



Certified End Page

LECOM AT ELMWOOD GARDENS, LLC

STATE LICENSE NUMBER: 680202

SURVEY EXIT DATE: 02/06/2025

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: 395474	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/06/2025
NAME OF PROVIDER OR SUPPLIER: LECOM AT ELMWOOD GARDENS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE: 2628 ELMWOOD AVENUE ERIE, PA 16508		
STATE LICENSE NUMBER: 680202				
(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
K 0000	INITIAL COMMENT Facility ID #680202 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on February 6, 2025, it was determined that Lecom at Elmwood Gardens 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 two-story, Type III (200), unprotected, ordinary building, with a basement, that is fully sprinklered.	K 0000		
K 0161 SS=C		K 0161		

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 0161 SS=C	Continued from page 1 NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small	K 0161	The facility will submit a Time Limited Waiver to the Division of Safety Inspection	Completion Date: 03/14/2025 Status: APPROVED Date: 03/10/2025

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K 0161 SS=C	Continued from page 2 floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain construction type and height regulations for all building areas. Findings include: Observation on February 6, 2025, at 10:30 a.m., revealed the facility exceeded the height requirement for a Type III (200) building. Interview with the director of facilities on February 6, 2025, at 10:30 a.m., confirmed the facility exceeded the height requirements for the listed construction type.	K 0161		
K 0324 SS=F		K 0324		

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K 0324 SS=F	Continued from page 3 NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by:	K 0324	The maintenance director provided supporting documentation to the inspector on 02/10/2025. Documentation was added to the survey readiness binder. The life safety checklist will be reviewed in the quarterly QAPI meeting.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0324 SS=F	Continued from page 4 Based on document review and interview, the facility failed to maintain cooking facilities for two of two kitchens. Findings include: Observation on February 6, 2025, at 10:50 a.m., revealed the facility lacked documentation that the semi-annual kitchen suppression testing/maintenance was completed for the Melrose kitchen. The last-documented test occurred January 25, 2024. Interview with the maintenance supervisor on February 6, 2025, at 10:50 a.m., confirmed the kitchen suppression system documentation was not on-site during the time of the survey.	K 0324		
K 0353 SS=C		K 0353		

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K 0353 SS=C	Continued from page 5 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	Air dusters were purchased, and all heads were sprayed clean on 02/07/2025. The maintenance director or designee will audit once a month for 3 months.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0353 SS=C	Continued from page 6 Based on observation and interview, the facility failed to maintain the sprinkler system for one of one laundry room. Findings Include: Observation on February 6, 2025, at 12:56 p.m., revealed sprinkler heads were covered with a layer of dust/lint in the laundry room. A build-up of material can insulate the sprinkler thermal element, impacting the temperature activation/response time of the sprinkler and/or can cause inadequate spray coverage. Interview with the maintenance supervisor on February 6, 2025, at 12:56 p.m., confirmed the sprinkler head deficiency.	K 0353		
K 0355 SS=C		K 0355		

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K 0355 SS=C	Continued from page 7 NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by:	K 0355	The maintenance director provided supporting documentation to the inspector on 02/10/2025. Documentation was added to the survey readiness binder. The life safety checklist will be reviewed in the quarterly QAPI meeting.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0355 SS=C	Continued from page 8 Based on document review and interview, the facility failed to maintain portable fire extinguishers in two of two building components. Findings include: Document review and observation on February 6, 2025, at 10:25 a.m., revealed the facility failed to produce documentation for the annual fire extinguisher maintenance as well as the service technician certification at the time of the survey. Interview with the maintenance supervisor on February 6, 2025, at 10:25 a.m., confirmed the fire extinguisher deficiencies.	K 0355		
K 0912 SS=B		K 0912		

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K 0912 SS=B	Continued from page 9 NFPA 101 Electrical Systems - Receptacles Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0912	Maintenance director replaced the outlet with a proper GFCI immediately following discovery and purchasing of proper supplies. A full in-house audit was completed by maintenance director on 02/10/2025. Maintenance director or designee will complete inspections every 6 months for one year to ensure compliance.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0912 SS=B	Continued from page 10 Based on observation and interview, the facility failed to maintain electrical receptacles, per NFPA 70, for one of over fifty receptacles. Finding include: Observation on February 6, 2025, at 12:10 p.m., revealed the near east wing nurse station had a water cooler that was plugged into an outlet not protected by a ground fault circuit interrupter (GFCI). Interview with the maintenance supervisor on February 6, 2025, at 12:10 p.m., confirmed the receptacle deficiency.	K 0912		
K 0918 SS=F		K 0918		

