STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395047	A. BLDG: __--_____ B. WING: _____	02/04/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
HERITAGE POINTE REHABILITATION AND HEALTHCARE CENTER STATE LICENSE NUMBER: **070102**	**400 SOUTH MAIN STREET DOYLESTOWN, PA 18901**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
E 0000	INITIAL COMMENT Based on an Emergency Preparedness Survey completed on December 11, 2024, at Heritage Pointe Rehabilitation And Healthcare Center, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 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.

Certified End Page

HERITAGE POINTE REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 070102

SURVEY EXIT DATE: 02/04/2025

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
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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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K 0000	INITIAL COMMENT	K 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.

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K 0000	Continued from page 1 Facility ID# 070102 Component 01 Main Building Based on a Revisit to a Medicare/Medicaid Recertification Survey completed on December 11, 2024, it was determined that Heritage Pointe Rehabilitation and Healthcare Center was not in substantial compliance with the following requirements of the Life Safety Code for an existing Nursing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a one-story, Type III (200), unprotected ordinary building, with an unused attic, that is fully sprinklered.	K 0000		
K 0222 SS=E		K 0222		

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K 0222 SS=E	Continued from page 2 NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door	K 0222	All Exit Doors have been reset to a 15 second delay and there are signs stating this on all doors by Maintenance. All doors will be audited weekly to ensure proper functioning. Audit result findings will be reported to QAPI monthly.	Completion Date: **02/19/2025** Status: **APPROVED** Date: **02/21/2025**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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K 0222 SS=E	Continued from page 3 assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:	K 0222		

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K 0222 SS=E	Continued from page 4 Based on observation and interview, it was determined facility failed to maintain emergency exit doors affecting, 4 of 6 emergency exit doors. Findings Include: Observations on December 11, 2024, between 8:00 a.m. and 10:15 a.m., revealed the following deficiencies: a. 9:17 a.m.,West wing hallway emergency exit door next to resident room 46 failed to release after 15 seconds as indicated on sign posted; b. 9:18 a.m., West wing hallway emergency exit door next to resident room 37 failed to release after 15 seconds as indicated on sign posted; c. 9:43 a.m., North wing hallway emergency exit door next to resident room 18 failed to release after 15 seconds as indicated on sign posted; d. 9:46 a.m., North wing hallway emergency exit door next to resident room 8 failed to release after 15 seconds as indicated on sign posted.	K 0222		

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K 0222 SS=E	Continued from page 5 Exit Interview with the Administrator and the Maintenance Director on December 11, 2024, at 10:15 a.m., confirmed failure to maintain emergency exit doors. ********** ********** Observation made during an Onsite Revisit conducted on February 4, 2025, between 11:00 a.m. and 12:30 p.m., determined the following: Item a - Not Completed. West wing hallway emergency exit door next to resident room 46 failed to release. Item b - Not Completed. West wing hallway emergency exit door next to resident room 37 failed to release Item c - Not Complete. North wing hallway emergency exit door next to resident room 18 failed to release	K 0222		

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K 0222 SS=E	Continued from page 6 Item d - Not Complete. North wing hallway emergency exit door next to resident room 8 failed to release Exit interview with the Director of Nursing and Maintenance Director on February 4, 2025, at 12:30 p.m., confirmed the above items were not completed.	K 0222		

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