

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: 02/04/2025
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: 02/04/2025

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**

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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 Revisit to a Medicare/Medicaid Recertification Survey completed on December 12, 2024, it was determined that Liberty Pointe Rehabilitation And Healthcare Center was not in substantial 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 has been 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: 02/28/2025</p> <p>Status: APPROVED</p> <p>Date: 02/26/2025</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. ***** ***** Observations during an Onsite Revisit conducted on February 4, 2025, between 08:15 a.m. and 11:00 a.m, determined the following: Item 1 - Not Completed. On the first floor,	K 0133		

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K 0133 SS=E	Continued from page 3 component separation fire door did not have bottom latching device. Exit Interview with the Administrator on February 4, 2025, at 11:00 a.m., confirmed the lack of bottom latching device.	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 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)	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: 02/28/2025 Status: APPROVED Date: 02/26/2025

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K 0161 SS=C	Continued from page 4 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 5 Based on document review and interview, it was determined the facility failed to maintain the building construction requirements, affecting the entire component. Findings Include: 1. 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. ***** ***** Based on document review and interview during an Onsite Revisit conducted on February 4, 2025,	K 0161		

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K 0161 SS=C	Continued from page 6 between 8:15 a.m. and 11:00 a.m. it was determined: Item 1 - not completed. The story height exceeds the maximum allowance for this construction type by one story. Administrator is working to obtain an FSES. Exit Interview with Administrator on February 4, 2025, at 11:00 a.m., confirmed the building construction type and story height.	K 0161		



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Debra L. Bogen, MD, FAAP
Secretary of Health



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K 0000	INITIAL COMMENT	K 0000		

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K 0000	Continued from page 1 Facility ID# 331402 Component 02 1966 Building Based on a Medicare/Medicaid Recertification Survey completed on December 12, 2024, it was that determined Liberty Pointe Rehabilitation And Healthcare Center was in substantial 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). This is a four story, Type II (222), fire resistive building, that is fully sprinklered.	K 0000		



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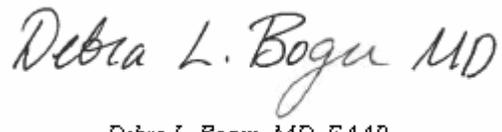
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