

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395440	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: CAMP HILL SKILLED NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1700 MARKET STREET CAMP HILL, PA 17011		
STATE LICENSE NUMBER: 382102				
(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 January 27, 2025, at Camp Hill Skilled Nursing and Rehabilitation 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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CAMP HILL SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 382102

SURVEY EXIT DATE: 01/27/2025

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

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K 0000	INITIAL COMMENT Facility ID #382102 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on January 27, 2025, it was determined that Camp Hill Skilled 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 three-story, Type II (111), protected noncombustible structure, without a basement, which is fully sprinklered.	K 0000		
K 0321 SS=E		K 0321		

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TITLE:

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K 0321 SS=E	Continued from page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain the smoke resistance of hazardous area enclosures, affecting one of seven smoke compartments within the component. Findings include: 1. Observation on January 27, 2025, at 10:10 AM, revealed the 3rd floor door, to the Soiled Utility Room, by Resident Room 307, failed to positively latch within the door frame. Interview with the Senior Maintenance Director on January 27, 2025, at 10:10 AM, confirmed the door did not latch within the frame.	K 0321		
K 0353 SS=E		K 0353		

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K 0353 SS=E	Continued from page 3 NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 0353	1 - A: Completed 1/29/25. Replaced escutcheon for sprinkler head in clean utility room next to Arcadia front entrance. 1 - B: Completed 1/29/25. Replaced escutcheon for sprinkler head in Arcadia rest room by med prep room. 1 - C: Completed 1/29/25. Replaced escutcheon for sprinkler head in Arcadia Ice Machine room. 2. Maintenance Director completed a comprehensive sweep on 2/3/25 of sprinkler heads throughout the building and will conduct random Audits monthly. 3. On 2/4/25 Maintenance Director ordered 10 escutcheons to have on hand to replace as needed. 4. Results will be reported to QAPI each quarter for review and effectiveness.	Completion Date: 02/10/2025 Status: APPROVED Date: 02/10/2025

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K 0353 SS=E	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain hardware components of the automatic sprinkler protection system, affecting one of seven smoke compartments within the component. Findings include: 1. Observation on January 27, 2025, between 11:21 AM and 11:26 AM, revealed sprinkler heads, in the following locations, were missing an escutcheon: a) 11:21 AM, 1st floor, Clean Utility Room next to the Arcadia Front Entrance; b) 11:23 AM, 1st floor, Arcadia Restroom by the Med Prep Room; c) 11:26 AM, 1st floor, Arcadia Ice Machine Room. Interview with the Senior Maintenance Director on January 27, 2025, at 11:26 AM, confirmed the sprinkler heads were missing an escutcheon.	K 0353		

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K 0363 SS=E	<p>NFPA 101 Corridor - Doors</p> <p>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.</p> <p>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.</p> <p>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.</p>	K 0363	<p>1. Door mentioned was repaired 1/29/25 and now operates and latches properly.</p> <p>2. Maintenance Director will conduct a one-time facility-wide audit on all corridor doors to ensure smoke tight doors and positive latching within door frame.</p> <p>3. Monthly audits will be completed to check latching on random corridor doors thereafter.</p> <p>4. Findings will be reported to QAPI for review each quarter.</p>	<p>Completion Date: 02/10/2025 Status: APPROVED Date: 02/11/2025</p>

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K 0363 SS=E	Continued from page 6 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain the positive latching of corridor doors, affecting one of seven smoke compartments within the component. Findings include: 1. Observation on January 27, 2025, at 9:59 AM, revealed the 3rd floor door, to the Sun Room, failed to positively latch within the door frame. Interview with the Senior Maintenance Director on January 27, 2025, at 9:59 AM, confirmed the door did not latch within the frame.	K 0363		
K 0372 SS=E		K 0372		

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K 0372 SS=E	Continued from page 7 NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:	K 0372	<ol style="list-style-type: none"> The penetration was sealed using an approved through penetration fire stop system on 2/3/25. Maintenance Director will inspect all smoke and fire walls throughout the facility by 2/7/25. Any penetrations found will be sealed using an approved penetration fire stop system. All smoke barrier walls will be inspected quarterly and after any contractor completes work that may impact the walls. Facility will maintain the rating of the smoke barrier walls. Findings will be reported to QAPI for review and discussion. 	Completion Date: 02/10/2025 Status: APPROVED Date: 02/11/2025

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K 0372 SS=E	Continued from page 8 Based on observation and interview, it was determined the facility failed to maintain the smoke resistance of smoke barrier walls, affecting two of seven smoke compartments within the component. Findings include: 1. Observation on January 27, 2025, at 10:40 AM, revealed an unprotected penetration of the 2nd floor smoke barrier wall, above the suspended ceiling, above the cross corridor double doors by the T.V. Lounge, located beneath a sprinkler pipe. Interview with the Senior Maintenance Director on January 27, 2025, at 10:40 AM, confirmed the unprotected penetration of the smoke barrier wall.	K 0372		



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