

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395290	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/06/2025
NAME OF PROVIDER OR SUPPLIER: PLEASANT ACRES REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 118 PLEASANT ACRES ROAD YORK, PA 17402		
STATE LICENSE NUMBER: 250102				
(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
E 0000	INITIAL COMMENT Based on an Emergency Preparedness Survey completed on March 6, 2025, at Pleasant Acres Rehabilitation and Nursing Center, 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.

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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PLEASANT ACRES REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 250102

SURVEY EXIT DATE: 03/06/2025

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

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K 0000	INITIAL COMMENT Facility ID #250102 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey conducted on March 5 & 6, 2025, it was determined that Pleasant Acres Rehabilitation and Nursing 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). This is a five-story, Type II (222), protected noncombustible structure, with a basement, which is fully sprinklered.	K 0000		
K 0161 SS=D		K 0161		

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TITLE:

(X6) DATE:

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K 0161 SS=D	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 four inch structural steel above resident room 540 was covered with Universal Fireproofing Patch that provides a minimum 2-hour fire resistance coating. 2. The maintenance department will be in-serviced by NHA/Designee on the importance of having the structural steel of the facility being coated with a minimum of a 2-hour fire resistant material. 3. Quarterly audits will be performed by the maintenance director/designee in random locations to ensure there is a minimum 2-hour fire resistant protectant on the structural steel of the facility. 4. Results of the audit will be reviewed/reported to the QA committee to determine trends and compliance. QA committee will determine need for continuance of audits.	Completion Date: 03/18/2025 Status: APPROVED Date: 03/12/2025

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K 0161 SS=D	Continued from page 2 floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain the 2-hour fire resistance rating of structural steel beams, affecting one of 27 smoke compartments within the component. Findings include: 1. Observation on March 5, 2025, at 11:15 AM, revealed approximately four inches of exposed structural steel, located above the suspended ceiling, within the 5th floor alcove by Resident Room 540. Interview with the Facilities Manager on March 5, 2025, at 11:15 AM, confirmed the compromised fire resistance rating of the structural steel member.	K 0161		
K 0353 SS=D		K 0353		

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K 0353 SS=D	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 flexible ductwork within the 1st floor Old Receptionist Room was removed from the sprinkler pipe in the same area. 2. The maintenance department will be in-serviced by NHA/Designee on the importance of having the sprinkler pipe clear of any flexible ductwork 3. Quarterly audits will be performed by the maintenance director/designee to ensure there is no flexible ductwork hanging from the sprinkler pipe. 4. Results of the audit will be reviewed/reported to the QA committee to determine trends and compliance. QA committee will determine need for continuance of audits.	Completion Date: 03/18/2025 Status: APPROVED Date: 03/12/2025

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K 0353 SS=D	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler protection system, as free from extraneous weight, affecting one of 27 smoke compartments within the component. Findings include: 1. Observation on March 6, 2024, at 10:46 AM, revealed a length of flexible ductwork suspended from sprinkler piping, located above the suspended ceiling, within the 1st floor Old Receptionist Room. Interview with the Facilities Manager on March 6, 2025, at 10:46 AM, confirmed the ductwork was suspended from the sprinkler system.	K 0353		
K 0363 SS=D		K 0363		

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K 0363 SS=D	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 unprotected penetration on the first floor door to room 102 was filled with wood putty as this is a smoke door 2. The maintenance department will be in-serviced by NHA/Designee on the importance of not having penetrations in doors within the facility 3. Quarterly audits will be performed by the maintenance director/designee to ensure there is no penetrations in corridor doors 4. Results of the audit will be reviewed/reported to the QA committee to determine trends and compliance. QA committee will determine need for continuance of audits.	Completion Date: 03/18/2025 Status: APPROVED Date: 03/12/2025

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K 0363 SS=D	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 the smoke resistance of corridor doors, affecting one of 27 smoke compartments within the component. Findings include: 1. Observation on March 6, 2025, at 11:08 AM, revealed an unprotected penetration of the 1st floor door, to Room 102. Interview with the Facilities Manager on March 6, 2025, at 11:08 AM, confirmed the unprotected penetration of the corridor door.	K 0363		



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