STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395426	A. BLDG: __--_____ B. WING: _____	12/16/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PREMIER AT PERRY VILLAGE FOR NURSING AND REHABILITATION, LLC STATE LICENSE NUMBER: **161002**	**213 EAST MAIN STREET NEW BLOOMFIELD, PA 17068**

(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
E 0000	INITIAL COMMENT Based on an Emergency Preparedness Survey completed on December 16, 2024, at Premier at Perry Village for Nursing and Rehabilitation, Llc, 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.

Certified End Page

PREMIER AT PERRY VILLAGE FOR NURSING AND REHABILITATION, LLC

STATE LICENSE NUMBER: 161002

SURVEY EXIT DATE: 12/16/2024

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

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K 0000	INITIAL COMMENT Facility ID #161002 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on December 16, 2024, it was determined that Premier at Perry Village for Nursing and Rehabilitation, Llc 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 one-story, Type II (000), unprotected noncombustible structure, without a basement, which is fully sprinklered.	K 0000		

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K 0321 SS=E	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by:	K 0321	1. The facility will request a TLW to correct K321, so that the facility can have adequate time to order and replace laundry soiled side door, laundry clean side door. The facility will also request TLW to have adequate time to repair gaps in the laundry soiled side door, laundry clean side door, Central Supply door, and Storage Room door by room 418. TKW request until 6/19/2025. 2. The Maintenance Supervisor will receive re-education by the Administrator on the allowed gap margins for interior doors. 3. The facility will complete an initial audit of all facility doors then audit 5 facility doors per week for 4 weeks to ensure that the door gap margins do not exceed the allowed gap margins, then quarterly for one year. 4. Audits will be reviewed at the next QAPI meeting.	Completion Date: **02/14/2025** Status: **APPROVED** Date: **01/10/2025**

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K 0321 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain hazardous area doors to be within the allowed gap margins, and in good repair, in three of four smoke zones within the component. Findings include: 1. Observation on December 16, 2024, between 12:20 PM and 1:45 PM, revealed hazardous area doors with rating plates had gaps greater than one eighth of an inch, at the following locations: a. 12:20 PM, Laundry, soiled-side, had gaps, greater than 1/8 of an inch; b. 12:20 PM, Laundry, clean-side, had gaps, greater than 1/8 of an inch; c. 1:20 PM, Storage Room for nursing supplies, across from the Nurses' Station, had gaps, greater than 1/8 of an inch; d. 1:45 PM, Storage Room, by Resident Room 418, had gaps, greater than 1/8 of an inch.	K 0321		

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K 0321 SS=E	Continued from page 3 Interview with the Director of Maintenance on December 16, 2024, at 1:45 PM, confirmed the hazardous area doors exceeded the allowed gap margins. 2. Observation on December 16, 2024, between 12:20 PM and 12:25 PM, revealed hazardous area doors were damaged, and repaired using an unauthorized or unidentified substance, at the following locations: a. 12:20 PM, Laundry, soiled-side, was damaged on the surface and edge, and was filled with an unauthorized filler; b. 12:25 PM, Laundry, clean-side, was damaged on the surface and edge. Interview with the Director of Maintenance on December 16, 2024, at 12:25 PM, confirmed the hazardous area doors were damaged.	K 0321		

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K 0363 SS=E	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. 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.	K 0363	1. The main dining room double door was repaired. The decoration was removed from the doorknob of room 403. 2. The Maintenance Supervisor will receive re- education by the administrator on indoor door closure and impeding door closures. 3. The facility will complete an initial audit of all facility doors then 5 random facility doors monthly for 1 year to ensure adequate door closure and no impeded door closures. 4. Audits will be reviewed at the nest QAPI meeting. 5. The facility will be in substantial compliance by 2/14/2025.	Completion Date: **02/14/2025** Status: **APPROVED** Date: **01/10/2025**

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K 0363 SS=E	Continued from page 5 This REQUIREMENT is not met as evidenced by:	K 0363		

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K 0363 SS=E	Continued from page 6 Based on observation and interview, it was determined the facility failed to maintain corridor doors to positively latch, and to be unobstructed from closing, in two of four smoke compartments within the component. Findings include: 1. Observation on December 16, 2024, at 1:20 PM, revealed the Main Dining Room double doors, directly in from the Main Entrance, failed to postiively latch when closed. Interview with the Director of Maintenance on December 16, 2024, at 1:20 PM, confirmed the doors did not positively latch. 2. Observation on December 16, 2024, at 1:40 PM, revealed the corridor door to Resident Room 403 was impeded from closing by a decoration hanging on the door knob.	K 0363		

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K 0363 SS=E	Continued from page 7 Interview with the Director of Maintenance on December 16, 2024, at 1:40 PM, confirmed the door was obstructed from closing.	K 0363		
K 0918 SS=E	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing 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. 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	K 0918	1. Battery backup lighting was repaired. 2. The Maintenance Supervisor will receive re-education from the Administrator on maintaining the battery back up lighting for the generator transfer switch. 3. The facility will conduct audit monthly of the battery back up lighting. 4. Audits will be reviewed in the next QAPI meeting. 5. The facility will be in substantial compliance by 2/14/2025.	Completion Date: **02/14/2025** Status: **APPROVED** Date: **01/10/2025**

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K 0918 SS=E	Continued from page 8 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain battery back-up lighting for the generator transfer switch, in one of four smoke zones within the component. Findings include: 1. Observation on December 16, 2024, at 12:50 PM, revealed the battery back-up light did not light when tested. Interview with the Director of Maintenance on December 16, 2024, at 12:50 PM, confirmed the battery back-up light failed when tested.	K 0918		

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