

[illegible]

TITLE:

(X6) DATE:

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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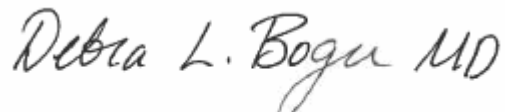
HOLLAND CENTER FOR REHABILITATION AND NURSING

STATE LICENSE NUMBER: 071202

SURVEY EXIT DATE: 07/16/2025

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: 395432	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/16/2025
NAME OF PROVIDER OR SUPPLIER: HOLLAND CENTER FOR REHABILITATION AND NURSING STATE LICENSE NUMBER: 071202			STREET ADDRESS, CITY, STATE, ZIP CODE: 280 MIDDLE HOLLAND ROAD HOLLAND, PA 18966		
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K 0000	INITIAL COMMENT	K 0000			

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

TITLE:

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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.

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K 0000	Continued from page 1 Facility ID# 071202 Component 01 Health Care Building Based on a Revisit to a Medicare/Medicaid Recertification Survey completed on May 28, 2025, it was determined that Holland Center For Rehabilitation And Nursing 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). This is a three-story, Type II (222), fire resistive building, that is fully sprinklered.	K 0000			
K 0131 SS=E		K 0131			

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K 0131 SS=E	Continued from page 2 NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This REQUIREMENT is not met as evidenced by:	K 0131	The fire door with penetrations has been replaced. Other fire doors in the center will be checked to ensure that they are free of penetrations. The Maintenance Director and/or designee will perform audits weekly, for four weeks and monthly for two months to ensure that the fire doors are free from penetrations. Results of the audits will be reported to QAPI.	Completion Date: 08/07/2025 Status: APPROVED Date: 08/08/2025	

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K 0131 SS=E	<p>Continued from page 3</p> <p>Based on observation and interview, it was determined the facility failed to ensure common wall fire separations maintained a fire resistance rating affecting one of three levels.</p> <p>Findings include:</p> <p>Observation made on May 28, 2025, from 11:40 a.m. to 11:50 a.m. revealed fire rated door deficiencies at the following locations:</p> <p>a. 11:40 a.m., double fire door with several penetrations on door leaf and several penetrations in the metal door frame, in the basement, Elevator Lobby leading to laundry corridor.</p> <p>b. 11:50 a.m., fire door with penetrations and extensive damage at each hinge location, in the basement, Elevator Lobby, Dry Storage.</p> <p>Exit interview with the Administrator and Maintenance Director on May 28, 2025, at 2:30 p.m., confirmed the fire door deficiencies.</p>	K 0131			

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K 0131 SS=E	Continued from page 4 ***** ***** Based on an Onsite Revisit conducted on July 16, 2025, the following was determined: Item b was not completed. The fire door with penetrations and extensive damage at each hinge location, in the basement, Elevator Lobby, Dry Storage. Exit interview with the Administrator and Maintenance Director on July 16, 2025, at 9:45 a.m., confirmed the fire door was damaged. All other deficiencies listed under this tag were corrected.	K 0131			

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K 0345 SS=F	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 fire panel has been repaired so that it is not in trouble mode. 2) The facility will call our fire protection company to repair if the panel should go into trouble mode. 3)The Maintenance Director and/or designee will perform audits weekly, for four weeks and monthly for two months to ensure that the fire panels are not in trouble. Results of the audits will be reported to QAPI.	Completion Date: 08/07/2025 Status: APPROVED Date: 08/08/2025	

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K 0345 SS=F	<p>Continued from page 6</p> <p>Based on observation review and interview, it was determined the facility failed to maintain the fire alarm system in proper operating condition, affecting the entire facility.</p> <p>Findings Include:</p> <p>1. Observation on May 28, 2025, at 1:45 p.m., revealed the facility fire alarm panel was in trouble mode at the time of survey, front lobby office area.</p> <p>Exit interview with the Administrator and Maintenance Director on May 28, 2025, at 2:30 p.m., confirmed the fire alarm panel trouble mode.</p> <p>***** *****</p> <p>Based on an Onsite Revisit conducted on July 16, 2025, the following was determined:</p> <p>Item 1 was not completed. The fire alarm panel was in trouble mode at the time of the revisit.</p>	K 0345			

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K 0345 SS=F	Continued from page 7 Exit interview with the Administrator and Maintenance Director on July 16, 2025, at 9:45 a.m., confirmed that fire alarm panel was in trouble mode.	K 0345			
K 0911 SS=E		K 0911			

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K 0911 SS=E	Continued from page 8 NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0911	1) The electrical panel labeled DP 4 has been repaired so that it can latch and be easily opened. Storage has been removed from in front of electrical panel DP 2 and DP4. 2) Other electrical panels have been checked to ensure that there is no storage and that the latch can close adn be easily opened. 3) The Maintenance Director and/or designee will perform audits weekly, for four weeks and monthly for two months to ensure that the electrical panels can latch and easily open, and that there is no storage within three feet of the panels. Results of the audits will be reported to QAPI.	Completion Date: 08/07/2025 Status: APPROVED Date: 08/08/2025	

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K 0911 SS=E	<p>Continued from page 9</p> <p>Based on observation and interview, it was determined that the facility failed to maintain protection of electrical wiring, affecting one of three levels.</p> <p>Findings include:</p> <p>1. Observation on May 28, 2025, at 12:14 p.m., revealed an open junction box with exposed wiring located in the basement phone room.</p> <p>2. Observation made on May 28, 2025, at 12:50 p.m., revealed electrical deficiencies at the Storage Room across from the Health Care Administrators Office:</p> <p>a. Two electrical panels labeled DP 2 and DP 4 being blocked by storage within three feet.</p> <p>b. One electrical panel labeled DP 4 had a broken latch and could not be easily opened.</p> <p>Exit interview with the Administrator and Maintenance Director on May 28, 2025, at 2:30</p>	K 0911			

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K 0911 SS=E	<p>Continued from page 10</p> <p>p.m., confirmed the electrical deficiencies.</p> <p>*****</p> <p>Based on an Onsite Revisit conducted on July 16, 2025, the following was determined:</p> <p>Item 2 b was not completed. The electrical panel labeled DP 4 had a missing latch on the panel door.</p> <p>Exit interview with the Administrator and Maintenance Director on July 16, 2025, at 9:45 a.m., confirmed the electrical panel was not secured properly.</p> <p>All other deficiencies listed under this tag were corrected.</p>	K 0911			



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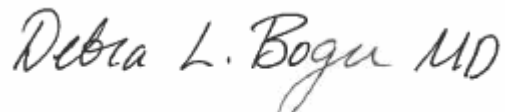
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