

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396077	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/02/2025
NAME OF PROVIDER OR SUPPLIER: NORTHAMPTON POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE: 4100 FREEMANSBURG AVENUE EASTON, PA 18045		
STATE LICENSE NUMBER: 09350200				
(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 2, 2025, it was determined that Northampton Post Acute 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	<ol style="list-style-type: none"> 1. The facility has reviewed past reported staffing information including ratios. 2. Facility will review schedules and ratios during the daily labor meetings for Nurse Aides. A variety of methods for staffing and recruitment will be utilized in order to fill vacant positions. Methods will be reviewed for effectiveness during daily labor review and adjusted according to facility need. 3. The Administrator / Designee re-educated the staffing coordinator on the policy regarding staffing, schedules, and ratios for Nurse Aides. 4. The Administrator / Designee will audit schedules and ratios 2 times per week for 2 weeks, then weekly for 4 weeks. Results of audits will be submitted to the Quality Assurance Performance Improvement Committee monthly for further review and recommendations as needed. Further audit frequency will be determined based on previous audit findings. 	<p>Completion Date: 02/11/2025</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 18 of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from December 12, 2024, through January 1, 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 12, 15, 21, 22, 23, 25, 26, 27, 28, 29, 30, and 31, 2024. 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 16, 22, 24, 26, 27, 28, 29, 30, and 31, 2024. The facility failed to meet the minimum NA to resident ratio of one NA for 15 residents on night	P 5520		

Pennsylvania Department of Health

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P 5520	Continued from page 2 shift (11:00 p.m. to 7:00 a.m.) on December 14, 15, 16, 17, 20, 21, 22, 23, 25, 26, 27, 28, 29, 30, and 31, 2024, and January 1, 2025. In an interview conducted on January 2, 2025, at 1:00 p.m., the Nursing Home Administrator confirmed that the facility failed to meet the required staffing ratio for nurse aides on the previously mentioned dates and shifts.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 3 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. The facility has reviewed past reported staffing information including PPDs. 2. Facility will review schedules and PPDs during the daily labor meetings. A variety of methods for staffing and recruitment will be utilized in order to fill vacant positions. Methods will be reviewed for effectiveness during daily labor review and adjusted according to facility need. 3. The Administrator / Designee re-educated the staffing coordinator on the policy regarding staffing, schedules, and PPD requirements. 4. The Administrator / Designee will audit schedules and PPDs 2 times per week for 2 weeks, then weekly for 4 weeks. Results of audits will be submitted to the Quality Assurance Performance Improvement Committee monthly for further review and recommendations as needed. Further audit frequency will be determined based on previous audit findings.	Completion Date: 02/11/2025 Status: APPROVED Date: 01/13/2025

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P 5640	Continued from page 4 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 19 of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from December 12, 2024, through January 1, 2025, revealed the following total nursing care hours below minimum requirements: Thursday, December 12, 2024: 3.18 care hours per resident. Saturday, December 14, 2024: 3.06 care hours per resident. Sunday, December 15, 2024: 2.75 care hours per resident. Monday, December 16, 2024: 2.90 care hours per resident. Tuesday, December 17, 2024: 3.18 care hours per resident. Thursday, December 19, 2024: 3.13 care hours per	P 5640		

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P 5640	Continued from page 5 resident. Friday, December 20, 2024: 3.06 care hours per resident. Saturday, December 21, 2024: 2.74 care hours per resident. Sunday, December 22, 2024: 2.67 care hours per resident. Monday, December 23, 2024: 2.90 care hours per resident. Tuesday, December 24, 2024: 3.15 care hours per resident. Wednesday, December 25, 2024: 2.68 care hours per resident. Thursday, December 26, 2024: 2.85 care hours per resident. Friday, December 27, 2024: 2.85 care hours per resident. Saturday, December 28, 2024: 2.70 care hours per resident. Sunday, December 29, 2024: 2.67 care hours per resident. Monday, December 30, 2024: 2.56 care hours per resident.	P 5640		

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P 5640	Continued from page 6 Tuesday, December 31, 2024: 2.79 care hours per resident. Wednesday, January 1, 2025: 2.98 care hours per resident. In an interview on January 2, 2025, at 1:00 p.m., the Nursing Home Administrator confirmed that the facility failed to provide the minimum hours of direct care for each resident for the days listed above.	P 5640		



Certified End Page

NORTHAMPTON POST ACUTE
STATE LICENSE NUMBER: 09350200
SURVEY EXIT DATE: 01/02/2025

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