

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395334</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/16/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>CHESTNUT HILL LODGE HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>8833 STENTON AVENUE WYNDMOOR, PA 19038</b>		
STATE LICENSE NUMBER: <b>700102</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 December 16, 2024, at Chestnut Hill Lodge Health and Rehabilitation 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.

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# Certified End Page

**CHESTNUT HILL LODGE HEALTH AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 700102**

**SURVEY EXIT DATE: 12/16/2024**

**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

**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# 700102 Component 01 A, B, C and D Wings</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 16, 2024, it was determined that Chestnut Hill Lodge Health and Rehabilitation Center (A, B, C and D Wings) 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 one-story, Type III (200), unprotected ordinary building, with a partial basement, that is fully sprinklered.</p>	K 0000		

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TITLE:

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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 0281  SS=E	NFPA 101 Illumination of Means of Egress  Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8  This REQUIREMENT is not met as evidenced by:	K 0281	This Plan of Correction is submitted to comply with Federal Regulations. This plan is not an admission of guilt or wrong doing, nor does it reflect agreement with the facts and conclusions stated in this Statement of Deficiencies. 1. The missing ceiling light fixture was replaced and the light is now working. 2. Maintenance Director, or designee will conduct an initial audit of all lights in exit egresses are working. 3. Maintenance Director will educate maintenance staff to check all egress exit lights during monthly Life Safety Rounds to ensure they are working. 4. Maintenance Director, or designee will conduct audit of exit egress lighting, weekly x 4 weeks then monthly x2 months to ensure that all exit egress lighting is working. 5. Results of audits will be brought to the monthly QAPI meeting to determine if there is a need for any further action.	Completion Date: <b>02/04/2025</b> Status: <b>APPROVED</b> Date: <b>01/06/2025</b>

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K 0281  SS=E	Continued from page 2  Based on observation and interview, it was determined the facility failed to ensure a continuous illuminated means of egress, affecting one of two levels.  Findings include:  Observation on December 16, 2024, at 11:25 a.m., revealed in the basement laundry, there was a ceiling light fixture not illuminated inside the exit vestibule.  Exit interview with the Administrator, Regional Maintenance Director on December 16, 2024, at 12:45 p.m., confirmed the light fixture was not illuminated.	K 0281		
K 0911  SS=E		K 0911		

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K 0911  SS=E	Continued from page 3  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	This Plan of Correction is submitted to comply with Federal Regulations. This plan is not an admission of guilt or wrong doing, nor does it reflect agreement with the facts and conclusions stated in this Statement of Deficiencies. 1. The broken electrical sensor in B-Wing Shower has been fixed, the unsecure junction box in B-Wing linen closet has been anchored, the missing outlet cover in C-Wing Day Room has been replaced. 2. Maintenance Director, or designee will conduct an initial audit throughout the facility to look for other electrical sensors that are broken, unsecure junction boxes and missing outlet covers and will fix or replace them. 3. Maintenance Director will educate maintenance staff of checking for broken, unsecure or missing electrical components while making maintenance rounds. 4. Maintenance Director, or designee will conduct audits, weekly x 4 weeks then monthly x 2 months to ensure that all electrical	Completion Date: <b>02/04/2025</b> Status: <b>APPROVED</b> Date: <b>01/06/2025</b>

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K 0911  SS=E	Continued from page 4	K 0911	components such as broken sensors, unsecured junction boxes and missing outlet covers are in place and secured properly. 5. Results of audits will be brought to the monthly QAPI meeting to determine if there is a need for any further action.	

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K 0911  SS=E	Continued from page 5  Based on observation and interview, the facility failed to maintain and inspect electrical system requirements, per NFPA 70, Article 314, affecting one of two levels of the facility.  Findings include:  Observation on December 16, 2024, between 10:30 a.m. and 12:30 p.m., revealed the following electrical deficiencies:  a. 10:40 a.m. Inside the B wing Shower Room revealed a broken optical sensor light switch. b. 11:35 a.m. Above B wing, Lining closet, revealed an unsecured junction box. c. 12:15 p.m. Inside C wing, Day Room, revealed a missing cover on an electrical receptacle.  Exit interview with the Administrator and Regional Maintenance Director on December 16, 2024, at 12:45 p.m., confirmed the above electrical system deficiencies.	K 0911		

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K 0911  SS=E	Continued from page 6	K 0911			



# Certified End Page

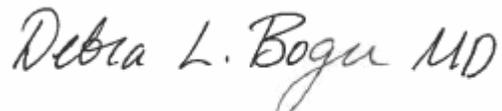
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Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



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K 0000	INITIAL COMMENT	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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K 0000	<p>Continued from page 1</p> <p>Facility ID# 700102 Component 02 A/E and E Wings</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 16, 2024, it was determined that Chestnut Hill Lodge Health and Rehabilitation Center (A/E and E Wings) 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 one-story, Type II (000), unprotected noncombustible building, with a partial basement, that is fully sprinklered.</p>	K 0000		

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K 0321  SS=E		K 0321		
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K 0321  SS=E	Continued from page 4  This REQUIREMENT is not met as evidenced by:	K 0321	into the latching mechanism keeping them from properly latching. 5. Results of audits will be brought to the monthly QAPI meeting to determine if there is a need for any further action.	

