

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395409	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: LIBERTY POINTE REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 252 BELMONT AVENUE DOYLESTOWN, PA 18901		
STATE LICENSE NUMBER: 331402				
(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 12, 2024, at Liberty Pointe Rehabilitation And Healthcare 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.



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LIBERTY POINTE REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 331402

SURVEY EXIT DATE: 12/12/2024

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# 331402 Component 01 Station 4, 5, and Dialysis Unit</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 12, 2024, it was determined that Liberty Pointe Rehabilitation And Healthcare Center 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 three-story, Type V(III), protected wood frame building, that is fully sprinklered.</p>	K 0000		

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TITLE:

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K 0133 SS=E	<p>NFPA 101 Multiple Occupancies - Construction Type</p> <p>Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows:</p> <ul style="list-style-type: none"> * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3 <p>This REQUIREMENT is not met as evidenced by:</p>	K 0133	<p>The first-floor fire door bottom latching was repaired.</p> <p>Maintenance staff to be educated on the importance of maintaining fire resistance rating of fire doors.</p> <p>Maintenance to monitor monthly or until compliance is met. Findings will be brought to the QAPI committee.</p>	<p>Completion Date: 01/21/2025</p> <p>Status: APPROVED</p> <p>Date: 01/06/2025</p>

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K 0133 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the fire resistance rating of fire doors, affecting one of three levels in the component. Findings include: Observation on December 12, 2024, at 10:00 a.m., revealed on the first floor, the fire door did not have bottom latching. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the lack of bottom latching.	K 0133		
K 0161 SS=C	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	K 0161	I am requesting the Department of Health do the FSES in this case. Facility is consulting Lenhardt Rodgers Architecture to assist with this citation. Facility will also be requesting a TLW.	Completion Date: 01/21/2025 Status: APPROVED Date: 01/06/2025

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K 0161 SS=C	Continued from page 3 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 floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by:	K 0161		

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K 0161 SS=C	Continued from page 4 Based on document review and interview, it was determined the facility failed to maintain the building construction requirements, affecting the entire component. Findings Include: Document review on December 12, 2024, at 8:30 a.m., revealed the building has been classified as a three-story, Type V(III), protected wood frame construction, which is fully sprinklered. The story height exceeds the maximum allowance for this construction type by one story. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the building construction type and story height.	K 0161		
K 0211 SS=E		K 0211		

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K 0211 SS=E	Continued from page 5 NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:	K 0211	I am requesting the Department of Health do the FSES in this case. Facility is consulting Lenhardt Rodgers Architecture to assist with this citation. The second-floor exit stairwell by the RNAC Office was cleaned from storage on the lower landing. Maintenance staff to be educated on the importance of maintaining means of egress. Maintenance to monitor monthly or until compliance is met. Findings will be brought to the QAPI committee.	Completion Date: 01/21/2025 Status: APPROVED Date: 01/06/2025

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K 0211 SS=E	Continued from page 6 Based on document review, observation and interview, it was determined the facility failed to maintain means of egress, in two locations, affecting two of four levels within this component. Findings include: 1. Document review on December 12, 2024, at 8:30 a.m., revealed the headroom clearance, Exit Stairway Five, leading to the attic, was approximately 6'3" inches in height, which was less than the 6'8" inch minimum requirement. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the means of egress deficiency. 2. Observation on December 12, 2024, at 9:46 a.m., revealed on the second floor, the exit stairwell by the RNAC Office had storage on the lower landing.	K 0211		

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K 0211 SS=E	Continued from page 7 Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the storage on the landing.	K 0211		
K 0355 SS=E	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	Facility completed a monthly inspection for portable fire extinguisher next to resident room 161. Maintenance staff to be educated on how to maintain and inspect portable fire extinguishers. Maintenance to monitor monthly or until compliance is met. Findings will be brought to the QAPI committee.	Completion Date: 01/21/2025 Status: APPROVED Date: 01/06/2025

