

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396049</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/31/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>JAMESON NURSING AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3349 WILMINGTON RD NEW CASTLE, PA 16105</b>		
STATE LICENSE NUMBER: <b>069402</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 an Abbreviated Complaint Survey completed on December 31, 2024, it was determined that Jameson Nursing and Rehab Center was not in compliance with the following requirements of 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		

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

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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	"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 Nurse Aide staffing ratio was not met on 12/22, 12/23, 12/24, 12/25, 12/28 and 12/29. 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 at our stand-up meeting. 4. Nursing supervisors will monitor	Completion Date: <b>01/28/2025</b> Status: <b>APPROVED</b> Date: <b>01/13/2025</b>

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P 5520	Continued from page 2	P 5520	<p>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. Facility will hold open interviews.</p> <p>8. Call offs will continue to be monitored and disciplines will be issued, as appropriate.</p> <p>9. 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>10. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.</p> <p>11. Accepting new admissions will depend on staffing levels.</p>	

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P 5520	Continued from page 3  Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Nurse Aide (NA) per 10 residents on the day shift for six of 21 days reviewed (12/22/24, through 12/25/24, 12/28/24, and 12/29/24)  Findings include:  Review of 21 days of nursing staffing documents for the time periods from 12/09/24 to 12/15/24, 12/16/24 to 12/22/24, and 12/23/24 to 12/29/24, revealed the following NA shortages for the day shift:  12/22/24 facility census of 67 residents 5.90 NA's worked and 6.70 were required. 12/23/24 facility census of 68 residents 5.59 NA's worked and 6.80 were required. 12/24/24 facility census of 69 residents 5.09 NA's worked and 6.90 were required. 12/25/24 facility census of 69 residents 5.52 NA's worked and 6.90 were required.	P 5520		

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P 5520	Continued from page 4  12/28/24 facility census of 69 residents 6.36 NA's worked and 6.90 were required. 12/29/24 facility census of 66 residents 5.74 NA's worked and 6.60 were required.  During an interview on 12/30/24, at approximately 3:45 p.m. the Nursing Home Administrator and Director of Nursing confirmed the accuracy of the facility provided staffing information and confirmed the facility failed to meet the minimum NA to resident ratio on the above dates and shift.	P 5520		



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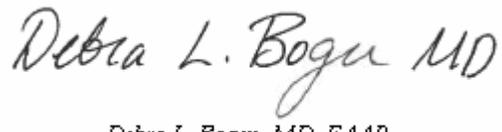
**JAMESON NURSING AND REHAB CENTER**

**STATE LICENSE NUMBER: 069402**

**SURVEY EXIT DATE: 12/31/2024**

**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