

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395329</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>WILLIAM HOOD DUNWOODY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3500 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073</b>		
STATE LICENSE NUMBER: <b>041602</b>				
(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 April 17, 2025, at William Hood Dunwoody Care 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.



# Certified End Page

**WILLIAM HOOD DUNWOODY CARE CENTER**

**STATE LICENSE NUMBER: 041602**

**SURVEY EXIT DATE: 04/17/2025**

**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	<p>INITIAL COMMENT</p> <p>Facility ID #041602 Component 01 Dundale West and PCA Lobby</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 17, 2025, it was determined that William Hood Dunwoody Care Center - Dundale West and PCA Lobby 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).</p> <p>This is a two-story, Type III (211), protected ordinary building, that is fully sprinklered.</p>	K 0000		

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K 0131  SS=E	<p>NFPA 101 Multiple Occupancies</p> <p>Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> <li>o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access.</li> <li>o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8.</li> <li>o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</li> </ul> <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0131	<p>2-hour fire resistant doors will be purchased and installed by 7/11/2025 by Dunwoody's General Contractor. The Maintenance Manager or designee will inspect these doors weekly for the initial two month and then annually as part of our Annual Fire Door Inspection. All maintenance mechanics will be inserviced on this by 7/11/2025. Dunwoody will ask for a TLW as July 11 is close to the 90th day and if there is any type of delay by contractor or delivery or production of door it may be necessary to have the TLW</p>	<p>Completion Date: <b>06/16/2025</b> Status: <b>APPROVED</b> Date: <b>05/02/2025</b></p>

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K 0131  SS=E	Continued from page 2  Based on observation and interview, it was determined the facility failed to maintain building separation in sections of health care facilities classified as other occupancies, affecting entire component.  Findings include:  Observations made on April 17, 2025, at 9:50 a.m. revealed the doorway to Country House, between skilled nursing and assisted living lacked a 1 1/2 hour fire resistant door.  Exit interview with the Administrator and the Director of Maintenance on April 17, 2025, at 11:15 a.m., confirmed the lack of complete two hour fire resistant separation.	K 0131		

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K 0131  SS=E	Continued from page 3	K 0131		
K 0222  SS=E	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.	K 0222	A 15 second delayed egress sign will be installed on 5/16/2025 by Dunwoody's Maintenance staff. The Maintenance Manager or designee will inspect these doors annually as part of our Annual Fire Door Inspection. All maintenance mechanics will be inserviced on this by 5/26/2025.	Completion Date: <b>05/26/2025</b> Status: <b>APPROVED</b> Date: <b>05/02/2025</b>

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K 0222  SS=E	Continued from page 4  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 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=E	Continued from page 5  Based on observation and interview, it was determined the facility failed to ensure delayed-egress locking systems had required signage displayed, affecting one of two levels within the facility.  Findings include:  Observations made on April 17, 2025, at 10:45 a.m., revealed an SLA egress door, outside of elevator 10, lacked required signage: "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS "  Exit Interview with the Administrator and the Director of Maintenance on April 17, 2025, at 11:15 a.m., confirmed delayed egress signage needed.	K 0222		

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K 0353  SS=F	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>Dunwoody will have their sprinkler vendor inspect the sprinkler control valves and will document confirmation that they exercised their complete range of motion by 5/30/2025. This will be completed and documented as part of their annual inspection going forward. Missing escutcheons will be installed by 5/30/2025 by Dunwoody Maintenance staff and checked quarterly as part of our quarterly safety inspections by the Maintenance Manager or designee. The ceiling grid wire will be removed from the sprinkler pipe by 5/30/2025 by Dunwoody's Maintenance staff. All maintenance mechanics will be inserviced on this by 5/30/2025.</p>	<p>Completion Date: <b>05/30/2025</b> Status: <b>APPROVED</b> Date: <b>05/02/2025</b></p>

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K 0353  SS=F	Continued from page 7  Based on document review, observation and interview, it was determined the facility failed to maintain and inspect the sprinkler system, affecting the entire facility.  Findings include:  1. Document review on April 17, 2025, at 8:00 a.m., revealed the facility could not produce documentation showing an annual exercise of control valves through their complete range of motion.  2. Observation on April 17, 2025 at 10:40 a.m., revealed oxygen room Dundale, had two missing sprinkler escutcheons.  3. Observation on April 17, 2025, at 9:00 a.m., revealed suspended ceiling wire was anchored to a sprinkler branch line at smoke separation vestibule (on the first floor) creating external load on sprinklers.	K 0353		

