



Certified End Page

CORNER VIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 060402

SURVEY EXIT DATE: 01/29/2025

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: 395423	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025
NAME OF PROVIDER OR SUPPLIER: CORNER VIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 6655 FRANKSTOWN AVENUE PITTSBURGH, PA 15206		
STATE LICENSE NUMBER: 060402				
(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	INITIAL COMMENT Facility ID# 060402 Component 01 Main Building-East Wing Based on a Medicare/Medicaid Recertification Survey completed on January 29, 2025, it was determined that Corner View Nursing and Rehabilitation 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). This is a six-story, Type II (222), fire resistive building, with a basement, that is fully sprinklered.	K 0000		
K 0223 SS=D		K 0223		

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

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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.

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 0223 SS=D	Continued from page 1 NFPA 101 Doors with Self-Closing Devices Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by:	K 0223	Door closure by the carrier room was fixed on January 30th, 2025. Doors with self-closures will be inspected 1 floor per week for 6 weeks then monthly to ensure that they are functioning. Results will be reported to the quality assurance and performance improvement committee.	Completion Date: 03/04/2025 Status: APPROVED Date: 02/10/2025

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K 0223 SS=D	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain self-closing devices on doors to hazardous areas in one instance, affecting one of 13 smoke compartments. Findings include: 1. Observation on January 29, 2025, at 9:10 a.m., revealed a door next to the Carrier room failed to self-close when tested, because the closer was disconnected from the door frame. Interview with the Facility Administrator and Maintenance Director on January 29, 2025, at 1:00 p.m., confirmed the self-closer failed to operate.	K 0223		
K 0321 SS=D		K 0321		

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K 0321 SS=D	Continued from page 4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain hazardous area enclosures in one instance, affecting one of 13 smoke compartments. Findings include: 1. Observation on January 29, 2025, at 11:45 a.m., revealed there were two penetrations in the walls of the Housekeeping/Data closet (Room 607). Interview with the Facility Administrator and the Maintenance Director on January 29, 2025, at 1:00 p.m., confirmed the listed hazardous area enclosure deficiency.	K 0321		

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K 0347 SS=D	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by:	K 0347	The smoke detector in room 406 on the 4th floor was fixed on February 7th, 2025. The smoke detectors will be inspected 1 floor per week for 6 weeks then monthly to ensure that the smoke detectors are not broken. Results will be reported to the quality assurance and performance committee.	Completion Date: 03/04/2025 Status: APPROVED Date: 02/10/2025

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K 0347 SS=D	Continued from page 6 Based on observation and interview, it was determined the facility failed to maintain smoke detection requirements in one instance, affecting one of thirteen smoke compartments. Findings include: 1. Observation on January 29, 2025, at 9:20 a.m., revealed that the smoke detector in room 406, on the fourth floor, was broken and non-functional. Interview with the Facility Administrator and Maintenance Director on January 29, 2025, at 1:00 p.m., confirmed the smoke detection deficiency.	K 0347		
K 0363 SS=E		K 0363		

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K 0363 SS=E	Continued from page 7 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 identified door latches (6012, 3040, 2013) were fixed on January 30th, 2025. Each hallway door will be inspected 1 floor per week for 6 weeks then monthly to ensure that the door latched appropriately. Results will be reported to the quality assurance and performance committee.	Completion Date: 03/04/2025 Status: APPROVED Date: 02/10/2025

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K 0363 SS=E	Continued from page 8 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 9 Based on observation and interview, it was determined the facility failed to maintain corridor doors in three instances, affecting three of thirteen smoke compartments. Findings include: 1. Observation on January 29, 2025, revealed the following corridor door deficiencies: a) 9:00 a.m., the door to room 6012 on the sixth floor failed to latch when tested; b) 9:30 a.m., the door to room 3040 on the third floor failed to latch when tested; c) 10:00 a.m., the door to room 2013 on the second floor failed to latch when tested. Interview with the Facility Administrator and Maintenance Director on January 29, 2025, at 1:00 p.m., confirmed the corridor door deficiencies.	K 0363		

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K 0918 SS=F	<p>NFPA 101 Electrical Systems - Essential Electric Syste</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0918	<p>The 90 minute load bank test, triennial four-hour test, annual preventative maintenance, and the annual fuel quality test will be completed by 2/12/25. This will be audited annually for completion. Results will be reported to the quality assurance and performance committee</p>	<p>Completion Date: 03/04/2025</p> <p>Status: APPROVED</p> <p>Date: 02/10/2025</p>

