

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395326	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/11/2025
NAME OF PROVIDER OR SUPPLIER: ZERBE SISTERS NURSING CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 2499 ZERBE ROAD NARVON, PA 17555		
STATE LICENSE NUMBER: 260402				
(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 February 11, 2025, at Zerbe Sisters Nursing Center, Inc., 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.



Certified End Page

ZERBE SISTERS NURSING CENTER, INC.

STATE LICENSE NUMBER: 260402

SURVEY EXIT DATE: 02/11/2025

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 #260402 Component 01 Building 01 Based on a Medicare/Medicaid Recertification Survey completed on February 11, 2025, it was determined that Zerbe Sisters Nursing Center, Inc., 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 two-story, Type III (200), unprotected ordinary structure, with a basement and unused attic space, which is fully sprinklered.	K 0000		
K 0161 SS=B		K 0161		

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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	This POC does not constitute an admission of or agreement with the alleged facts and conclusions set forth on the survey report. It is prepared and executed solely as a means to continually improve quality of care and to comply with all applicable state and federal regulatory requirements. Facility requests DSI conduct FSES for this deficiency. A Time Limited Waiver request has been submitted to DSI.	Completion Date: 03/06/2025 Status: APPROVED Date: 03/03/2025

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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, it was determined the facility failed to maintain building construction requirements, affecting one of seven smoke compartments within the component. Findings include: 1. Observation on February 11, 2025, at 12:30 PM, revealed the building exceeded the maximum allowable story height, for a Type III (200), unprotected ordinary structure. Interview with the Maintenance Manager on February 11, 2025, at 12:30 PM, confirmed the building construction type exceeded the number of stories allowed in health care.	K 0161		
K 0241 SS=B		K 0241		

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K 0241 SS=B	Continued from page 3 NFPA 101 Number of Exits - Story and Compartment Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by:	K 0241	Facility requests DSI conduct FSES for this deficiency.	Completion Date: 03/06/2025 Status: APPROVED Date: 03/03/2025

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K 0241 SS=B	Continued from page 4 Based on observation and interview, it was determined the facility failed to provide at least two exits, remote from one another, affecting two of seven smoke compartments within the component. Findings include: 1. Observation on February 11, 2025, between 11:30 AM and 1:30 PM, revealed the facility lacked two exits remote from each other, in the following locations: a. 11:30 AM, 2nd floor Annex. b. 1:30 PM, basement. Interview with the Maintenance Manager on February 11, 2025, at 1:30 PM, confirmed the component lacked two acceptable exits in the Annex and the basement.	K 0241		
K 0324 SS=B		K 0324		

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K 0324 SS=B	Continued from page 5 NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by:	K 0324	Inspection of the Kitchen Suppression System has been scheduled with the contractor. Inspection of the Kitchen Suppression System shall be added to the electronic task work order system by the Maintenance Director to alert when to schedule each regulatory required inspection based upon its frequency requirement. The Maintenance Director/designee shall monitor, maintain and update the electronic task work order system weekly for upcoming and completed regulatory required inspections. Administrator and Maintenance Director shall review upcoming required tests and inspections in the task work order system during monthly meeting, to ensure proper scheduling. The Maintenance Director shall be	Completion Date: 03/16/2025 Status: APPROVED Date: 03/05/2025

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K 0324 SS=B	Continued from page 6	K 0324	responsible for assuring the completed inspection documentation is properly filed in the Life Safety book. Administrator shall educate the maintenance department regarding semi-annual inspection requirement of the Kitchen Suppression System.	

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K 0324 SS=B	Continued from page 7 Based on document review and interview, it was determined the facility failed to provide documentation verifying the commercial Kitchen Suppression System had been inspected on a semi-annual basis, within the previous twelve months. Findings include: 1. Review of documentation on February 11, 2025, at 11:25 AM, revealed the facility failed to provide documentation verifying the Kitchen Fire Suppression System had been inspected since March 6, 2024. Interview with the Maintenance Manager on February 11, 2025, at 11:25 AM, confirmed the lack of documentation verifying the Kitchen Suppression System had been inspected since March 6, 2024.	K 0324		
K 0372 SS=E		K 0372		

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K 0372 SS=E	Continued from page 8 NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:	K 0372	The facility will maintain the rating of the smoke barrier walls. The identified penetration of the smoke barrier wall has been sealed using an approved through penetration fire stop system in order to maintain the rating of the smoke barrier. Other areas within the component shall be rechecked for penetrations and, if found, sealed with approved through penetration fire stop system in order to maintain the rating of the smoke barriers. Ongoing monitoring of penetrations have been added to the electronic task work order system, and shall be overseen by the director of maintenance/designee. Director of Maintenance shall report on any ongoing findings of penetrations and sealing performed to the QAPI committee for	Completion Date: 03/16/2025 Status: APPROVED Date: 03/11/2025

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K 0372 SS=E	Continued from page 9 Based on observation and interview, it was determined the facility failed to maintain the smoke resistance of smoke barrier walls, affecting two of seven smoke compartments within the component. Findings include: 1. Observation on February 11, 2025, at 12:00 PM, revealed an unprotected penetration of the smoke barrier wall, located above the suspended ceiling, above the East Hall smoke barrier cross-corridor doors, around gray wires. Interview with the Maintenance Manager on February 11, 2025, at 12:00 PM, confirmed the unprotected penetration of the smoke barrier wall.	K 0372	review/recommendation for a period of three months. Maintenance staff shall be educated by Administrator on the NFPA 101 Standard for maintaining smoke barrier walls.	

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K 0918 SS=C		K 0918		

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K 0918 SS=C	Continued from page 11 NFPA 101 Electrical Systems - Essential Electric System Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	Contractor has been contacted to schedule testing of the emergency generator fuel. Testing frequency has been added to the electronic work order system to ensure notification of future scheduling with the contractor. Administrator and Maintenance Director shall review upcoming required tests in the electronic task work order system during monthly meeting, to ensure proper scheduling is completed in future. The Maintenance Director shall be responsible for assuring the completed testing documentation is filed in the Life Safety book for future reference. Scheduling of and completion for required contractor tests and inspections shall be reported by Director of Maintenance to QAPI committee for review/recommendation for three months.	Completion Date: 03/16/2025 Status: APPROVED Date: 03/05/2025

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K 0918 SS=C	Continued from page 12 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and interview, it was determined the facility failed to provide documentation verifying the quality of the diesel fuel servicing the emergency generator had been inspected within the previous twelve months. Findings include: 1. Review of documentation on February 11, 2025, at 10:30 AM, revealed the facility failed to provide documentation verifying the quality of the diesel fuel servicing the emergency generator had been inspected since February 8, 2023. Interview with the Maintenance Manager on February 11, 2025, at 10:30 AM, confirmed the lack of documentation verifying the quality of the diesel fuel servicing the emergency generator had been inspected within the previous twelve months.	K 0918	Maintenance department has been educated by Administrator on the requirement for testing the diesel fuel for the emergency generator.	



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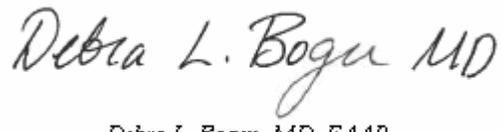
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Deputy Secretary for Quality Assurance


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Secretary of Health



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