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K 0353  SS=F	Continued from page 8  Exit Interview with the Administrator and the Director of Maintenance on April 17, 2025, at 11:15 a.m., confirmed the lack of documentation and above physical deficiencies.	K 0353		
K 0355  SS=F	NFPA 101 Portable Fire Extinguishers  Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10  This REQUIREMENT is not met as evidenced by:	K 0355	Dunwoody Maintenance staff will install indicator signs over all fire extinguishers by 5/23/2025. These signs will be checked quarterly as part of our quarterly safety inspections by the Maintenance Manager or designee. All maintenance mechanics will be inserviced on this by 5/23/2025	Completion Date: <b>05/23/2025</b> Status: <b>APPROVED</b> Date: <b>05/02/2025</b>

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K 0355  SS=F	Continued from page 9  Based on observation and interview, it was determined the facility failed to ensure portable fire extinguishers were properly identified, affecting the entire facility.  Findings Include:  Observation made on April 17, 2025 at 11:05 a.m., revealed all recessed, wall-mounted fire extinguisher cabinets lacked indicator signage.  Exit Interview with the Administrator and the Director of Maintenance on April 17, 2025, at 11:15 a.m., confirmed the lack of signage in every recessed cabinet location.	K 0355		

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K 0911  SS=E	NFPA 101 Electrical Systems - Other  Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)  This REQUIREMENT is not met as evidenced by:	K 0911	The junction boxes will be secured on or by 5/23/2025. The exposed wire will be correct on or by 5/23/2025. Above ceiling audits for unsecure junction boxes will be made part of the Maintenance Quarterly Safety inspections by 5/23/2025 All maintenance mechanics will be inserviced on this by 5/23/2025.	Completion Date: <b>05/23/2025</b> Status: <b>APPROVED</b> Date: <b>05/02/2025</b>

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K 0911  SS=E	Continued from page 11  Based on observation and interview, it was determined the facility failed to maintain electrical system requirements, per NFPA 70 and NFPA 99, affecting one of two levels of the facility. Findings include: Observation on April 17, 2025, between 9:05 a.m. and 9:08 a.m., revealed two unsecured junction boxes above the ceiling at the following locations and times a) 9:05 a.m., on the first floor, near rehab; b) 9:08 a.m., on the first floor, in front of laundry. Reference: NFPA 70-314.17, NFPA 70-314.28 (C), and NFPA 300.11 Exit Interview with the Administrator on April 17, 2025 at 11:15 a.m., confirmed the missing unsecured junction boxes.	K 0911		

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K 0918  SS=F	<p>NFPA 101 Electrical Systems - Essential Electric Syste</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>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.</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0918	<p>The Maintenance Manager or designee will check the battery voltage weekly on the emergency generators and document on the respective generator log. This will be added to the generator logs by 5/16/2025 All maintenance mechanics will be inserviced on this by 5/16/2025.</p>	<p>Completion Date: <b>05/16/2025</b> Status: <b>APPROVED</b> Date: <b>05/02/2025</b></p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395329</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>	
NAME OF PROVIDER OR SUPPLIER: <b>WILLIAM HOOD DUNWOODY CARE CENTER</b>  STATE LICENSE NUMBER: <b>041602</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3500 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073</b>		
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K 0918  SS=F	Continued from page 13  Based on document review and interview, it was determined the facility failed to maintain and inspect the emergency generator, affecting the entire facility.  Findings include:  Document review on April 17, 2025, at 8:00 a.m., revealed the facility could not provide documentation that weekly inspection of battery voltage was preformed.  Exit Interview with the Administrator and the Director of Maintenance on April 17, 2025, at 11:15 a.m., confirmed the lack of documentation.	K 0918		



# Certified End Page

**WILLIAM HOOD DUNWOODY CARE CENTER**

**STATE LICENSE NUMBER: 041602**

**SURVEY EXIT DATE: 04/17/2025**

**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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395329</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>WILLIAM HOOD DUNWOODY CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3500 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073</b>
STATE LICENSE NUMBER: <b>041602</b>	

