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SUMMIT AT BLUE MOUNTAIN NURSING AND REHABILITATION CENTER, T

STATE LICENSE NUMBER: 070502

SURVEY EXIT DATE: 12/18/2024

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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THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395276	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/18/2024
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NAME OF PROVIDER OR SUPPLIER: SUMMIT AT BLUE MOUNTAIN NURSING AND REHABILITATION CENTER, T	STREET ADDRESS, CITY, STATE, ZIP CODE: 211 NORTH 12TH STREET LEHIGHTON, PA 18235
STATE LICENSE NUMBER: 070502	

(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# 070502 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 18, 2024, it was determined that The Summit at Blue Mountain Nursing and Rehabilitation Center 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).</p> <p>This is a two story, Type II (000), unprotected noncombustible building 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.

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 0211 SS=E	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:	K 0211	Door was repaired to close and open properly to comply with the Life Safety Code. Provided education to staff on the importance of maintaining a safe means of egress and Exit. Also, the importance of preventative maintenance on the exterior doors. Monthly Audits x 3 months of all exterior doors will be conducted to ensure the ongoing compliance. Any noncompliant items found will be corrected and reported/discuss with facility designee for correction. Findings to be reported to QAPI.	Completion Date: 01/06/2025 Status: APPROVED Date: 01/02/2025

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K 0211 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to ensure that exit access was always being maintained readily accessible, in one location, affecting two of two floors. Findings include: Observation on December 18, 2024, at 10:50 a.m., revealed the 1st floor, North Stair Tower exit door to the outside, needed excessive force to open the door and continued to be difficult to open after the initial opening. Exit interview with the Facility Administrator and Facilities Manager on December 18, 2024, at 11:30 a.m., confirmed the door opening difficulty.	K 0211		
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	The ceiling tile was replaced with a new tile and sealed to resist the passage of smoke. Provided education to staff to make aware all voids and penetrations in ceiling tiles need to be properly sealed and maintained to comply with the LS Code. A Monthly Audit x 3 months of 10 areas will be conducted to confirm compliance. Any noncompliant items found will be corrected and reported/discuss with the facility designee. Findings to be reported to QAPI.	Completion Date: 01/06/2025 Status: APPROVED Date: 01/02/2025

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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 systems, affecting one of five smoke compartments. Findings include: 1. Observation on December 18, 2024, at 11:01 a.m., Main Entrance Vestibule storage closet had an unsealed penetration of a ceiling tile within the room. Exit interview with the Facility Administrator and Facilities Manager on December 18, 2024, at 11:30 a.m., confirmed the ceiling tile penetration.	K 0353		



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