

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396124	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: PROVIDENCE POINT HEALTHCARE RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE: 200 ADAMS AVENUE PITTSBURGH, PA 15243		
STATE LICENSE NUMBER: 21600201				
(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 December 12, 2024, at Providence Point Healthcare Residence, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care; however, the facility was not in compliance with 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	The facility will correct the deficiency: the administrator educated the director of Nursing and the Staffing Coordinator on PA Code 211.12 as it relates to Staff to resident Ratios and Direct Nursing Care Hours for certified nurse aides for the following dates: 11/23, 11/24, 11/26, 11/27, 11/28, 11/29, 12/03, 12/08, and 12/12/2024. To prevent reoccurrence, the staffing coordinator will ensure that the correct number of NA's are scheduled for each shift (day, evening and night) utilizing the staffing ratio/PPD worksheet and review with the DON daily. The facility will utilize the on-call nursing staff to maintain nursing hours should the facility fall below nursing rations on the overnight shift with an RN within a 30-minute drive from the facility. The facility will continue weekly recruitment and retention meetings to review open positions, post open	Completion Date: 02/03/2025 Status: APPROVED Date: 01/02/2025

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P 5520	Continued from page 2	P 5520	<p>positions weekly for internal and external candidates. Offering referral bonuses to attract and retain staff.</p> <p>The facility will conduct audits by the DON/Designee/Scheduling Coordinator will review the worksheet daily for compliance for two weeks, then weekly for two weeks, and continue with weekly review and report quarterly thru QAPI.</p>	

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P 5520	Continued from page 3 Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one nurse aide (NA) per 15 residents during the night shift for 9 of 21 days (11/23, 11/24, 11/26, 11/27, 11/28, 11/29, 12/03, 12/08, and 12/12/24). Findings include: Review of the facility census data, nursing time schedules, and deployment sheets from 11/22/24 through 12/12/24, revealed the following nurse aide staffing shortages: On 11/23/24 the census was 42, which required 2.80 NAs during the night shift. Review of the nursing time schedules revealed 2.28 NAs provided care on the night shift. No additional excess higher-level staff were available to compensate this deficiency. On 11/24/24 the census was 41, which required 2.73 NAs during the night shift. Review of the	P 5520		

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P 5520	Continued from page 4 nursing time schedules revealed 2.16 NAs provided care on the night shift. No additional excess higher-level staff were available to compensate this deficiency. On 11/26/24 the census was 38, which required 2.53 NAs during the night shift. Review of the nursing time schedules revealed 2.13 NAs provided care on the night shift. No additional excess higher-level staff were available to compensate this deficiency. On 11/26/24 the census was 38, which required 2.53 NAs during the night shift. Review of the nursing time schedules revealed 2.13 NAs provided care on the night shift. No additional excess higher-level staff were available to compensate this deficiency. On 11/17, 11/28, 12/03, and 12/8/24 the census was 34, which required 2.27 NAs during the night shift. Review of the nursing time schedules revealed 2.19, 2.00, 2.00, and 2.13 NAs provided care on	P 5520		

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P 5520	Continued from page 5 the night shift. No additional excess higher-level staff were available to compensate this deficiency. On 11/29/24 the census was 33, which required 2.20 NAs during the night shift. Review of the nursing time schedules revealed 2.19 NAs provided care on the night shift. No additional excess higher-level staff were available to compensate this deficiency. On 12/12/24 the census was 37, which required 2.47 NAs during the night shift. Review of the nursing time schedules revealed 2.00 NAs provided care on the night shift. No additional excess higher-level staff were available to compensate this deficiency. During an interview on 12/12/24, at 2:30 p.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to provide a minimum of one nurse aide per 15 residents during the night shift for 9 of 21 days.	P 5520		

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P 5530	Continued from page 7 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 will correct the deficiency, the administrator educated the director of Nursing and the Staffing Coordinator on PA Code 211.12 as it relates to Staff to resident Ratios and Direct Nursing Care Hours for LPN's for the following dates: 11/22, 11/23, 11/24, 11/30 and 12/01/2024. To prevent reoccurrence the staffing coordinator will ensure that the correct number of LPN's are scheduled for each shift (day, evening and night) utilizing the staffing ratio/PPD worksheet and review with the DON daily. The facility will utilize the on-call nursing staff to maintain nursing hours should the facility fall below nursing ratios on the overnight shift with an RN within a 30-minute drive from the facility. The facility will continue with weekly recruitment and retention meetings to review open positions, post open positions weekly for internal and	Completion Date: 02/03/2025 Status: APPROVED Date: 01/02/2025

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P 5530	Continued from page 8	P 5530	external candidates. Offering referral bonuses to attract and retain staff. The facility will conduct audits by the DON/Designee/Scheduling Coordinator will review the worksheet daily for compliance for two weeks, then weekly for two weeks, and continue with weekly review and report quarterly thru QAPI.	

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P 5530	<p>Continued from page 9</p> <p>Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 25 residents during the day shift for 2 of 21 days (11/30, and 12/1/24), and one LPN per 40 residents on the night shift for 3 of 21 days (11/22, 11/23, and 11/24/24).</p> <p>Findings include:</p> <p>Review of the facility census data, nursing time schedules, and deployment sheets from 11/22/24 through 12/12/24, revealed the following nurse LPN staffing shortages:</p> <p>On 11/30/24 the census was 32, which required 1.28 LPN's during the day shift. Review of the nursing time schedules revealed 1.00 LPN's provided care on the day shift. No additional excess higher-level staff were available to compensate this deficiency.</p>	P 5530		

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P 5530	<p>Continued from page 10</p> <p>On 12/1/24 the census was 33, which required 1.32 LPN's during the day shift. Review of the nursing time schedules revealed 1.03 LPN's provided care on the day shift. No additional excess higher-level staff were available to compensate this deficiency.</p> <p>On 11/22, and 11/23/24 the census was 42, which required 1.05 LPN's during the night shift. Review of the nursing time schedules revealed 1.00 LPN's provided care on the day shift. No additional excess higher-level staff were available to compensate this deficiency.</p> <p>On 11/24/24 the census was 41, which required 1.03 LPN's during the night shift. Review of the nursing time schedules revealed 1.00 LPN's provided care on the night shift. No additional excess higher-level staff were available to compensate this deficiency.</p> <p>During an interview on 12/12/24, at 2:30 p.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to provide a minimum of one LPN</p>	P 5530		

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P 5530	Continued from page 11 per 25 residents during the day shift on 2 of 21 days and one LPN per 40 residents during the night shift for 3 of 21 days.	P 5530			



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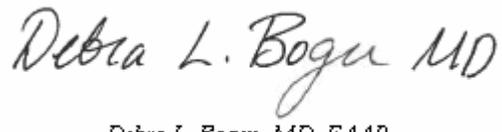
PROVIDENCE POINT HEALTHCARE RESIDENCE

STATE LICENSE NUMBER: 21600201

SURVEY EXIT DATE: 12/12/2024

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