

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395985 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 04/01/2025 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER: MIDTOWN OAKS HEALTH & REHAB CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1020 GREEN AVENUE ALTOONA, PA 16601 | | |
| STATE LICENSE NUMBER: 065402 | | | | |
| (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>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p> | P 5520 | <p>1. Facility unable to correct nurse aide staffing hours for the cited 5 of 6 days on day shift, 1 of 6 days for evening shift, and 4 of 6 days for night shift.</p> <p>2. To help prevent reoccurrence, the Director of Nursing or Designee will in-service the scheduling staff on the importance of staffing the facility according to the regulation and policy.</p> <p>3. The Administrator or designee will audit the direct care staffing five times per week to ensure regulatory compliance. Agency personnel are utilized as necessary to assist in staffing regulatory compliance. Facility staff can volunteer to pick up open shifts. When staffing is critical, management staff will consider delaying, limiting new admissions, or placing admissions on hold.</p> <p>4. The audit outcomes will be presented to the Quality Assurance Committee for review and recommendations</p> | <p>Completion Date: 04/28/2025</p> <p>Status: APPROVED</p> <p>Date: 04/22/2025</p> |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE: | | (X6) DATE: |
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| P 5520 | Continued from page 1 Based on review of nursing schedules and staffing information furnished by the facility, and staff interview, it was determined that the facility failed to provide one nurse aide (NA) per 10 residents on the day shift for five of six days, failed to provide one NA per 11 residents on the evening shift for one of six days, and failed to provide a minimum of one NA per 15 residents on the night shift for four of six days reviewed for March 25 through March 30, 2025. Findings include: Review of facility census data revealed: On March 25, 2025, the facility census was 93 during the day shift, which required 9.30 NA's during the day shift. Review of the nursing time schedules revealed 7.03 NA's provided care on the day shift. On March 25, 2025, the facility census was 95 | P 5520 | | |

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| P 5520 | Continued from page 2 during the night shift, which required 6.33 NA's during the night shift. Review of the nursing time schedules revealed 6.19 NA's provided care on the night shift. On March 26, 2025, the facility census was 95 during the day shift, which required 9.50 NA's during the day shift. Review of the nursing time schedules revealed 9.25 NA's provided care on the day shift. On March 26, 2025, the facility census was 94 during the night shift, which required 6.27 NA's during the night shift. Review of the nursing time schedules revealed 5.13 NA's provided care on the night shift. On March 27, 2025, the facility census was 94 during the day shift, which required 9.40 NA's during the day shift. Review of the nursing time schedules revealed 9.09 NA's provided care on the day shift. | P 5520 | | |

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| P 5520 | Continued from page 3 On March 28, 2025, the facility census was 98 during the night shift, which required 6.53 NA's during the night shift. Review of the nursing time schedules revealed 5.44 NA's provided care on the night shift. On March 29, 2025, the facility census was 98 during the day shift, which required 9.80 NA's during the day shift. Review of the nursing time schedules revealed 7.41 NA's provided care on the day shift. On March 30, 2025, the facility census was 97 during the day shift, which required 9.70 NA's during the day shift. Review of the nursing time schedules revealed 6.41 NA's provided care on the day shift. On March 30, 2025, the facility census was 97 during the evening shift, which required 8.82 NA's during the evening shift. Review of the nursing time schedules revealed 7.59 NA's provided care on the evening shift. | P 5520 | | |

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| P 5520 | Continued from page 4 On March 30, 2025, the facility census was 97 during the night shift, which required 6.47 NA's during the night shift. Review of the nursing time schedules revealed 5.78 NA's provided care on the night shift. There were no additional excess higher-level staff available to compensate for these deficiencies. Interview with the Nursing Home Administrator on April 1, 2025, at 12:12 p.m. confirmed that the facility did not meet the required NA-to-resident staffing ratios for the days listed above. | 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 unable to correct the staffing hours on the cited dates, efforts are continuously being made to maintain the staffing hours within regulatory guidelines. 2. To help prevent reoccurrence, the Director of Nursing or Designee will in-service the scheduling staff on the importance of staffing the facility according to the regulation and policy. 3. The Administrator or designee will audit direct care staffing hours five times per week to ensure regulatory compliance. The facility will continue with recruiting efforts, as well as, offering employment incentives in order to increase staff availability. When there are staffing challenges, administrative staff can/will assist with mealtime, answering call bells, etc. When there is a call off the scheduler makes contact with all staff via phone/text to find coverage. We encourage staff to take turns in staying beyond their regularly scheduled shift to cover call offs. | Completion Date: 04/28/2025 Status: APPROVED Date: 04/22/2025 |

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| P 5640 | Continued from page 6 | P 5640 | <p>Agency personnel are utilized as necessary to assist in staffing regulatory compliance. Facility staff can volunteer to pick up open shifts. When staffing is critical, management staff will consider delaying, limiting new admissions, or placing admissions on hold.</p> <p>4. The audit outcomes will be presented to the Quality Assurance committee for review and recommendations.</p> | |
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| P 5640 | Continued from page 7 Based on review of nursing schedules and staff interviews, it was determined that the facility failed to provide 3.20 hours of direct resident care for each resident for three of six days (24-hour periods) reviewed for March 25 through March 30, 2025. Findings include: Review of the nursing time schedules provided by the facility revealed that the facility provided 3.07 hours of direct care for each resident on March 25; 3.15 hours of direct care for each resident on March 29; 2.87 hours of direct care for each resident on March 30, 2025. Interview with the Director of Nursing on April 1, 2025, at 12:12 p.m. confirmed that the facility did not meet the required daily hours of direct resident care for each resident on the days listed above. | P 5640 | | |



Certified End Page

MIDTOWN OAKS HEALTH & REHAB CENTER

STATE LICENSE NUMBER: 065402

SURVEY EXIT DATE: 04/01/2025

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