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K 0918 SS=F	Continued from page 11 NFPA 101 Electrical Systems - Essential Electric System 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 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	K 0918	The maintenance director provided supporting documentation to the inspector on 02/10/2025. The maintenance director contacted Cleveland Brothers and obtained copies of the documentation for the fuel quality testing completed. Documentation was added to the survey readiness binder. The life safety checklist will be reviewed in the quarterly QAPI meeting.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0918 SS=F	Continued from page 12 (NFPA 70) This REQUIREMENT is not met as evidenced by:	K 0918			

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K 0918 SS=F	Continued from page 13 Based on the document review and interview, the facility failed to meet electrical system requirements for one of one generator. Findings include: Document review on February 6, 2025, at 10:40 a.m., revealed the facility was unable to provide annual generator documentation for the following: A. 90-minute load bank test; B. Fuel quality test. Interview with the maintenance supervisor on February 6, 2025, at 10:40 a.m., confirmed the documentation was unavailable at the time of the survey.	K 0918		



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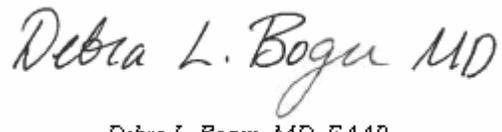
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K 0000	INITIAL COMMENT Facility ID #680202 Component 02 Building 02 Based on a Medicare/Medicaid Recertification Survey completed on February 6, 2025, it was determined that Lecom at Elmwood Gardens was not in compliance with the following requirements 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 V, unprotected, wood frame building, that is fully sprinklered.	K 0000		
K 0321 SS=D		K 0321		

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

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K 0321 SS=D	Continued from page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain hazardous area enclosures in one of over five hazardous areas. Findings include: Observation on February 6, 2025, at 11:53 a.m., revealed the east wing lift storage room lacked a self-closing device on the door to meet the requirements for a hazardous room enclosure. Interview with the maintenance supervisor on February 6, 2025, at 11:53 a.m., confirmed the deficient closing device.	K 0321		
K 0324 SS=F		K 0324		

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NAME OF PROVIDER OR SUPPLIER: LECOM AT ELMWOOD GARDENS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE: 2628 ELMWOOD AVENUE ERIE, PA 16508		
STATE LICENSE NUMBER: 680202				
(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
K 0324 SS=F	Continued from page 3 NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by:	K 0324	The maintenance director provided supporting documentation to the inspector on 02/10/2025. Documentation was added to the survey readiness binder. The life safety checklist will be reviewed in the quarterly QAPI meeting. All dietary staff were reeducated on the Ansul system on 02/06/2025 Ansul system education will be included in the new hire building orientation for dietary department employees. Verbal drills will be conducted by dietary manager or designee weekly for 1 month.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395474	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/06/2025
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K 0324 SS=F	Continued from page 4 Based on observation and interview, the facility failed to maintain cooking facilities for one of the two kitchens. Findings include: Observation and interview on February 6, 2025, between 10:50 a.m. and 1:14 p.m., revealed the following kitchen deficiencies: A. (10:50 a.m.) The facility lacked documentation that the semi-annual kitchen suppression testing/maintenance was completed for the Elmwood kitchen. The last-documented test occurred on January 25, 2024; B. (12:44 p.m.) The kitchen staff members in the Elmwood kitchen were unaware of the location of the manual pull activation for the kitchen hood suppression system. Interview with the maintenance supervisor on February 6, 2025, at 12:44 p.m., confirmed the deficiencies on the day of the survey.	K 0324		

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K 0324 SS=F	Continued from page 5	K 0324		
K 0353 SS=C	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>Air dusters were purchased, and all heads were sprayed clean on 02/07/2025.</p> <p>The maintenance director or designee will audit once a month for 3 months.</p>	<p>Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025</p>

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K 0353 SS=C	Continued from page 6 Based on observation and interview, the facility failed to maintain the sprinkler system for one of over thirty sprinkler heads. Findings Include: Observation on February 6, 2025, at 12:13 p.m., revealed a sprinkler head was covered with a layer of dust/lint in the skilled hall near the nurse station. A build-up of material can insulate the sprinkler thermal element, impacting the temperature activation/response time of the sprinkler and/or can cause inadequate spray coverage. Interview with the maintenance supervisor on February 6, 2025, at 12:13 p.m., confirmed the sprinkler head deficiency.	K 0353		
K 0355 SS=C		K 0355		

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K 0355 SS=C	Continued from page 7 NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by:	K 0355	The maintenance director provided supporting documentation to the inspector on 02/10/2025. Documentation was added to the survey readiness binder. The life safety checklist will be reviewed in the quarterly QAPI meeting.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0355 SS=C	Continued from page 8 Based on document review and interview, the facility failed to maintain portable fire extinguisher requirements in two of two building components. Findings include: Document review and observation on February 6, 2025, at 10:25 a.m., revealed the facility failed to produce documentation for the annual fire extinguisher maintenance as well as the service technician certification at the time of the survey. Interview with the maintenance supervisor on February 6, 2025, at 10:25 a.m., confirmed the deficiencies.	K 0355		
K 0373 SS=D		K 0373		

