

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396066	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: WHITEHALL BOROUGH POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE: 505 WEYMAN ROAD PITTSBURGH, PA 15236		
STATE LICENSE NUMBER: 10230200				
(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 a revisit survey completed on January 23, 2025, it was determined that Whitehall Borough Post Acute corrected the deficiencies cited during the survey of December 12, 2024, under the 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	There were no adverse effects to the residents of our facility as a result of decreased nursing assistant staffing ratios for the days noted. Education will be provided by the Director of Nursing or designee to the scheduler and nursing supervisors on all shifts regarding the updated facility protocol and duties for filling call-offs and agency shift cancellations if nursing staff ratios drop below state minimum. The facility increased nurse aide hourly rates to recruit house staff, continues to focus on recruitment daily, and uses PRN agency staff to supplement open shifts. Staffing meetings will be held 5 days per week to review nursing assistant ratios for all shifts of the current and next day. Audits of nursing assistant ratios will be completed by the Nursing Home Administrator or designee weekly for 6 weeks to ensure the facility meets the state minimum	Completion Date: 02/18/2025 Status: APPROVED Date: 02/05/2025

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P 5520	Continued from page 2	P 5520	staffing ratios. Results of the audits will be forwarded to our QAPI committee for review and recommendations.		

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P 5520	Continued from page 3 Based on a review of staffing documents provided by the facility and staff interview it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the daylight shift on 10 of 13 days (1/9/25 through 1/18/25), one NA per 11 residents on the second shift on two of 13 days (1/12/25 and 1/13/25) and one NA per 15 residents on the night shift on nine of 13 days (1/8/25, 1/11/25 through 1/16/25 and 1/18/25 and 1/19/25) as required. Findings include: A review of facility staffing documents provided by the facility from 1/8/25 through 1/20/25, revealed the facility failed to provide NA on the following shifts as required: Daylight shift: Date Census Actual hours Hours required	P 5520		

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Certified End Page

WHITEHALL BOROUGH POST ACUTE

STATE LICENSE NUMBER: 10230200

SURVEY EXIT DATE: 01/23/2025

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

Handwritten signature of Jeanne Parisi in black ink.

Jeanne Parisi
Deputy Secretary for Quality Assurance

Handwritten signature of Debra L. Bogen MD in black ink.

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