

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395509	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/23/2024
NAME OF PROVIDER OR SUPPLIER: DRESHER HILL HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1390 CAMP HILL ROAD FORT WASHINGTON, PA 19034		
STATE LICENSE NUMBER: 271202				
(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 December 23, 2024, at Dresher Hill Health & 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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DRESHER HILL HEALTH & REHABILITATION CENTER

STATE LICENSE NUMBER: 271202

SURVEY EXIT DATE: 12/23/2024

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**

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THIS PAGE IS NOW PART OF THIS SURVEY

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 271202 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 23, 2024, it was determined that Dresher Hill Health & Rehabilitation Center 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 (000), unprotected, noncombustible building, with a basement, that is fully sprinklered.</p>	K 0000		

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K 0353 SS=F	<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>K0353 NFPA 101 Sprinkler System – Maintenance and Testing Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding.</p> <p>1. Anticipated completion date for repair of sprinkler connection piping is 02/10/2025. A Limited Time Waiver will be submitted if repairs extend pass completion date of 02/10/2025.</p> <p>2. To identify other residents, facility reviewed last 3 months of sprinkler system reports.</p> <p>3. To prevent this from reoccurring, NHA/designee reeducated maintenance staff on sprinkler system deficiencies.</p> <p>4. Ongoing monitoring for compliance, Maintenance Director/designee will audit sprinkler system inspections for deficiencies weekly for 1 month then once monthly for two months. Results will be presented to QAPI committee for review and revision as needed.</p>	<p>Completion Date: 02/10/2025 Status: APPROVED Date: 01/13/2025</p>

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K 0353 SS=F	Continued from page 2 Based on document review and interview, it was determined the facility failed to maintain sprinkler systems, affecting the entire facility. Findings include: Documentation reviewed on December 23, 2024, at 9:30 a.m., revealed the Annual Sprinkler Report dated October 24, 2024, noted the following deficiency: a) While performing hydrostatic test technicians discovered leak on fire department connection piping, they should be repaired and or replaced as soon as possible. Parts are on order for repairs to be made. Exit Interview with the Administrator and Maintenance Director on December 23, 2024 at 12:00 p.m., confirmed the fire pump deficiencies were not completed.	K 0353		



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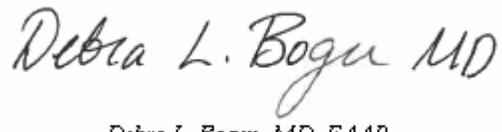
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