

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395435	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/01/2025
NAME OF PROVIDER OR SUPPLIER: WESTMORELAND MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE: 2480 SOUTH GRANDE BOULEVARD GREENSBURG, PA 15601		
STATE LICENSE NUMBER: 231002				
(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 April 30, 2025, at Westmoreland Manor, 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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WESTMORELAND MANOR

STATE LICENSE NUMBER: 231002

SURVEY EXIT DATE: 05/01/2025

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

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THIS PAGE IS NOW PART OF THIS SURVEY

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NAME OF PROVIDER OR SUPPLIER: WESTMORELAND MANOR STATE LICENSE NUMBER: 231002	STREET ADDRESS, CITY, STATE, ZIP CODE: 2480 SOUTH GRANDE BOULEVARD GREENSBURG, PA 15601
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 231002 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 30 to May 1, 2025, it was determined that Westmoreland Manor 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).</p> <p>This is a four-story, Type II (222), fire resistive building, with a basement and sub-basement, that is fully sprinklered.</p>	K 0000		

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K 0919 SS=D	NFPA 101 Electrical Equipment - Other Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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 10 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0919	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Maintenance removed the wheelchairs in the second-floor b-wing storage room that were obstructing the electrical panels on 5/1/2025. The Director of Maintenance/designee will conduct random weekly audits throughout the facility two times per week for two weeks then weekly for two weeks to ensure there are no electrical panels obstructed by wheelchairs. The results of these audits will be brought to the Quality Assurance and Performance Improvement Committee for further analysis and corrective actions.	Completion Date: 05/14/2025 Status: APPROVED Date: 05/13/2025

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K 0919 SS=D	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain electrical equipment in one instance, affecting one out of 27 smoke compartments. Electrical equipment shall be maintained in accordance with <i>NFPA 70, National Electric Code</i> per 19.5.1.1, NFPA 101 (2012 Ed.). Findings include: 1. Observation on April 30, 2025, at 9:20 a.m., revealed there were two electrical panels obstructed by wheel chairs in the B-2 storage room, on the second floor of B wing. Interview with the Facility Administrator and Maintenance Director on May 1, 2025, at 11:00 a.m., confirmed the electrical equipment deficiency.	K 0919		

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K 0920 SS=D	<p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0920	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>Maintenance removed the electrical extension cord in the Maintenance/Shop Storage room in the basement on 5/2/2025.</p> <p>The Director of Maintenance/designee will conduct random weekly audits in the facility two times per week for two weeks then weekly for two weeks to ensure there are no extension cords.</p> <p>The results of these audits will be brought to the Quality Assurance and Performance Improvement Committee for further analysis and corrective actions.</p>	<p>Completion Date: 05/14/2025 Status: APPROVED Date: 05/13/2025</p>

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K 0920 SS=D	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain electrical wiring systems and equipment in one instance, affecting one of 27 smoke compartments. Findings include: 1. Observation on April 30, 2025, at 10:35 a.m., revealed there was an electrical extension cord being used as a fixed power source for a small electric or mechanical pump in the Maintenance/Shop Storage room in the basement. Interview with the Facility Administrator and Maintenance Director on May 1, 2025, at 11:00 a.m., confirmed the listed electrical wiring systems deficiency.	K 0920		
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