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K 0355 SS=E	Continued from page 8 Based on observation and interview, it was determined the facility failed to maintain and inspect portable fire extinguishers, affecting one of three levels in the component. Findings include: Observation on December 12, 2024, at 9:52 a.m., revealed on the first floor, the portable fire extinguisher next to resident room 161 was missing its monthly inspections. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the missing monthly inspections.	K 0355		
K 0363 SS=E		K 0363		

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K 0363 SS=E	Continued from page 9 NFPA 101 Corridor - Doors 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. 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.	K 0363	The latch & door were repaired for the second floor Housekeeping Closet across from resident room 252. The latch was repaired for the employee storage room door on the first floor. Maintenance staff to be educated on ensuring corridor doors are latched. Maintenance to monitor monthly or until compliance is met. Findings will be brought to the QAPI committee.	Completion Date: 01/21/2025 Status: APPROVED Date: 01/06/2025

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K 0363 SS=E	Continued from page 10 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. This REQUIREMENT is not met as evidenced by:	K 0363		

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K 0363 SS=E	Continued from page 11 Based on observation and interview, it was determined the facility failed to ensure corridor doors latched, affecting two of three levels in the component. Findings include: 1. Observation on December 12, 2024, between 9:43 a.m. and 9:53 a.m., revealed the following: a. 9:43 a.m., on the second floor, the Housekeeping Closet door across from resident room 252, was binding on the floor and failed to latch; b. 9:53 a.m., on the first floor, the Employee Storage Room door failed to latch. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the doors failed to latch.	K 0363		



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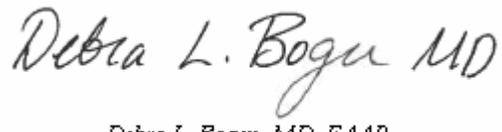
LIBERTY POINTE REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 331402

SURVEY EXIT DATE: 12/12/2024

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**

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 331402 Component 02 1966 Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 12, 2024, it was that determined Liberty Pointe Rehabilitation And Healthcare Center 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 four 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

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K 0211 SS=E	<p>NFPA 101 Means of Egress - General</p> <p>Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0211	<p>Trash was cleaned from landing on the second-floor exit stairwell next to room 216.</p> <p>Storage was removed from the exit stairwell lower landing near room 108.</p> <p>Maintenance staff to be educated on the importance of maintaining means of egress.</p> <p>Maintenance to monitor monthly or until compliance is met. Findings will be brought to the QAPI committee.</p>	<p>Completion Date: 01/21/2025 Status: APPROVED Date: 01/06/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395409	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024	
NAME OF PROVIDER OR SUPPLIER: LIBERTY POINTE REHABILITATION AND HEALTHCARE CENTER STATE LICENSE NUMBER: 331402		STREET ADDRESS, CITY, STATE, ZIP CODE: 252 BELMONT AVENUE DOYLESTOWN, PA 18901		
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K 0211 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain means of egress free of all obstructions, affecting two of four levels in the component. Findings include: 1. Observation on December 12, 2024, between 9:32 a.m. and 10:06 a.m., revealed the following: a. 9:32 a.m., on the second floor, the exit stairwell next to resident room 216, had trash on the landing; b. 10:06 a.m., on the first floor, the exit stairwell near resident room 108 had storage on the lower landing. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the trash on the landings.	K 0211		

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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	<p>The second-floor nourishment door latch was repaired</p> <p>The first-floor storage room door near resident room 106 latch was repaired.</p> <p>Maintenance staff to be educated on ensuring corridor doors are latched.</p> <p>Maintenance to monitor monthly or until compliance is met. Findings will be brought to the QAPI committee.</p>	<p>Completion Date: 01/21/2025 Status: APPROVED Date: 01/06/2025</p>

