

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395918	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: TRANSITIONS HEALTHCARE SHOOK HOME		STREET ADDRESS, CITY, STATE, ZIP CODE: 55 SOUTH SECOND STREET CHAMBERSBURG, PA 17201		
STATE LICENSE NUMBER: 100902				
(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 Findings of an abbreviated complaint survey completed on February 10, 2025, at Transitions Healthcare Shook Home identified that the facility was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and 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	1. Facility identified no adverse outcome from days identified. 2. Education will be provided by the Administrator to the Nursing Administration, scheduler, and charge nurses on calculation of the ratios and replacement of staff if indicated. 3. A staffing ratio document will be completed daily by the scheduler and reviewed at morning meetings. The ratio document will be updated with any changes in the schedule and reviewed with the DON/Admin Nurse to ensure proper coverage. If a shortage is discovered, will call Part Time and PRN staff, and contract agency staffing to meet staffing ratios. 4. An audit of the ratio document against the deployment sheet will be completed daily for 1 week, weekly	Completion Date: 03/11/2025 Status: APPROVED Date: 02/13/2025

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P 5520	Continued from page 2	P 5520	for 2 weeks and then biweekly X 2 weeks. Results of the audit will be taken to QAPI for review of findings and further interventions if warranted.	

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P 5520	Continued from page 3 Based on document review and staff interview, it was determined that the facility failed to ensure a required minimum of one Nurse Aide (NA) per 10 residents on day shift for two of seven days reviewed (February 6 and 8, 2025), and one NA per 15 residents on the overnight shift for two of seven days reviewed (February 2 and 8, 2025). Findings include: Review of facility provided staffing ratio/resident census information for February 2 - 8, 2025, revealed the following NA ratios, which did not meet the minimum nurse aide ratio required for the facility census of residents on those shifts: February 2, 2025 night shift - 59 residents and 3.90 NAs (minimum 3.93). February 6, 2025 day shift - 59 residents and 5.40 NAs (minimum 5.90). February 8, 2025 day shift - 61 residents and 5.57 NAs (minimum 6.10). February 8, 2025 night shift - 61 residents and 2.52	P 5520		

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P 5520	Continued from page 4 NAs (minimum 4.07). During an interview with the Nursing Home Administrator and Director of Nursing on February 10, 2025, they revealed that the facility did not staff below minimum requirements, but experienced call outs due to inclement weather and illness and were not able to fill all open slots.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 5 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 identified no adverse outcome from days identified. 2. Education will be provided by the Administrator to the Nursing Administration, scheduler, and charge nurses on calculation of the minimum of 3.2 hours of direct resident care for each resident and replacement of staff if indicated. 3. 3. A staffing direct resident care document will be completed daily by the scheduler and reviewed at morning meetings. The direct resident care document will be updated with any changes in the schedule and reviewed with the DON/Admin Nurse to ensure proper coverage. If a shortage is discovered, will call Part Time and PRN staff, and contract agency staffing to meet staffing ratios. 4. An audit of the direct resident care	Completion Date: 03/11/2025 Status: APPROVED Date: 02/13/2025

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P 5640	Continued from page 6	P 5640	document against the deployment sheet will be completed daily for 1 week, weekly for 2 weeks and then biweekly X 2 weeks. Results of the audit will be taken to QAPI for review of findings and further interventions if warranted.	

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P 5640	Continued from page 7 Based on review of staffing data furnished by the facility and staff interviews, it was determined that the facility failed to ensure the total number of nursing care hours provided in each 24-hour period be a required minimum of 3.20 hours of direct care for each resident for one of seven days reviewed (February 8, 2025). Findings include: Review of staffing and resident census data provided by the facility dated February 2 - 8, 2025, revealed that the facility provided only 3.02 hours of direct care for each resident on February 8, 2025. During an interview with the Nursing Home Administrator and Director of Nursing on February 10, 2025, they acknowledged that the facility was below the required minimum PPD on February 8, 2025. They also revealed that the facility did not staff that way, but had call outs and were not able to fill all open slots.	P 5640		



Certified End Page

TRANSITIONS HEALTHCARE SHOOK HOME

STATE LICENSE NUMBER: 100902

SURVEY EXIT DATE: 02/10/2025

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