census of 41 residents            3.73<br>NA worked and 4.10 were required | P 5520   |  |  |

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| P 5520   | Continued from page 4<br><br>Review of facility nursing staffing documents for the time period from 3/26/25 through 4/09/25, revealed the following NA staffing shortage for the evening shift where the NA ratios were not met:<br><br>3/30/25            census of 39 residents            3.40<br>NA worked and 3.55 were required<br><br>Review of facility nursing staffing documents for the time period from 3/26/25 through 4/09/25, revealed the following NA staffing shortages for the overnight shift where the NA ratios were not met:<br><br>3/30/25            census of 39 residents            2.47<br>NA worked and 2.60 were required<br>4/05/25            census of 36 residents            2.20<br>NA worked and 2.40 were required<br>4/06/25            census of 36 residents            2.20<br>NA worked ans 2.40 were required<br><br>During an interview on 4/14/25, at 2:08 p.m. the | P 5520   |  |  |

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| P 5520   | Continued from page 5<br><br>Nursing Home Administrator confirmed the NA ratios were not met for the above days and shifts. | P 5520  |  |                    |  |
| P 5530   |   | P 5530  |  |                    |  |

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| P 5530   | Continued from page 6<br><br>Nursing services.<br><br>(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.<br><br>This REGULATION is not met as evidenced by: | P 5530   | <p>*No residents were found to be negatively affected by failing to meet the licensed practical nurse ratios</p> <p>*Residents will be visually monitored each shift by the RN supervisor to ensure the residents are receiving quality care</p> <p>*Scheduler, RN Supervisors, Director of Nursing and Assistant Director of Nursing will be educated on the proper licensed practical nurse ratios for each shift</p> <p>*Daily staffing sheets and the biweekly schedule will be reviewed by the Administrator, Director of Nursing, and Scheduler Monday-Friday to assure that proper nurse aide ratios are being met. This is an ongoing process that has no end date.</p> <p>*Job ads are posted on Indeed and active hiring is occurring.</p> <p>*Admin nursing fill in for open shifts when call-offs occur. Licensed</p> | <p>Completion Date:<br/><b>05/15/2025</b><br/>Status:<br/><b>APPROVED</b><br/>Date:<br/><b>04/23/2025</b></p> |

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| P 5530   | Continued from page 7  | P 5530   | <p>practical nurses and registered nurses who are currently working are asked to stay into another shift and those who are not on the schedule are called to come in.</p> <p>*Staff who call off are given progressive discipline so they understand the importance of calling off for their scheduled shifts.</p> <p>*Staffing ratios will be reviewed at Quality Assurance Process Improvement meetings</p> |  |
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| P 5530   | Continued from page 8<br><br>Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Licensed Practical Nurse (LPN) per 40 residents for the overnight shift for two of 21 days reviewed (4/04/25 and 4/06/25).<br><br>Findings include:<br><br>Review of facility nursing staffing documents for the time period from 3/26/25 through 4/09/25, revealed the following LPN staffing shortages for the overnight shift where the LPN ratios were not met:<br><br>4/04/25            census of 36 residents            0.16<br>LPNs worked and 1.00 were required<br>4/06/25            census of 36 residents            0.88<br>LPNs worked and 1.00 were required<br><br>During an interview on 4/14/25, at 2:08 p.m. the Nursing Home Administrator confirmed the LPN ratios were not met for the above days and shift. | P 5530   |  |  |

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| P 5530   | Continued from page 9  | P 5530  |  |                    |  |



# Certified End Page

**HIGHLAND VIEW REHABILITATION & HEALTHCARE CENTER**

**STATE LICENSE NUMBER: 027702**

**SURVEY EXIT DATE: 04/14/2025**

**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