

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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 a Revisit Survey completed on June 27, 2025, at Third Avenue Health and Rehab Center it was determined the facility corrected the federal deficiencies cited during the survey of May 30, 2025, however, the facility was not in 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:

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>  STATE LICENSE NUMBER: <b>068502</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</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
P 5520		P 5520		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
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	Step 1.  The facility cannot retroactively provide the minimum number of Nurse Aide hours for cited dates.  Step 2.  Moving forward, the facility will continue to schedule staff to meet or exceed the mandated Nurse Aide ratio hours. We are actively recruiting Nurse Aides and offering sign on bonus's for new employees and referral bonus's to current employees. The facility is advertising job postings on multiple recruiting platforms. The facility will make all good-faith efforts to utilize both internal and external resources to meet or exceed the staffing ratios.  Step 3.  To prevent this from reoccurring, the RDCS/designee reeducated the NHA, DON and Scheduler on the updated staffing regulations in relation to the minimum staffing of	Completion Date: <b>07/10/2025</b> Status: <b>APPROVED</b> Date: <b>07/01/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5520	Continued from page 2	P 5520	<p>Nurse Aide for the facility.</p> <p>Step 4.</p> <p>To monitor and maintain ongoing compliance, the NHA/designee will audit deployment sheets to ensure the facility staffing meets or exceeds the minimum Nurse Aide hours needed for the facility. Audits will be completed 5x/ week x4 weeks, and then weekly x2 months. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5520	Continued from page 3  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 14 shifts out of 63 reviewed.  Findings include:  A review of the facility's weekly staffing records revealed 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 night shift based on the facility's census.  June 4, 2025 - 4.83 nurse aides on the evening shift, versus the required 5.00 for a census of 55. June 4, 2025 - 3.40 nurse aides on the night shift, versus the required 3.67 for a census of 55. June 6, 2025 - 3.60 nurse aides on the night shift, versus the required 3.67 for a census of 55. June 7, 2025 - 3.57 nurse aides on the night shift, versus the required 3.67 for a census of 55. June 8, 2025 - 3.27 nurse aides on the night shift,	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5520	Continued from page 4  versus the required 3.60 for a census of 54. June 9, 2025 - 3.5 nurse aides on the night shift, versus the required 3.60 for a census of 54. June 11, 2025 - 3.5 nurse aides on the night shift, versus the required 3.53 for a census of 53. June 13, 2025 - 4.87 nurse aides on the evening shift, versus the required 4.91 for a census of 54. June 14, 2025 - 4.93 nurse aides on the day shift, versus the required 5.4 for a census of 54. June 21, 2025 - 5.67 nurse aides on the day shift, versus the required 5.7 for a census of 57. June 21, 2025 - 3.6 nurse aides on the night shift, versus the required 3.8 for a census of 57. June 22, 2025 - 3.77 nurse aides on the night shift, versus the required 3.8 for a census of 57. June 23, 2025 - 3.5 nurse aides on the night shift, versus the required 3.8 for a census of 57. June 24, 2025 - 5.13 nurse aides on the evening shift, versus the required 5.18 for a census of 57.  On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency.	P 5520		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>  STATE LICENSE NUMBER: <b>068502</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</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	
P 5520	Continued from page 5  An interview with the Director of Nursing on June 27, 2025, at approximately 11:15 AM, confirmed the facility had not met the required nurse aide to resident ratios on the above dates.	P 5520			
P 5530		P 5530			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5530	Continued from page 6  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	Step 1.  The facility cannot retroactively provide the minimum number of LPN hours for cited dates.  Step 2.  Moving forward, the facility will continue to schedule staff to meet or exceed the mandated LPN ratio hours. The facility is actively recruiting LPN's and offering a sign on bonus to new employees and referral bonus's to current employees. The facility has posted the job on multiple recruiting sites. The facility will make all good-faith efforts to utilize both internal and external resources to meet or exceed the staffing ratios.  Step 3.  To prevent this from reoccurring, the RDCS/designee reeducated the NHA, DON and Scheduler on the updated staffing regulations in relation to the minimum staffing of	Completion Date: <b>07/10/2025</b> Status: <b>APPROVED</b> Date: <b>07/01/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5530	Continued from page 7	P 5530	<p>LPNs for the facility.</p> <p>Step 4.</p> <p>To monitor and maintain ongoing compliance, the NHA/designee will audit deployment sheets to ensure the facility staffing meets or exceeds the minimum LPN hours needed for the facility. Audits will be completed 5x/ week x4 weeks, and then weekly x2 months. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5530	<p>Continued from page 8</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 19 shifts out of 63 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 1:25 on the day shift, 1:30 on the evening shift and 1:40 on the night shift based on the facility's census.</p> <p>June 2, 2025 - 1.16 LPNs on the night shift, versus the required 1.38 for a census of 55.          June 3, 2025 - 1.06 LPNs on the night shift, versus the required 1.38 for a census of 55.          June 5, 2025 - 1.25 LPNs on the night shift, versus the required 1.38 for a census of 55.          June 6, 2025 - 1.13 LPNs on the night shift, versus the required 1.38 for a census of 55.</p>	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5530	Continued from page 9  June 8, 2025 - 1.28 LPNs on the night shift, versus the required 1.35 for a census of 54. June 9, 2025 - 1.22 LPNs on the night shift, versus the required 1.35 for a census of 54. June 10, 2025 - 1.31 LPNs on the night shift, versus the required 1.33 for a census of 53. June 11, 2025 - 1.09 LPNs on the night shift, versus the required 1.33 for a census of 53. June 12, 2025 - 1.13 LPNs on the night shift, versus the required 1.30 for a census of 52. June 13, 2025 - 1.28 LPNs on the night shift, versus the required 1.35 for a census of 54. June 14, 2025 - 1.28 LPNs on the night shift, versus the required 1.35 for a census of 54. June 15, 2025 - 1.25 LPNs on the night shift, versus the required 1.40 for a census of 56. June 20, 2025 - 1.80 LPNs on the evening shift, versus the required 1.90 for a census of 57. June 20, 2025 - 1.16 LPNs on the night shift, versus the required 1.43 for a census of 57. June 21, 2025 - 1.0 LPNs on the night shift, versus the required 1.43 for a census of 57. June 22, 2025 - 1.13 LPNs on the night shift,	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5530	Continued from page 10  versus the required 1.43 for a census of 57. June 23, 2025 - 1.03 LPNs on the night shift, versus the required 1.43 for a census of 57. June 25, 2025 - 1.03 LPNs on the night shift, versus the required 1.43 for a census of 57. June 26, 2025 - 1.25 LPNs on the night shift, versus the required 1.45 for a census of 58.  On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency.  An interview with the Director of Nursing on June 27, 2025, approximately 11:15 AM, confirmed the facility had not met the required LPN to resident ratios on the above dates.	P 5530		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5640	Continued from page 11  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	Step 1. The facility cannot retroactively correct the past nursing hour PPD.  Step 2.  Moving forward, the facility will continue to schedule staff to meet or exceed the mandated PPD requirement of 3.20. The facility is actively recruiting for all nursing positions, offering sign on and referral bonus's. The facility will make all good-faith efforts to utilize both internal and external resources to meet or exceed the staffing ratios.  Step 3.  To prevent this from reoccurring, the RDCS/designee reeducated the NHA, DON and Scheduler on the updated staffing regulations in relation to the minimum staffing of 3.20 hour PPD.  Step 4.  To monitor and maintain ongoing	Completion Date: <b>07/10/2025</b> Status: <b>APPROVED</b> Date: <b>07/01/2025</b>

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5640	Continued from page 12	P 5640	compliance, the NHA/designee will audit deployment sheets to ensure the facility staffing meets or exceeds the minimum 3.20 hours PPD. Audits will be completed 5x/ week x4 weeks, and then weekly x2 months. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</b>		
STATE LICENSE NUMBER: <b>068502</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
P 5640	Continued from page 13  Based on a review of nurse staffing, 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:  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 nursing care to each resident:  June 4, 2025 - 3.13 direct care nursing hours per resident. June 8, 2025 - 3.18 direct care nursing hours per resident. June 15, 2025 - 3.12 direct care nursing hours per resident. June 21, 2025 - 3.11 direct care nursing hours per resident. June 23, 2025 - 3.17 direct care nursing hours per resident.	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395905</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>06/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>THIRD AVENUE HEALTH &amp; REHAB CENTER</b>  STATE LICENSE NUMBER: <b>068502</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>702 THIRD AVENUE KINGSTON, PA 18704</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	
P 5640	Continued from page 14  The facility's general nursing hours were below minimum required levels on the dates noted above.  An interview with the Director of Nursing on June 27, 2025, at approximately 11:15 AM confirmed the facility failed to consistently provide minimum general nursing care hours to each resident.	P 5640			



# Certified End Page

**THIRD AVENUE HEALTH & REHAB CENTER**

**STATE LICENSE NUMBER: 068502**

**SURVEY EXIT DATE: 06/27/2025**

**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