



Certified End Page

FULTON COUNTY MEDICAL CENTER

STATE LICENSE NUMBER: 061902

SURVEY EXIT DATE: 04/22/2025

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: 395387 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u> 10 </u> B. WING: <u> </u> | (X3) DATE SURVEY COMPLETED: 04/22/2025 |
|--|---|--|--|--|
| NAME OF PROVIDER OR SUPPLIER: FULTON COUNTY MEDICAL CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE: 214 PEACH ORCHARD ROAD MCCONNELLSBURG, PA 17233 | | |
| STATE LICENSE NUMBER: 061902 | | | | |
| (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 0000 | <p>INITIAL COMMENT</p> <p>Facility ID# 061902 Component 10 Long Term Care Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 22, 2025, it was determined that Fulton County Medical 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 one-story, Type II (000), unprotected, non-combustible building, without a basement, that is fully sprinklered.</p> | K 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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| K 0353 SS=E | <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>1. The facility replaced 2 ceiling tiles and corrected unsealed penetrations in the LTC gym on April 23, 2025.</p> <p>2. Facility maintenance staff will complete visual inspection of ceiling tiles each quarter during their regular penetration inspections. The LTC Quarterly Penetration Inspection form was updated on 5/6/2025 to reflect documentation of the visual inspection.</p> <p>3. Completion of visual inspection of ceiling tiles and documentation of such will be audited during the monthly Building and Safety meeting which is attended by Plant Operations Manager, Director of Environmental Services, FCMC Safety Officer, Nursing Home Administrator and Chief Operations Officer for twelve months.</p> | <p>Completion Date: 05/23/2025 Status: APPROVED Date: 05/07/2025</p> |
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| K 0353 SS=E | Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in one instance, affecting one of four smoke compartments. Findings include: 1. Observation on April 22, 2025, at 12:25 p.m., revealed there were two unsealed penetrations in the ceiling tiles of the LTC Gym (left side of the gym), which could affect the operation of the automatic sprinkler system. Interview with the Facility Administrator and Plant Operations Manager on April 22, 2025, at 2:00 p.m., confirmed the automatic sprinkler system deficiency. | K 0353 | | |
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| K 0363 SS=E | <p>NFPA 101 Corridor - Doors</p> <p>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.</p> <p>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.</p> <p>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.</p> | K 0363 | <ol style="list-style-type: none"> 1. Facility maintenance staff fixed latch on doors to resident rooms 23B and 10B and ensured doors closed and latched on 4/30/2025. 2. Monthly door inspection form was created and provided to Plant Operations manager on 05/06/2025. 3. Facility maintenance staff will begin documenting monthly fire door inspections of all fire doors on both corridors by 5/23/2025. 4. Completion of inspections and corresponding documentation will be audited at the Building and Safety Meeting attended by The Plant Operations Manager, Director of Environmental Services, FCMC Safety Officer, Nursing Home Administrator and Chief Operations Officer for six months. | <p>Completion Date: 05/23/2025 Status: APPROVED Date: 05/07/2025</p> |

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| K 0363 SS=E | Continued from page 4 This REQUIREMENT is not met as evidenced by: | K 0363 | | |
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| K 0363 SS=E | Continued from page 5 Based on observation and interview, it was determined the facility failed to maintain corridor doors in two instances, affecting two of four smoke compartments. Findings include: 1. Observation on April 22, 2025, revealed the following corridor door deficiencies: a) 10:58 a.m., the door to Room 23B, Overly Wing, would not close and latch in its frame; b) 11:35 a.m., the door to Room 10B, Shimer Wing, would not close and latch in its frame. Interview with the Facility Administrator and Plant Operations Manager on April 22, 2025 at 2:00 p.m., confirmed the corridor door deficiencies. | K 0363 | | |



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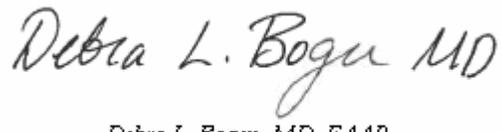
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