



Certified End Page

SARAH REED SENIOR LIVING
STATE LICENSE NUMBER: 710402
SURVEY EXIT DATE: 12/17/2024

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395206	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/17/2024
NAME OF PROVIDER OR SUPPLIER: SARAH REED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE: 227 WEST 22ND STREET ERIE, PA 16502		
STATE LICENSE NUMBER: 710402				
(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 #710402 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on December 17, 2024, it was determined that Sarah Reed Senior Living 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 three-story, Type II (111), protected, non-combustible building, that is fully sprinklered.	K 0000		
K 0161 SS=B		K 0161		

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=B	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	1. The two ceiling tiles in the ground floor accounting office were immediately replaced at time of discovery on 12/17/2024. 2. All other ground floor storage rooms will be audited to ensure no other ceiling tiles are missing. 3. Education to be completed with maintenance team on the importance of ceiling tile placement. 4. Ceiling tiles be will monitored and reported at the next quarterly QAPI/Safety meeting by the Director of Maintenance.	Completion Date: 01/17/2025 Status: APPROVED Date: 01/02/2025

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K 0161 SS=B	Continued from page 2 floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the building construction in one of over twenty-five rooms. Findings include: Observation on December 17, 2024, at 12:35 p.m., revealed the ground floor accounting office storage room had two ceiling tiles missing, potentially allowing the passage of smoke and delaying sprinkler activation. Interview with the maintenance supervisor on December 17, 2024, at 12:35 p.m., revealed the ceiling tiles were missing at the time of the survey.	K 0161		

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K 0912 SS=D	<p>NFPA 101 Electrical Systems - Receptacles</p> <p>Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0912	<p>1. All three identified outlets in the ground floor laundry room will be replaced with the proper GFCI outlets.</p> <p>2. All other outlets in the ground floor laundry room will be audited to ensure no other outlets need to be changed to GFCI's, if within 6 feet of a sink.</p> <p>3. Outlets will be monitored and reported at the next quarterly QAPI meeting/Safety meeting by Director of Maintenance.</p>	<p>Completion Date: 01/17/2025 Status: APPROVED Date: 01/02/2025</p>

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K 0912 SS=D	Continued from page 4 Based on observation and interview, the facility failed to maintain electrical system protection in wet locations, affecting one of three floors. Findings include: Observation on December 17, 2024, at 12:47 p.m., revealed the ground floor laundry room had electrical outlets located within six feet of the washing machines and not ground fault circuit interrupter (GFCI) receptacles. Interview with the maintenance supervisor on December 17, 2024, at 12:47 p.m., confirmed the receptacle deficiencies.	K 0912		



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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #710402 Component 02 New Addition</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 17, 2024, at Sara Reed Senior Living, 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 three-story, Type II (111), protected, non-combustible building, that is fully sprinklered.</p>	K 0000		
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