





# Certified End Page

**PENNSWOOD VILLAGE**

**STATE LICENSE NUMBER: 164002**

**SURVEY EXIT DATE: 12/09/2024**

**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, 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:  <b>395473</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/09/2024</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PENNSWOOD VILLAGE</b>  STATE LICENSE NUMBER: <b>164002</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1382 NEWTOWN LANGHORNE RD NEWTOWN, PA 18940</b>
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(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
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 164002 Component 01 Terrace Building, Preston Building, Woolman - Lower Level - Skilled Nursing, Barclay - Upper Level - Personal Care</p> <p>Based on a Medicare/Medicaid Recertification survey completed on December 9, 2024, it was determined that Pennswood Village was not in 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).</p> <p>This is a two-story, Type II (222), fire resistive building, with a penthouse, that is fully sprinklered.</p>	K 0000		
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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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K 0372  SS=E	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	The facility does and shall continue to ensure common fire walls are maintained free of unsealed penetrations. Pennswood Village Facilities will seal holes and penetrations using through penetration fire stop system C-AJ-8255 products in the following area. Repair shall be made 12/30/2024.  The Maintenance Manager/Designee will continue to conduct inspections on a quarterly basis to identify any penetrations of common fire walls and seal them with the required sealant. Results of ongoing inspections will be reported to the Quality Assurance and Performance Improvement (QAPI) Team by the Maintenance Manager/Designee.  Pennswood Village Maintenance Manager/Designee will oversee compliance.	Completion Date: <b>12/31/2024</b> Status: <b>APPROVED</b> Date: <b>12/20/2024</b>

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K 0372  SS=E	Continued from page 2  Based on observation and interview, it was determined the facility failed to maintain the fire resistance rating of smoke barrier partitions, affecting one of two floors.  Findings include:  Observations on December 9, 2024, revealed unsealed penetrations of smoke barrier walls in the following locations:  a. 10:35 a.m., on the ground floor, above smoke doors by room W7, around data wires; b. 10:45 a.m., on the ground floor, above smoke doors by room W1, storage side, around data wires; c. 11:00 a.m., on the ground floor, above smoke doors by Director of Nursing's Office, above two, 3-inch pipes.  Exit Interview with the Facility Administrator and Maintenance Supervisor on December 9, 2024, at 12:15 p.m., confirmed the smoke barrier	K 0372		

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K 0372  SS=E	Continued from page 3  penetrations.	K 0372		
K 0911  SS=E	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	The facility does and shall continue to ensure the protection of electrical wiring within the facility. Pennswood Village Facilities will place cover plates on the junction boxes in the Housekeeping/Electrical Room, and ensure that the HVAC device by the elevator has the missing cover is properly fastened to the unit. Repair shall be made by 12/30/2024.  The Maintenance Manager/Designee will continue to conduct weekly rounds to identify and repair electrical wiring issues. The Maintenance Manager/Designee will see that all electrical work being done in the facility is done to completion.  Pennswood Village Maintenance Manager/Designee will oversee compliance.	Completion Date: <b>12/31/2024</b> Status: <b>APPROVED</b> Date: <b>12/20/2024</b>

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K 0911  SS=E	Continued from page 4  Based on observation and interview, it was determined the facility failed to maintain protection of electrical wiring, affecting one of two floors.  Findings include:  1. Observation on December 9, 2024, at 10:10 a.m., revealed on the ground floor, Housekeeping/Electrical Room, above ceiling tiles, two junction boxes were missing their cover plates, exposing the inner wiring.  Exit Interview with the Facility Administrator and Maintenance Supervisor on December 9, 2024, at 12:15 p.m., confirmed the exposed wiring.  2. Observation on December 9, 2024, at 10:20 a.m., revealed on the ground floor, corridor by the Elevator, above ceiling tiles, the HVAC device was missing a cover plate, exposing the inner wiring.  Exit Interview with the Facility Administrator and Maintenance Supervisor on December 9, 2024, at 12:15 p.m., confirmed the exposed wiring.	K 0911		

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K 0911  SS=E	Continued from page 5	K 0911			



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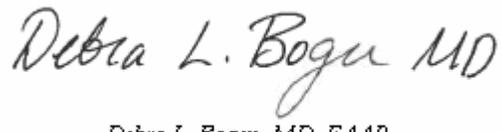
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