

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396063 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 01/07/2025 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER: SETON MANOR NURSING AND REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1000 SETON DR ORWIGSBURG, PA 17961 | | |
| STATE LICENSE NUMBER: 096902 | | | | |
| (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 survey in response to a complaint completed on January 7, 2025, it was determined that Seton Manor Nursing and Rehabilitation 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.

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| 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) Findings of nursing aide nursing staff care ratios cannot be retroactively corrected.</p> <p>2) Facility will provide a minimum of 1 nurse aide per 10 residents on the day, one nurse aide per 11 residents during evening and one nurse aide per 15 residents overnight.</p> <p>3) Scheduler will be educated on the requirements of 1 nurse aide of per 10 residents on the day, one nurse aide per 11 residents during evening and one nurse aide per 15 residents overnight.</p> <p>4) NHA/designee will conduct random audits to verify that nurse aide dayshift, evening and overnight ratios meet the requirements weekly for 4 weeks. Audit results will be presented to the QAPI meeting for review and recommendations</p> | <p>Completion Date: 01/28/2025</p> <p>Status: APPROVED</p> <p>Date: 01/13/2025</p> |

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| P 5520 | Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for 21 of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from December 15, 2024, to January 4, 2025, revealed the following: The facility failed to meet the minimum NA to resident ratio of one NA for ten residents on day shift (7:00 a.m. to 3:00 p.m.) on December 16 through 31, 2024, and January 1 and 4, 2025. The facility failed to meet the minimum NA to resident ratio of one NA for 11 residents on evening shift (3:00 p.m. to 11:00 p.m.) on December 17, 19 through 28, 30 and 31, 2024, and January 2, 2025. The facility failed to meet the minimum NA to resident ratio of one NA for 15 residents on night | P 5520 | | |

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| P 5520 | Continued from page 2 shift (11:00 p.m. to 7:00 a.m.) on December 15, 17 through 23, 25 through 31, 2024, and January 1 through 4, 2025. | P 5520 | | |
| P 5530 | 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 |) Findings of LPN staff care ratios cannot be retroactively corrected. 2) Facility will provide a minimum of one LPN per 25 residents during dayshift, a minimum of one LPN per 30 residents during the evening shift and a minimum of one LPN per 40 residents during the overnight. 3) Scheduler will be educated on the requirements of one LPN per 25 residents during the day shift, a minimum of one LPN per 30 residents during evening shift and a minimum of one LPN per 40 residents during the overnight shift. 4) NHA/designee will conduct random audits to verify that LPN dayshift, evening shift and overnight shift ratios meet the requirements weekly for 4 weeks. Audit results will be presented at the QAPI meeting for review and recommendations. | Completion Date: 01/28/2025 Status: APPROVED Date: 01/13/2025 |
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| P 5530 | Continued from page 3 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed practical nurse (LPN) to resident ratios for 11 of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from December 15, 2024, to January 4, 2025, revealed the following: The facility failed to meet the minimum LPN to resident ratio of one LPN for 25 residents on day shift (7:00 a.m. to 3:00 p.m.) on December 19, 22, 25, and 27 through 30, 2024. The facility failed to meet the minimum LPN to resident ratio of one LPN for 30 residents on evening shift (3:00 p.m. to 11:00 p.m.) on December 24, 2024, and January 2, 2025. The facility failed to meet the minimum LPN to resident ratio of one LPN for 40 residents on night | P 5530 | | |

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| P 5530 | Continued from page 4 | P 5530 | | |
| P 5640 | <p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p> | P 5640 | <p>1) Findings of PPDs cannot be retroactively corrected.</p> <p>2) The facility will provide a minimum of 3.20 hours of direct care for residents.</p> <p>3) The scheduler will be educated on maintaining 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.</p> <p>4) NHA/designee will conduct random audits to verify that the minimum of 3.20 hours of direct care for residents is provided daily weekly for 4 weeks. Audit results will be presented at the QAPI meeting for review and recommendations.</p> | <p>Completion Date: 01/28/2025</p> <p>Status: APPROVED</p> <p>Date: 01/13/2025</p> |
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| P 5640 | Continued from page 5 Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for 21 of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from December 15, 2024, to January 4, 2025, revealed the following total nursing care hours below minimum requirements: December 15, 2024: 3.01 care hours per resident. December 16, 2024: 2.94 care hours per resident. December 17, 2024: 2.92 care hours per resident. December 18, 2024: 3.00 care hours per resident. December 19, 2024: 2.67 care hours per resident. December 20, 2024: 2.92 care hours per resident. December 21, 2024: 2.85 care hours per resident. December 22, 2024: 2.68 care hours per resident. December 23, 2024: 2.90 care hours per resident. December 24, 2024: 3.03 care hours per resident. December 25, 2024: 2.63 care hours per resident. | P 5640 | | |

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| P 5640 | Continued from page 6 December 26, 2024: 2.85 care hours per resident. December 27, 2024: 2.71 care hours per resident. December 28, 2024: 2.66 care hours per resident. December 29, 2024: 3.02 care hours per resident. December 30, 2024: 2.58 care hours per resident. December 31, 2024: 2.85 care hours per resident. January 1, 2025: 2.83 care hours per resident. January 2, 2025: 2.95 care hours per resident. January 3, 2025: 3.02 care hours per resident. January 4, 2025: 2.98 care hours per resident. | P 5640 | | |



Certified End Page

SETON MANOR NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 096902

SURVEY EXIT DATE: 01/07/2025

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