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K 0918 SS=F	Continued from page 11	K 0918		

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K 0918 SS=F	Continued from page 12 Based on documentation review and interview, it was determined the facility failed to perform all required emergency generator maintenance and testing in the last 12 months, in four instances, affecting the entire facility. Findings include: 1. Review of documentation on January 29, 2025, at 8:30 a.m., revealed the facility lacked documentation verifying that the following items were performed in the last 12 and 36 months: a) 8:30 a.m., the annual 90-minute load bank test; b) 8:35 a.m., the triennial four-hour test; c) 8:40 a.m., the annual preventative maintenance; d) 8:45 a.m., the annual fuel quality test. Interview with the Facility Administrator and Maintenance Director, on January 29, 2025, at 8:45 a.m., confirmed the required annual and triennial generator testing documentation was not available at the time of the survey.	K 0918		

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K 0918 SS=F	Continued from page 13	K 0918			



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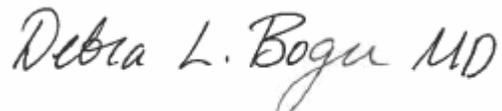
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K 0363 SS=E	Continued from page 2 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:	K 0363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395423	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025	
NAME OF PROVIDER OR SUPPLIER: CORNER VIEW NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 060402		STREET ADDRESS, CITY, STATE, ZIP CODE: 6655 FRANKSTOWN AVENUE PITTSBURGH, PA 15206		
(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 0363 SS=E	Continued from page 3 Based on observation and interview, it was determined the facility failed to maintain corridor doors in two instances, affecting two of six smoke compartments. Findings include: 1. Observation on January 29, 2025, revealed the following corridor door deficiencies: a) 9:45 a.m., the door to Room 5114 on the fifth floor failed to latch when tested; b) 9:55 a.m., the door to Room 507, had 2 penetrations, adjacent to the door knob, that would allow the passage of smoke through door. Interview with the Facility Administrator and Maintenance Director on January 29, 2025, at 1:00 p.m., confirmed the corridor door deficiencies.	K 0363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395423	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025
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STATE LICENSE NUMBER: 060402				
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K 0918 SS=F	<p>NFPA 101 Electrical Systems - Essential Electric System</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0918	The 90 minute load bank test, triennial four-hour test, annual preventative maintenance, and the annual fuel quality test will be completed by 2/12/25. This will be audited annually thereafter to ensure completion. Results will be reported to the quality assurance and performance committee.	<p>Completion Date: 03/04/2025</p> <p>Status: APPROVED</p> <p>Date: 02/10/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395423	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025
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NAME OF PROVIDER OR SUPPLIER: CORNER VIEW NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 060402	STREET ADDRESS, CITY, STATE, ZIP CODE: 6655 FRANKSTOWN AVENUE PITTSBURGH, PA 15206
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K 0918 SS=F	Continued from page 5	K 0918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395423	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025	
NAME OF PROVIDER OR SUPPLIER: CORNER VIEW NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 060402		STREET ADDRESS, CITY, STATE, ZIP CODE: 6655 FRANKSTOWN AVENUE PITTSBURGH, PA 15206		
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K 0918 SS=F	Continued from page 6 Based on documentation review and interview, it was determined the facility failed to perform all required emergency generator maintenance and testing in the last 12 months, in four instances, affecting the entire facility. Findings include: 1. Review of documentation on January 29, 2025, at 8:30 a.m., revealed the facility lacked documentation verifying that the following items were performed in the last 12 and 36 months: a) 8:30 a.m., the annual 90-minute load bank test; b) 8:35 a.m., the triennial four-hour test; c) 8:40 a.m., the annual preventative maintenance; d) 8:45 a.m., the annual fuel quality test. Interview with the Facility Administrator and Maintenance Director, on January 29, 2025, at 8:45 a.m., confirmed the required annual and triennial generator testing documentation was not available at	K 0918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395423	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 01/29/2025
NAME OF PROVIDER OR SUPPLIER: CORNER VIEW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 6655 FRANKSTOWN AVENUE PITTSBURGH, PA 15206		
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K 0918 SS=F	Continued from page 7 the time of the survey.	K 0918			



Certified End Page

CORNER VIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 060402

SURVEY EXIT DATE: 01/29/2025

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