

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395203	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/02/2025
NAME OF PROVIDER OR SUPPLIER: AVENTURA AT PROSPECT		STREET ADDRESS, CITY, STATE, ZIP CODE: 815 CHESTER PIKE PROSPECT PARK, PA 19076		
STATE LICENSE NUMBER: 162502				
(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 #162502 Component 01 North Wing, South Wing, Main Building Based on a Complaint Survey completed on April 2, 2025, it was determined that Aventura at Prospect 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). This is a two-story, Type V (000), unprotected, wood frame building, with a basement, that is fully sprinklered.	K 0000		
K 0222 SS=F		K 0222		

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.

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K 0222 SS=F	Continued from page 1 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	1.Current staff will be educated on the door codes for emergent exits and location of egress doors 2.Emergency evacuation policy will be updated to identify designated egress doors and mechanisms for use. Staff will be educated on hire and during the monthly fire drills on the door codes for emergent exits and location of egress doors. 3.NHA/Designee will conduct random audits of staff awareness of door codes and location of egress doors weekly for four weekly and monthly for two months.	Completion Date: 04/16/2025 Status: APPROVED Date: 04/10/2025

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K 0222 SS=F	Continued from page 2 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=F	Continued from page 3 Based on observation and interview, the facility failed to maintain egress doors with special locking arrangements, affecting the entire facility. Findings include: Observation on April 2, 2025, at 12:30 p.m., revealed staff members did not have access to the keys or knowledge of the code to provide rapid removal of occupants at the following door locations: a. 12:30 p.m., Emergency exit door, 1 north entrance; b. 12:40 p.m., Exit door #4, first floor corridor; c. 12:45 p.m., Exit door #3, first floor corridor; d. 12:50 p.m., Front lobby door, first floor. Exit interview with the administrator and maintenance director on April 2, 2025, at 1:15 p.m., confirmed the egress door deficiencies.	K 0222		
K 0345 SS=F		K 0345		

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K 0345 SS=F	Continued from page 4 NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:	K 0345	1. There was a malfunction of the fire panel on 3/21/2025. Facility was on fire watch as per policy when the fire panel is malfunctioning. Vendor was contacted to correct the problem. Fire alarm system was restored to full function on 4/3/2025. 2. Maintenance department will maintain a fully functioning fire alarm system 3. NHA/designee will conduct audits of fire alarm system weekly for eight weeks and monthly for one month.	Completion Date: 04/16/2025 Status: APPROVED Date: 04/10/2025

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K 0345 SS=F	Continued from page 5 Based on document review, observation, and interview, the facility failed to maintain the fire alarm system, affecting the entire facility. Findings include: Document review and observation on April 2, 2025, between 11:00 a.m. and 1:00 p.m., revealed the fire alarm system was deficient and not in operation since March 21, 2025. Exit interview with the administrator and maintenance director on April 2, 2025, at 1:15 p.m., confirmed the fire alarm system deficiency.	K 0345			



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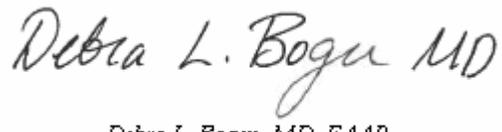
AVENTURA AT PROSPECT

STATE LICENSE NUMBER: 162502

SURVEY EXIT DATE: 04/02/2025

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

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY