STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395172	A. BLDG: __--_____ B. WING: _____	02/03/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
MANOR AT PENN VILLAGE, THE STATE LICENSE NUMBER: **040302**	**51 ROUTE 204 SELINSGROVE, PA 17870**

(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 February 3, 2025, at The Manor at Penn Village, 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

MANOR AT PENN VILLAGE, THE

STATE LICENSE NUMBER: 040302

SURVEY EXIT DATE: 02/03/2025

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

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	395172	A. BLDG: 01 B. WING:	02/03/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
MANOR AT PENN VILLAGE, THE STATE LICENSE NUMBER: **040302**	**51 ROUTE 204** **SELINSGROVE, PA 17870**

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K 0000	INITIAL COMMENT Facility ID #040302 Component 01 Main Building 01 Based on a Medicare/Medicaid Recertification Survey completed on February 3, 2025, it was determined that The Manor at Penn Village 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 483.70(a). This is a one story, Type V (111), protected, wood-frame, fully sprinklered structure with partial basement.	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:

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MANOR AT PENN VILLAGE, THE STATE LICENSE NUMBER: **040302**	**51 ROUTE 204** **SELINSGROVE, PA 17870**

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K 0363 SS=E	NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.	K 0363	1. ‎The Therapy door latch that failed to latch into the frame when tested will be repaired to proper function. 2. Additional corridor doors will be reviewed for proper function. 3. The Executive Director/ designee will educate the Maintenace Director on the importance of maintaining corridor doors to proper function in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	Completion Date: **03/11/2025** Status: **APPROVED** Date: **02/18/2025**

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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MANOR AT PENN VILLAGE, THE STATE LICENSE NUMBER: **040302**	**51 ROUTE 204 SELINSGROVE, PA 17870**

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K 0363 SS=E	Continued from page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain corridor doors on one of six smoke compartments. Findings include: 1. Observation on February 3, 2025, at 11:43 am, revealed the Therapy door failed to latch into the frame when tested. Interview at the time of the exit conference with the administrator and maintenance representative on February 3, 2025, at 12:15 pm, confirmed the door lacked positive latching.	K 0363		

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 0374 SS=E	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by:	K 0374	1. ‎The smoke barrier door at the top of the ramp that failed to close when tested will be repaired to proper function. 2. Additional smoke barrier doors will be reviewed for proper function. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of maintaining smoke barrier doors to proper function in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	Completion Date: **03/11/2025** Status: **APPROVED** Date: **02/18/2025**

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K 0374 SS=E	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain smoke barrier doors, affecting two of six smoke compartments. Findings include; 1. Observation on February 3, 2025, at 11:29 am, revealed the Smoke barrier doors at the top of the ramp (wood), near the exit, failed to completely close when released from the hold open devices. Interview at the time of the exit conference with the administrator and maintenance representative on February 3, 2025, at 12:15 pm, confirmed the smoke barrier doors did not close smoke tight.	K 0374		

Certified End Page

MANOR AT PENN VILLAGE, THE

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Jeanne Parisi
Deputy Secretary for Quality Assurance

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Secretary of Health

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K 0000	INITIAL COMMENT Facility ID #040302 Component 02 Building 02 Based on a Medicare/Medicaid Recertification Survey completed on February 3, 2025, it was determined that The Manor at Penn Village 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 483.70(a). This is a three story, Type II (222) fire resistive, fully sprinklered structure.	K 0000		
K 0321 SS=E		K 0321		

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K 0321 SS=E	Continued from page 1 NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)	K 0321	1. ‎The copy room door that was held open by an unapproved means will be repaired to proper function. 2. Additional hazardous area enclosures will be reviewed for proper function. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of maintaining hazardous area enclosures to proper function in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	Completion Date: 03/11/2025 Status: APPROVED Date: 02/18/2025

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 0321 SS=E	Continued from page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain one hazardous area enclosures, affecting one of three floors. Findings include: 1. Observation on February 3, 2025, at 11:05 a.m., 1st floor, Copy room door was held open by unapproved means. (door wedge) Interview at the time of the exit conference with the administrator and maintenance representative on February 3, 2025, at 12:15 pm, confirmed the hazardous area enclosure deficiency.	K 0321		
K 0353 SS=E		K 0353		

