STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395400	A. BLDG: 01 B. WING:	12/17/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
SUSQUEHANNA HEALTH AND WELLNESS CENTER STATE LICENSE NUMBER: **084802**	**745 OLD CHICKIES HILL ROAD COLUMBIA, PA 17512**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	INITIAL COMMENT Facility ID #084802 Component 01 Main Building Based on an abbreviated survey, as part of a complaint investigation completed on December 17, 2024, it was determined that Susquehanna Health and Wellness Center was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. This is a one-story, Type V (000), unprotected wood frame structure, without a basement, which is fully sprinklered.	K 0000		
K 0345 SS=F		K 0345		

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 0345 SS=F	Continued from page 1 NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:	K 0345	1) The facility will have the fire panel inspected by certified personnel from Sciens Building Solutions to ensure completed repair work to the fire alarm panel is functional, Sciens Building Solutions will provide documentation of functional testing after repair certification to the fire alarm panel, and provide a record of completion of inspection of repair to the fire alarm panel. 2) Maintenance director and Administrator will be educated that all repairs to the fire panel must be completed by certified personnel. 3) Maintenance Director/Administrator will ensure certified repair personal work on fire panel and suppression system by auditing credentials of repair technician before any repairs are completed to fire safety system. Results of the audits will be reviewed at monthly QAPI for any	Completion Date: **02/10/2025** Status: **APPROVED** Date: **01/22/2025**

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K 0345 SS=F	Continued from page 2	K 0345	trends and further recommendations. 4) Sciens Building Solutions will start inspection of fire control panel 01/10/2025. Corrective action will be completed by 02/10/2025	

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K 0345 SS=F	Continued from page 3 Based on document review, observation, and interview, it was determined the facility failed to ensure certified personnel completed repair work to the fire alarm panel, provide documentation of functional testing after repair to the fire alarm panel, and provide a record of completion after repair to the fire alarm panel, affecting the entire component. Findings include: 1. Review of documentation on December 17, 2024, at 1:30 PM, revealed the fire alarm panel was in trouble for approximately two months and was observed to be in trouble at the time of the survey. The trouble was due to a power failure which was not battery related. Partial repairs had been attempted by non-certified personnel. No record of functional testing after work was completed was provided by the facility. No record of completion was provided by the facility. Interview with the Administrator and Director of Maintenance on December 17, 2024, at 1:30 PM,	K 0345		

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K 0345 SS=F	Continued from page 4 confirmed the fire alarm was in trouble for a power failure for approximately two months, repairs had been attemped by non-certified personnel, no functional testing of the fire alarm panel had occurred after repairs were completed, and no record of completion was provided.	K 0345		

Certified End Page

SUSQUEHANNA HEALTH AND WELLNESS CENTER

STATE LICENSE NUMBER: 084802

SURVEY EXIT DATE: 12/17/2024

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
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