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REST HAVEN-YORK

STATE LICENSE NUMBER: 440902

SURVEY EXIT DATE: 01/13/2025

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

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THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395058	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/13/2025
NAME OF PROVIDER OR SUPPLIER: REST HAVEN-YORK STATE LICENSE NUMBER: 440902		STREET ADDRESS, CITY, STATE, ZIP CODE: 1050 S GEORGE STREET YORK, PA 17403		
(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
K 0000	INITIAL COMMENT Facility ID #440902 Component 01 A, B and New Wing Based on a Medicare/Medicaid Recertification Survey completed on January 13, 2025, it was determined that Rest Haven -York was not in compliance with the following requirements of the Life Safety Code for an existing 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 II (111), protected noncombustible structure, which is fully sprinklered.	K 0000		
K 0511 SS=E		K 0511		

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 0511 SS=E	Continued from page 1 NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by:	K 0511	The classroom electrical receptable has been replaced. The facility will have all the electrical receptacles checked to ensure the physical integrity of electrical receptacles. Director of Operations or designee will complete 10% monthly audits in each facility component to ensure the physical integrity of electrical receptacles. The QAPI Committee will review the reports at their quarterly meeting and make recommendations for any deficient patterns identified. Decreasing or elimination of this tool will occur only upon recommendation of the Interdisciplinary QAPI Committee at their quarterly meeting.	Completion Date: 02/14/2025 Status: APPROVED Date: 01/28/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395058	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/13/2025
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K 0511 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the physical integrity of electrical receptacles, affecting one of three smoke compartments within the component. Findings include: 1. Observation on January 13, 2025, at 10:50 AM, revealed a physically broken electrical receptacle, located within the Classroom. Interview with the Director of Operations on January 13, 2025, at 10:50 AM, confirmed the compromised physical integrity of the electrical receptacle.	K 0511		



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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #440902 Component 02 D, E, F and G Wings</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 13, 2025, at Rest Haven -York, it was determined there were no deficiencies identified under the requirements of the Life Safety Code for an existing 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 one-story, Type II (111), protected noncombustible structure, which is fully sprinklered.</p>	K 0000		

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TITLE:

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K 0000	INITIAL COMMENT Facility ID #440902 Component 03 C Wing Based on a Medicare/Medicaid Recertification Survey completed on January 13, 2025, it was determined that Rest Haven -York was not in compliance with the following requirements of the Life Safety Code for an existing 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 two-story, Type III (200), unprotected ordinary structure, which is fully sprinklered.	K 0000		
K 0161 SS=C		K 0161		

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K 0161 SS=C	Continued from page 1 NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small	K 0161	Facility requests that the DOH DSI conduct the FSES.	Completion Date: 02/14/2025 Status: APPROVED Date: 01/28/2025

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K 0161 SS=C	Continued from page 2 floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain building construction requirements, affecting two of two floors within the component. Findings include: 1. Observation on January 13, 2025, at 9:00 AM, revealed the building was a two-story, Type III (200), unprotected ordinary structure. Buildings of this type of construction are not permitted to be greater than one story, in height. Interview with the Director of Operations on January 13, 2025, at 9:00 AM, confirmed the construction type is not permitted in healthcare.	K 0161		
K 0241 SS=B		K 0241		

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K 0241 SS=B	Continued from page 3 NFPA 101 Number of Exits - Story and Compartment Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by:	K 0241	Facility requests that the DOH DSI conduct the FSES.	Completion Date: 02/14/2025 Status: APPROVED Date: 01/28/2025

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K 0241 SS=B	Continued from page 4 Based on observation and interview, it was determined the facility failed to provide not less than two exits, remote from each other, for each floor or fire section, affecting one of two floors within the component. Findings include: 1. Observation on January 13, 2025, at 11:00 AM, revealed the facility lacked two acceptable exits, remote from each other, on the 2nd floor. Interview with the Director of Operations on January 13, 2025, at 11:00 AM, confirmed the lack of acceptable exits.	K 0241		
K 0355 SS=E		K 0355		

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K 0355 SS=E	Continued from page 5 NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by:	K 0355	The fire Safety instructor inspected and documented the 2nd floor portable fire extinguisher. All fire extinguishers in the facility will be inspected for proper documentation to verify that they were visually inspected on a monthly basis within the last twelve months. Director of Operations or designee will complete monthly audits of each portable fire extinguisher in the facility to ensure they are properly inspected and documented. The QAPI Committee will review the reports at their quarterly meeting and make recommendations for any deficient patterns identified. Decreasing of this tool will occur only upon recommendation of the Interdisciplinary QAPI Committee at their quarterly meeting.	Completion Date: 02/14/2025 Status: APPROVED Date: 01/28/2025

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K 0355 SS=E	Continued from page 6 Based on document review and interview, it was determined the facility failed to provide documentation verifying portable fire extinguishers were visually inspected on a monthly basis within the previous twelve months, affecting one of two smoke compartments within the component. Findings include: 1. Review of documentation on January 13, 2025, at 11:14 AM, revealed the facility lacked documentation verifying the 2nd floor portable fire extinguisher, located within the H.R. Office, had been visually inspected since 11/26/24. Interview with the Director of Operations on January 13, 2025, at 11:14 AM, confirmed the lack of documentation verifying portable fire extinguishers had been visually inspected on a monthly basis within the last twelve months.	K 0355		
K 0920 SS=E		K 0920		

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K 0920 SS=E	Continued from page 7 NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by:	K 0920	The surge suppressor plugged into another surge suppressor has been removed from the Dietary Office. The facility's electrical equipment will be checked to ensure it has been monitored, no components are affected, assembled by qualified personnel and meet NFPA conditions. Director of Operations or designee will complete 10% monthly audits in each facility component to ensure the physical integrity of electrical receptacles. The QAPI Committee will review the reports at their quarterly meeting and make recommendations for any deficient patterns identified. Decreasing or elimination of this tool will occur only upon recommendation of the Interdisciplinary QAPI Committee at their quarterly meeting.	Completion Date: 02/14/2025 Status: APPROVED Date: 01/28/2025

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K 0920 SS=E	Continued from page 8 Based on observation and interview, it was determined the facility failed to monitor the use of surge suppressors, affecting one of two smoke compartments within the component. Findings include: 1. Observation on January 13, 2025, at 11:20 AM, revealed a surge suppressor supplying electrical power to another surge suppressor, within the 1st floor Dietary Office. Interview with the Director of Operations on January 13, 2025, at 11:20 AM, confirmed the daisy-chained surge suppressors.	K 0920		



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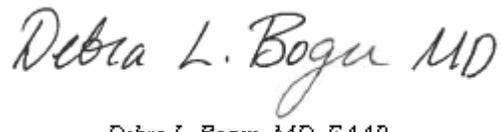
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