

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396049	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/23/2024
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NAME OF PROVIDER OR SUPPLIER: JAMESON NURSING AND REHAB CENTER STATE LICENSE NUMBER: 069402	STREET ADDRESS, CITY, STATE, ZIP CODE: 3349 WILMINGTON RD NEW CASTLE, PA 16105
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(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 5530		

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

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P 5530	Continued from page 1 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	"The Facility submits this Plan of Correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges is deficient under State and/or Federal Long Term Care Regulations. This Plan of Correction should not be construed as either a waiver of the facility's right to appeal or challenge the accuracy or severity of the alleged deficiencies or an admission of past or ongoing violation of State or Federal regulatory requirements." 1. The facility cannot correct that the Licensed Practical Nursing staffing ratio was not met during one shift on 12/7/24. There were no adverse effects to residents on the identified date. 2. Weekend nursing supervisors and scheduler will be re-educated regarding the state ratios by the Director of Nursing/ designee. 3. Schedule with ratios are reviewed	Completion Date: 01/14/2025 Status: APPROVED Date: 01/02/2025

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P 5530	Continued from page 2	P 5530	<p>at our stand-up meeting.</p> <p>4. Nursing supervisors will monitor on weekends. If the facility is projected to not meet staffing ratios the scheduler/or designee will call off duty facility staff, notify Director of Nursing and will utilize pick-up bonuses.</p> <p>5. All nursing positions are actively posted in recruitment and are sponsored ads.</p> <p>6. Facility will hold a recruitment/retention committee.</p> <p>7. Call offs will continue to be monitored and disciplines will be issued, as appropriate.</p> <p>8. Director of Nursing/designee will audit staffing daily for three weeks and monthly for three months to ensure staffing ratios are being met.</p> <p>9. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.</p> <p>10. Accepting new admissions will depend on staffing levels.</p>	

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P 5530	Continued from page 3 Based on review of the facility staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Licensed Practical Nurse (LPN) per 25 residents for day shift for one of 14 days reviewed (12/07/24). Findings include: Review of facility staffing documents for the time period from 12/04/24, through 12/17/24, revealed the following LPN staffing shortage for the day shift where the LPN ratios were not met: 12/07/24 census of 64 residents 2.23 LPN worked and 2.56 were required During an email correspondance interview on 12/23/24, at 12:08 p.m. the Nursing Home Administrator confirmed the LPN ratios were not	P 5530		

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P 5530	Continued from page 4 met for the above day and shift.	P 5530			



Certified End Page

JAMESON NURSING AND REHAB CENTER

STATE LICENSE NUMBER: 069402

SURVEY EXIT DATE: 12/23/2024

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