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K 0321  SS=E	Continued from page 5  Based on observation and interview, it was determined the facility failed to maintain a hazardous area enclosures, affecting 1 of 2 levels of the facility.  Findings include:  Observation on December 16, 2024, at 11:30 a.m., revealed inside E-Wing, Soiled Laundry room, paper towels stuffed into the door frame strike plate, preventing the door to latch.  Exit interview with the Administrator and Regional Maintenance Director on December 16, 2024, at 12:45 p.m., confirmed the paper towels inside the strike plate.	K 0321		

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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	This Plan of Correction is submitted to comply with Federal Regulations. This plan is not an admission of guilt or wrong doing, nor does it reflect agreement with the facts and conclusions stated in this Statement of Deficiencies.  1. The free-hanging electrical junction boxes located above the drop ceiling in A/E Clean Storage Room and been securely anchored. 2. Maintenance Director, or designee will conduct an initial audit of all Clean Storage Rooms to ensure all electrical junction boxes are securely anchored. 3. Maintenance Director will educate maintenance staff on the need to ensure all electrical junction boxes are securely anchored. 4. Maintenance Director, or designee will conduct audits, weekly x 4 weeks then monthly x 2 months of junction boxes in Clean Utility Rooms to ensure they are securely anchored. 5. Results of audits will be brought to the monthly QAPI meeting to determine if there is a need for any further action.	Completion Date: <b>02/04/2025</b> Status: <b>APPROVED</b> Date: <b>01/06/2025</b>

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K 0911  SS=E	Continued from page 7  Based on observation and interview, it was determined the facility failed to maintain and inspect electrical systems per NFPA 70, Article 314, affecting one of one level of the facility. Findings include: Observation on December 16, 2024, at 11:00 a.m., revealed inside the A/E Wing, above the drop ceiling outside of Clean Storage, there were several free-hanging electrical junction boxes. Exit interview with the Administrator and Regional Maintenance Director on December 16, 2024, at 12:45 p.m., confirmed the free-hanging electrical junction boxes.	K 0911		
K 0920  SS=E		K 0920		

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STATE LICENSE NUMBER: <b>700102</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
K 0920  SS=E	Continued from page 8  NFPA 101 Electrical Equipment - Power Cords and Extens  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5  This REQUIREMENT is not met as evidenced by:	K 0920	This Plan of Correction is submitted to comply with Federal Regulations. This plan is not an admission of guilt or wrong doing, nor does it reflect agreement with the facts and conclusions stated in this Statement of Deficiencies. 1. The 2' black medium duty-multi outlet extension cord powering personal electronic devices in room E-115 has been removed. 2. Maintenance Director will conduct an initial audit of all resident rooms and patient care vicinities to identify any additional multi-outlets being used for non-Patient Care Related Electrical Equipment and will remove them. 3. Maintenance Department will be educated on the use of multi-outlet extenders in resident care areas including their application in PCREE and non-PCREE scenarios throughout the facility. 4. Maintenance Director will conduct audits, weekly x 4 weeks then monthly x 2 months of all resident care areas in the facility to ensure that multi-outlet extenders in	Completion Date: <b>02/04/2025</b> Status: <b>APPROVED</b> Date: <b>01/06/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395334</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/16/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>CHESTNUT HILL LODGE HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>8833 STENTON AVENUE WYNDMOOR, PA 19038</b>		
STATE LICENSE NUMBER: <b>700102</b>				
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K 0920  SS=E	Continued from page 9	K 0920	resident care areas are only used for PCREE scenarios and are UL Rated 1363A, or UL 60601-1 5. Results of audits will be brought to the monthly QAPI meeting to determine if there is a need for any further action.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395334</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/16/2024</b>	
NAME OF PROVIDER OR SUPPLIER: <b>CHESTNUT HILL LODGE HEALTH AND REHABILITATION CENTER</b>  STATE LICENSE NUMBER: <b>700102</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>8833 STENTON AVENUE WYNDMOOR, PA 19038</b>		
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K 0920  SS=E	Continued from page 10  Based on observation and interview, it was determined the facility failed to ensure electrical wiring and equipment were maintained, affecting 1 of 2 levels within this facility.  Findings Include:  Observation on December 16, 2024, at 10:55 a.m., revealed resident room E-115 utilized a black 2' medium duty-multi outlet extension cord to power electronics in room.  Exit interview with Administrator and Regional Maintenance Director on December 16, 2024 at 12:45 p.m., confirmed the use of a unapproved electrical devices.	K 0920		



# Certified End Page

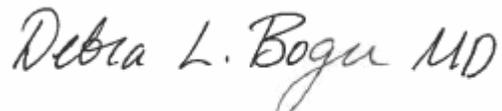
**CHESTNUT HILL LODGE HEALTH AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 700102**

**SURVEY EXIT DATE: 12/16/2024**

**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

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY