





# Certified End Page

**SIMPSON HOUSE INC**

**STATE LICENSE NUMBER: 192802**

**SURVEY EXIT DATE: 04/28/2025**

**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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395121</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/28/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>SIMPSON HOUSE INC</b>  STATE LICENSE NUMBER: <b>192802</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>2101 BELMONT AVENUE PHILADELPHIA, PA 19131</b>
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(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
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 192802 Component 01 Old Flanagan Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 28, 2025, it was determined that Simpson House Inc -Old Flanagan Building had deficiencies that have the potential for minimal harm as related to 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).</p> <p>This is a four-story, Type II (000), unprotected non-combustible building, with a basement, that is fully sprinklered.</p>	K 0000		
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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 0161  SS=C	<p>NFPA 101 Building Construction Type and Height</p> <p>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</p> <p>Construction Type</p> <p>1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>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 floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0161	<p>1: The FSES will be updated by Lenhardt Rodgers Architecture and a copy will be forwarded to Life Safety as well as DOH Harrisburg and the Local Field office in Norristown.</p> <p>2: FSES will be updated yearly.</p>	<p>Completion Date: <b>05/30/2025</b> Status: <b>APPROVED</b> Date: <b>05/12/2025</b></p>

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K 0161  SS=C	Continued from page 2  Based on observation, document review, and interview, it was determined the facility failed to maintain the fire-resistance rating for the building construction, affecting the entire facility.  Findings include:  Observation and document review on April 28, 2025, between 8:30 a.m. and 10:15 a.m., revealed the building was a four-story, Type II (000), unprotected noncombustible construction, with a basement, which is fully sprinklered. The story height exceeds the maximum allowed for this type of construction, Old Flanagan.  Exit Interview with the Administrator and Maintenance Director on April 28, 2025, at 10:15 a.m., confirmed the story height exceeds the maximum allowed for this type of construction.	K 0161		



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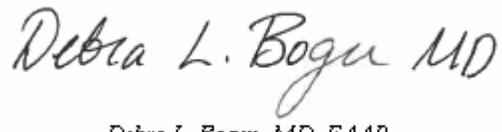
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID # 192802 Component 02 Physical Therapy, Multi-purpose/Meeting Room</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 28, 2025, at Simpson House - Physical Therapy, Multi-purpose/Meeting Room, it was determined there were no deficiencies identified under 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, non-combustible building, that is fully sprinklered.</p>	K 0000		
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID # 192802 Component 03 New Flanagan Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 28, 2025, it was determined that Simpson House - New Flanagan Building was not in 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).</p> <p>This is a four-story, Type II (222), fire resistive building, with a basement, that is fully sprinklered.</p>	K 0000		

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K 0355  SS=E	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	1: The fire extinguisher was mounted in medical records with signage.  2: The Director of Facilities/ Designee will perform random monthly audits times 4 then quarterly audits to ensure all fire extinguishers are properly mounted.  3- The Facilities Director/Designee will report audit findings in the quarterly QA meeting and or the Facilities Governing Body meetings.	Completion Date: <b>05/30/2025</b> Status: <b>APPROVED</b> Date: <b>05/12/2025</b>

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K 0355  SS=E	Continued from page 2  Based on observation and interview, it was determined the facility failed to ensure that portable fire extinguishers were inspected, affecting one of four levels in the component.  Findings include:  Observation on April 28, 2025, at 8:55 a.m., revealed a fire extinguisher was not mounted in medical records room.  Exit interview with the Administrator and Maintenance Director, on April 28, 2025, at 10:30 a.m., confirmed unmounted fire extinguisher.	K 0355		
K 0541  SS=E		K 0541		

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K 0541  SS=E	Continued from page 3  NFPA 101 Rubbish Chutes, Incinerators, and Laundry Chutes  Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.) (4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82  This REQUIREMENT is not met as evidenced by:	K 0541	1: A wall stop was placed to ensure the soiled utility room chute door can self-close.  2: The Director of Facilities/ Designee will perform random monthly audits times 4 then quarterly audits to ensure all utility room chute doors self-close.  3: The Facilities Director/Designee will report audit findings in the quarterly QA meeting and or the Facilities Governing Body meetings.	Completion Date: <b>05/30/2025</b> Status: <b>APPROVED</b> Date: <b>05/12/2025</b>

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K 0541  SS=E	Continued from page 4  Based on observation and interview, it was determined the facility failed to maintain the fire protection rating for linen chutes, affecting one of four levels.  Findings include:  Observation on April 28, 2025, at 9:35 a.m., revealed, on the first floor, the soiled utility room chute door failed to self-close, due to door being wedged into drywall when fully opened.  Interview with the Administrator and Maintenance Director on April 28, 2025, at 10:30 a.m., confirmed the chute door failed to self close.	K 0541		



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