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K 0353 SS=E	Continued from page 3 NFPA 101 Sprinkler System - Maintenance and Testing 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 This REQUIREMENT is not met as evidenced by:	K 0353	1. ‎The sprinkler in the dietary walk-in freezer that was missing the escutcheon and the sprinkler in the dietary storage room will be repaired to proper function. 2. Additional sprinklers will be reviewed for proper function. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of maintaining sprinklers for proper function in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	Completion Date: **03/11/2025** Status: **APPROVED** Date: **02/18/2025**

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K 0353 SS=E	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in two location, affecting one of three floors. Findings include: 1. Observation on February 3, 2025, between 11:12 am, and 11:13 am, revealed the following: a. At 11:12 am, Dietary, Walk-In freezer was missing an escutcheon. b. At 11:13 am, Dietary, Storage Room was missing an escutcheon. Interview at the time of the exit conference with the administrator and maintenance representative on February 3, 2025, at 12:15 pm, confirmed the automatic sprinkler system deficiencies.	K 0353		
K 0363 SS=E		K 0363		

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K 0363 SS=E	Continued from page 5 NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.	K 0363	1. ‎The corridor door for resident room 307 that failed to latch will be repaired to proper function. 2. Additional corridor doors will be reviewed for proper function. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of maintaining corridor doors for proper function in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	Completion Date: 03/11/2025 Status: APPROVED Date: 02/18/2025

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K 0363 SS=E	Continued from page 6 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain corridor doors in one location, affecting one of three floors. Findings include: 1. Observation on February 3, 2025, at 10:29 am, 3rd floor, revealed the door to Resident Room 307 failed to latch in the frame when tested. Interview at the time of the exit conference with the administrator and maintenance representative on February 3, 2025, at 12:15 pm,confirmed the door lacked positive latching.	K 0363		

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K 0374 SS=E	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by:	K 0374	1. ‎‎The smoke barrier door near the employee lounge that failed to latch will be repaired to proper function. 2. Additional smoke barrier doors will be reviewed for proper function. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of maintaining smoke barrier doors for proper function in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	Completion Date: **03/11/2025** Status: **APPROVED** Date: **02/18/2025**

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MANOR AT PENN VILLAGE, THE STATE LICENSE NUMBER: 040302	51 ROUTE 204 SELINSGROVE, PA 17870

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K 0374 SS=E	Continued from page 8 Based on observation and interview, it was determined the facility failed to maintain smoke barrier doors in one location, affecting one of three floors Findings include; 1. Observation on February 3, 2025, at 11:07 am, 1st floor, revealed the Smoke barrier doors (Right Leaf) near the employee lounge, failed to completely close and latch when released from the hold open devices. Interview at the time of the exit conference with the administrator and maintenance representative on February 3, 2025, at 12:15 pm, confirmed the smoke barrier doors did not close smoke tight.	K 0374		
K 0920 SS=E		K 0920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395172	A. BLDG: 02 B. WING:	02/03/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
MANOR AT PENN VILLAGE, THE STATE LICENSE NUMBER: 040302	51 ROUTE 204 SELINSGROVE, PA 17870

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K 0920 SS=E	Continued from page 9 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) assembles 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	1. ‎‎The microwave being powered by a surge protector inside the employee lounge will be removed. 2. Additional electrical devices will be reviewed for unauthorized use of surge protectors. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of maintaining electrical devices without the use of unauthorized surge protectors in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review.	Completion Date: **03/11/2025** Status: **APPROVED** Date: **02/18/2025**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395172	A. BLDG: __02_____ B. WING: _____	02/03/2025

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K 0920 SS=E	Continued from page 10 Based on observation and interview, it was determined the facility failed to monitor for the unauthorized use of a surge protector. Findings include: 1. Observation on February 3, 2025, at 11:06 am, 1st floor, revealed a microwave being powered by a surge protector, inside the Employee Lounge. Interview at the time of the exit conference with the administrator and maintenance representative on February 3, 2025, at 12:15 pm, confirmed the use of a surge protector.	K 0920		

Certified End Page

MANOR AT PENN VILLAGE, THE

STATE LICENSE NUMBER: 040302

SURVEY EXIT DATE: 02/03/2025

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