

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395052</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/07/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>ROSEWOOD GARDENS REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>146 MARPLE ROAD BROOMALL, PA 19008</b>		
STATE LICENSE NUMBER: <b>283202</b>				
(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
E 0000	INITIAL COMMENT  Based on an Emergency Preparedness Survey completed on November 26, 2024, at Rosewood Gardens Rehabilitation and Nursing 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.

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# Certified End Page

**ROSEWOOD GARDENS REHABILITATION AND NURSING CENTER**

**STATE LICENSE NUMBER: 283202**

**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**

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K 0000	INITIAL COMMENT	K 0000		

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K 0000	Continued from page 1  Facility ID# 283202 Component 01 A, B, & Central Wings  Based on a Revisit to a Medicare/Medicaid Recertification Survey completed on November 26, 2024, it was determined that Rosewood Gardens Rehabilitation and Nursing Center - A, B, & Central Wings 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 attic, partial basement, and basement-level crawl space, that is fully sprinklered.	K 0000		

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K 0353  SS=F	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>Internal inspection and flushing of dry system will be completed by 4/18/25.</p> <p>TLW to be submitted to allow for additional time to accommodate the weather to be 50 degrees or above to avoid freezing.</p>	<p>Completion Date: <b>02/20/2025</b> Status: <b>APPROVED</b> Date: <b>01/21/2025</b></p>

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K 0353  SS=F	Continued from page 3  Based on document review and interview, it was determined the facility failed to maintain and inspect the sprinkler systems, affecting the entire facility.  Findings include:  Document review on November 26, 2024, at 8:00 a.m., revealed the facility could not provide documentation of the following tests and inspections:  a. 3 year, dry system full flow test; b. 5 year internal valve and pipe inspection.  Exit interview with the Administrator and the Maintenance Director on November 26, 2024, at 10:00 a.m., confirmed the lack of documentation.  *****  Based on an onsite Revisit conducted on January 7, 2025, the following was determined:  Item B - Not Completed. Documentation	K 0353		

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K 0353  SS=F	Continued from page 4  confirmed that a 5 year internal valve and pipe inspection was conducted but the dry sprinkler system did not pass inspection. It was determined there are pipes partially full of foreign materials and pipes need an internal cleaning.  Exit Interview with the Administator and Maintenance Director on January 7, 2025 at 10:30 a.m., confirmed the dry sprinkler pipe blockage.  All other deficiencies listed under this tag were corrected.	K 0353		



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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 283202 Component 02 C, D, and E Wings</p> <p>Based on a Revisit to a Medicare/Medicaid Recertification Survey completed on November 26, 2024, it was determined that Rosewood Gardens Rehabilitation and Nursing Center- C, D, and E Wings were in substantial compliance with the 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).</p> <p>This is a two-story, Type II (000), unprotected noncombustible building, that is fully sprinklered.</p>	K 0000		

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