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K 0373 SS=D	Continued from page 9 NFPA 101 Subdivision of Building Spaces - Accumulation Subdivision of Building Spaces - Accumulation Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments. 18.3.7.5.1, 18.3.7.5.2, 19.3.7.5.1, 19.3.7.5.2 This REQUIREMENT is not met as evidenced by:	K 0373	The maintenance director immediately corrected the loose-fitting ceiling tiles upon discovery by inspector. The maintenance director or designee will complete routine checks of ceiling tiles to ensure proper fit and compliance. This will be completed weekly for 3 months during environmental rounds completed by maintenance director or designee.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0373 SS=D	Continued from page 10 Based on observation and interview, the facility failed to maintain the smoke barrier for one of over ten rooms. Findings include: Observation on February 6, 2025, at 12:01 p.m., revealed the east wing staff lounge had loose, misaligned, broken, and non-fitting ceiling tiles, allowing smoke passage. Interview with the maintenance supervisor on February 6, 2025, at 12:01 p.m., confirmed the smoke barrier deficiencies.	K 0373		
K 0912 SS=B		K 0912		

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K 0912 SS=B	Continued from page 11 NFPA 101 Electrical Systems - Receptacles Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0912	Maintenance director replaced the outlet with a proper GFCI immediately following discovery and purchasing of proper supplies. A full in-house audit was completed by maintenance director on 02/10/2025. Maintenance director or designee will complete inspections every 6 months for one year to ensure compliance.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0912 SS=B	Continued from page 12 Based on observation and interview, the facility failed to maintain electrical receptacles, per NFPA 70, for one of over fifty receptacles. Finding include: Observation on February 6, 2025, at 12:49 p.m., revealed that near the north hall nurse station, a water cooler was plugged into an outlet not protected by a ground fault circuit interrupter (GFCI). Interview with the maintenance supervisor on February 6, 2025, at 12:49 p.m., confirmed the receptacle deficiency.	K 0912		
K 0918 SS=F		K 0918		

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K 0918 SS=F	Continued from page 13 NFPA 101 Electrical Systems - Essential Electric System 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 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	K 0918	The maintenance director provided supporting documentation to the inspector on 02/10/2025. The maintenance director contacted Cleveland Brothers and obtained copies of the documentation for the fuel quality testing completed. Documentation was added to the survey readiness binder. The life safety checklist will be reviewed in the quarterly QAPI meeting.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0918 SS=F	Continued from page 14 (NFPA 70) This REQUIREMENT is not met as evidenced by:	K 0918		

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K 0918 SS=F	Continued from page 15 Based on the document review and interview, the facility failed to meet electrical system requirements for one of one generator. Findings include: Document review on February 6, 2025, at 10:40 a.m., revealed the facility was unable to provide annual generator documentation for the following: A. 90-minute load bank test; B. Fuel quality test. Interview with the maintenance supervisor on February 6, 2025, at 10:40 a.m., confirmed the documentation was unavailable at the time of the survey.	K 0918		
K 0923 SS=C		K 0923		

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K 0923 SS=C	Continued from page 16 NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders	K 0923	The maintenance director provided education to staff immediately regarding proper storage of the oxygen tanks. Additional signage was posted in the oxygen storage room designating the proper storage of the full and empty oxygen tanks. Red tape was also put on the floor to provide a visual line/designation for full and empty oxygen tanks. The maintenance director or designee will complete weekly audits for 3 months to ensure compliance and proper storage.	Completion Date: 03/14/2025 Status: APPROVED Date: 02/28/2025

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K 0923 SS=C	Continued from page 17 are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain gas equipment storage requirements in one of two storage areas. Findings include: Observation on February 6, 2025, at 11:49 a.m., revealed the skilled hall corridor oxygen storage room had oxygen cylinders that were unseparated or labeled as full or empty. Interview with the maintenance supervisor on February 6, 2025, at 11:49 a.m., confirmed the oxygen cylinder deficiencies.	K 0923		



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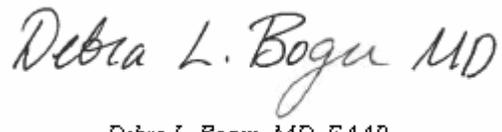
LECOM AT ELMWOOD GARDENS, LLC

STATE LICENSE NUMBER: 680202

SURVEY EXIT DATE: 02/06/2025

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