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #041602 Building 02 Hood, Patten, Zook and Fairlee Buildings</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 17, 2025, it was determined that William Hood Dunwoody Care Center - Hood, Patten, Zook and Fairless Buildings were 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).</p> <p>This is a three-story, Type II (222), fire resistive 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395329</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>	
NAME OF PROVIDER OR SUPPLIER: <b>WILLIAM HOOD DUNWOODY CARE CENTER</b>  STATE LICENSE NUMBER: <b>041602</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3500 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073</b>		
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K 0222  SS=E	<p>NFPA 101 Egress Doors</p> <p>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 assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved,</p>	K 0222	<p>The damaged fire door closer with be repaired on or before 5/9/2025 by Dunwoody's Maintenance Staff. The Maintenance Manager or designee will inspect these doors weekly for the initial two months and then annually as part of our Annual Fire Door Inspection. All maintenance mechanics will be inserviced on this by 5/26/2025</p>	<p>Completion Date: <b>05/26/2025</b> Status: <b>APPROVED</b> Date: <b>05/02/2025</b></p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395329</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>
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K 0222  SS=E	Continued from page 2  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=E	Continued from page 3  Based on observation and interview, it was determined the facility failed to maintain the means of egress without obstructions, affecting one of two levels within the component.  Findings include:  Observation made on April 17, 2025, at 9:45 a.m., on the first level, revealed the left side door towards Hood loading dock area, had a damaged door closure which did not allow the door to swing close.  Exit Interview with the Administrator and the Director of Maintenance on April 17, 2025, at 11:15 a.m., confirmed the door failed swing closed.	K 0222		
K 0353  SS=F		K 0353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395329</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>	
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K 0353  SS=F	Continued from page 4  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	Missing escutcheons will be installed by 5/30/2025 by Dunwoody Maintenance staff and checked quarterly as part of our quarterly safety inspections by the Maintenance Manager or designee. All maintenance mechanics will be inserviced on this by 5/30/2025.	Completion Date: <b>05/30/2025</b> Status: <b>APPROVED</b> Date: <b>05/02/2025</b>

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K 0353  SS=F	Continued from page 5  Based on observation, and interview, it was determined the facility failed to maintain and inspect the sprinkler system, affecting one of three levels.  Findings include:  Observation on April 17, 2025, at 9:15 a.m., revealed a sprinkler escutcheon missing outside of the security office on the first floor, and outside of the mechanical room.  Exit Interview with the Administrator and the Director of Maintenance on April 17, 2025, at 11:15 a.m., confirmed the above deficiency.	K 0353		
K 0372  SS=E		K 0372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395329</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>
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K 0372  SS=E	Continued from page 6  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	This penetration will be sealed with a UL approved stop gap penetration system or before 5/16/2025 Above ceiling penetrations will be made part of the Maintenance Quarterly Safety inspections by 5/16/2025 All maintenance mechanics will be inserviced on this by 5/16/2025	Completion Date: <b>05/16/2025</b> Status: <b>APPROVED</b> Date: <b>05/02/2025</b>
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K 0372  SS=E	Continued from page 7  Based on observation and interview, it was determined the facility failed to ensure smoke barrier walls were free of unsealed penetrations, on one of two levels within this component.  Findings include:  Observations made on April 17, 2025, at 10:05 a.m., revealed inside trash separation room there was unsealed penetrations above smoke barrier doors due to data lines.  Exit Interview with the Administrator and the Director of Maintenance on April 17, 2025, at 11:15 a.m., confirmed the penetrations.	K 0372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395329</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>
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K 0911  SS=E	NFPA 101 Electrical Systems - Other  Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)  This REQUIREMENT is not met as evidenced by:	K 0911	The exposed wire will be replaced on or by 5/30/2025 by Dunwoody's contracted electrician. This will be inspected quarterly by the Maintenance Manager or Designee and made part of the Maintenance Quarterly Safety inspections by 5/30/2025 All maintenance mechanics will be inserviced on this by 5/30/2025.	Completion Date: <b>05/30/2025</b> Status: <b>APPROVED</b> Date: <b>05/06/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395329</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>
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K 0911  SS=E	Continued from page 9  Based on observation and interview, it was determined the facility failed to maintain electrical system requirements, per NFPA 70 and NFPA 99, affecting one of two levels of the facility. Findings include: Observation on April 17, 2025 at 10:05 a.m., revealed inside Hood Mechanical Room, there was an metal clad conduit wire with exposed wiring. Reference: NFPA 70-314.17, NFPA 70-314.28 (C), and NFPA 300.11 Exit interview with the Administrator on April 17, 2025 at 11:15 a.m., confirmed the exposed wiring.	K 0911		



# Certified End Page

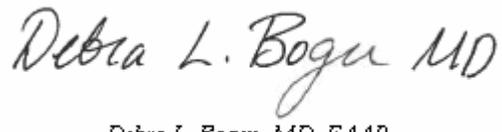
**WILLIAM HOOD DUNWOODY CARE CENTER**

**STATE LICENSE NUMBER: 041602**

**SURVEY EXIT DATE: 04/17/2025**

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Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



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Department of Health**

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