

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395490	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: WILLOWBROOKE COURT AT SOUTHAMPTON ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE: 238 STREET ROAD SOUTHAMPTON, PA 18966		
STATE LICENSE NUMBER: 151302				
(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 28, 2025, at Willowbrooke Court At Southampton Estate, 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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WILLOWBROOKE COURT AT SOUTHAMPTON ESTATES

STATE LICENSE NUMBER: 151302

SURVEY EXIT DATE: 01/28/2025

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	<p>INITIAL COMMENT</p> <p>Facility ID #151302 Building 01 Willowbrooke Court, Special Care Unit, Oakbridge</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 28, 2025, it was determined that Willowbrooke Court At Southampton Estates 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 one-story, Type III (200), unprotected ordinary building , with a lower level and partial basement, that is fully sprinklered.</p>	K 0000		
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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	Preparation and/or execution of this plan of correction does not constitute an 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 State and Federal Law. The plan of corrections represents the community's credible allegation of compliance. Maintenance technician sealed the identified penetrations around the data wires above the common wall doors separating Willowbrooke Court and Independent Living Unit using UL system WL-3423 on 1/29/2025. The Maintenance Department will be in-serviced by 2/14/2025 the Director of Property Management/ Designee on maintaining the fire resistance rating of common walls. All fire door separations in Willowbrooke Court were audited by 2/12/2025 by	Completion Date: 02/14/2025 Status: APPROVED Date: 02/12/2025

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K 0131 SS=E	Continued from page 3 Based on observation and interview, it was determined the facility failed to maintain the fire resistance rating of common walls, affecting one of two levels. Findings include: Observation on January 28, 2025, at 10:30 a.m., revealed, above the common wall doors separating Willowbrooke Court and Independent Living Unit, an unsealed penetration around data wires. Exit Interview with the Administrator and Maintenance Director on January 28, 2025, at 11:45 a.m., confirmed the penetration.	K 0131	maintenance technician for penetrations and maintenance of fire rating. The Director of Property Management or designee will conduct random weekly audits x4 weeks to check fire resistance rating of common walls, affecting one of two levels. All findings will be reported to QAPI Committee.	

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K 0211 SS=E	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:	K 0211	On 1/28/2025 upon identification, the maintenance technician cleared the identified ice/snow from the Willowbrooke Dining Room emergency exit egress path. All other emergency exit paths in Willowbrooke Court were checked by maintenance technician on 1/28/2025 for clear egress. The Maintenance Department will be in-serviced by the Director of Property Management/ Designee by 2/14/2025 on maintaining emergency exit egress paths. The Property Management/ Designee will conduct random weekly audits x4 weeks to ensure the community keeps all emergency exit paths unobstructed by ice/snow. All findings will be reported to QAPI Committee.	Completion Date: 02/14/2025 Status: APPROVED Date: 02/12/2025

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K 0211 SS=E	Continued from page 5 Based on observation and interview, it was determined the facility failed to maintain the means of egress free of impediments, affecting one of two levels. Findings include: Observation on January 28, 2025, at 11:20 a.m., revealed Willowbrooke Dining Room emergency exit egress path was obstructed by ice/snow along the path to the public way. Exit Interview with the Administrator and Maintenance Director on January 28, 2025, at 11:45 a.m., confirmed the obstructed egress path.	K 0211		
K 0372 SS=E		K 0372		

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K 0372 SS=E	Continued from page 6 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	Maintenance technician sealed the penetrations around the Sprinkler pipe above the smoke doors to phase 2 construction space using UL System C-AJ-1027 stop penetration system on 1/29/2025. All fire door separations in Willowbrooke Court were audited by 2/12/2025 by maintenance technician for penetrations and maintenance of fire rating. The Maintenance Department will be in-serviced by 2/14/2025 the Director of Property Management/ Designee on maintaining the fire resistance rating of common walls. The Director of Property Management or designee will conduct random weekly audits x4 weeks to check fire resistance rating of common walls, affecting one of two levels. All findings will be reported to QAPI Committee.	Completion Date: 02/14/2025 Status: APPROVED Date: 02/12/2025

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K 0372 SS=E	Continued from page 7 Based on observation and interview, it was determined the facility failed to maintain smoke barrier walls free of unsealed penetrations, affecting one of two levels. Findings include: Observation on January 28, 2025, at 11:20 a.m., revealed an unsealed penetration around a sprinkler pipe, above the smoke doors to phase 2 construction space. Exit Interview with the Administrator and Maintenance Director on January 28, 2025, at 11:45 a.m., confirmed the penetration.	K 0372		



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