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K 0363 SS=E	Continued from page 4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor doors latched, affecting two of four levels in the component. Findings include: 1. Observation on December 12, 2024, between 9:26 a.m. and 10:04 a.m., revealed the following: a. 9:26 a.m., on the second floor, the Nourishment Room door failed to latch; b. 10:04 a.m., on the first floor, the Storage Room door near resident room 106 failed to latch. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the doors failed to latch.	K 0363		

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K 0372 SS=E	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING</p> <p>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)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0372	<p>Open penetration by data wire in the smoke barrier by resident room 304 was repaired using an UL approved stop gap penetration system.</p> <p>Maintenance staff to be educated on maintaining the smoke resistance of smoke barriers.</p> <p>Maintenance to monitor monthly or until compliance is met. Findings will be brought to the QAPI committee.</p>	<p>Completion Date: 01/21/2025</p> <p>Status: APPROVED</p> <p>Date: 01/06/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395409	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: LIBERTY POINTE REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 252 BELMONT AVENUE DOYLESTOWN, PA 18901		
STATE LICENSE NUMBER: 331402				
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K 0372 SS=E	Continued from page 6 Based on observation and interview, it was determined the facility failed to maintain the smoke resistance of smoke barriers, affecting one of four levels in the component. Findings include: Observation on December 12, 2024, at 9:08 a.m., revealed on the third floor, an open penetration by a data wire in the smoke barrier by resident room 304. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the open penetration.	K 0372		
K 0374 SS=E		K 0374		

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NAME OF PROVIDER OR SUPPLIER: LIBERTY POINTE REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 252 BELMONT AVENUE DOYLESTOWN, PA 18901		
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K 0374 SS=E	Continued from page 7 NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by:	K 0374	Holes in the door frame on the third floor were repaired. Maintenance to be educated on maintaining the smoke resistance of smoke barrier doors. Maintenance to monitor monthly or until compliance is met. Findings will be brought to the QAPI committee.	Completion Date: 01/21/2025 Status: APPROVED Date: 01/06/2025

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K 0374 SS=E	Continued from page 8 Based on observation and interview, it was determined the facility failed to maintain the smoke resistance of smoke barrier doors, affecting one of four levels in the component. Findings include: Observation on December 12, 2024, at 9:15 a.m., revealed on the third floor, there were Holes in the door frame. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the above deficiency.	K 0374		
K 0541 SS=E		K 0541		

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K 0541 SS=E	Continued from page 9 NFPA 101 Rubbish Chutes, Incinerators, and Laundry Chutes Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.) (4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82 This REQUIREMENT is not met as evidenced by:	K 0541	Latch was repaired for the third-floor door to the Soiled Linen chute Latch was repaired for the trash chute door. Maintenance to be educated on maintaining the fire resistance of Soiled Linen and trash chutes Maintenance to monitor monthly or until compliance is met. Findings will be brought to the QAPI committee.	Completion Date: 01/21/2025 Status: APPROVED Date: 01/06/2025

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K 0541 SS=E	Continued from page 10 Based on observation and interview, it was determined the facility failed to maintain the fire resistance of Soiled Linen and trash chutes, affecting two of four levels in the component. Findings include: 1. Observation on December 12, 2024, between 9:11 a.m. and 9:29 a.m., revealed the following: a. 9:11 a.m., on the third floor, the door to the Soiled Linen chute would not close and latch; b. 9:29 a.m., on the second floor, the Trash Chute door failed to latch. Exit Interview with Administrator and Maintenance Director on December 12, 2024, at 10:30 a.m., confirmed the doors failed to close and latch.	K 0541		



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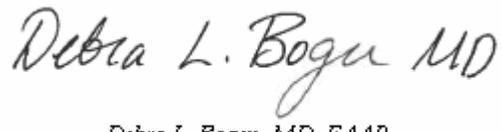
LIBERTY POINTE REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 331402

SURVEY EXIT DATE: 12/12/2024

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

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