



Certified End Page

MOUNTAIN TOP REHABILITATION & HEALTHCARE CENTER

STATE LICENSE NUMBER: 040802

SURVEY EXIT DATE: 04/30/2025

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: 395542	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/30/2025
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NAME OF PROVIDER OR SUPPLIER: MOUNTAIN TOP REHABILITATION & HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 185 S MOUNTAIN BOULEVARD MOUNTAIN TOP, PA 18707
STATE LICENSE NUMBER: 040802	

(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# 040802 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 30, 2025, it was determined that Mountain Top Rehabilitation and Health Care 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).</p> <p>This is a one story, Type V (111), protected, wood frame building, with a partial basement, 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 0223 SS=E	<p>NFPA 101 Doors with Self-Closing Devices</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <ul style="list-style-type: none"> * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0223	<p>The Nurse's Station 2 door and Resident Room 62 door assembly was adjusted to provide positive latching by facility maintenance department.</p> <p>The Maintenance Director/designee will conduct a facility wide audit to identify doors requiring adjustment to fully latch and coordinate repairs as identified.</p> <p>The Nursing home Administrator will provide re-education to the Maintenance Director on proper door latching requirement.</p> <p>The Maintenance Director will conduct audits on latching doors to verify compliance weekly x 4 weeks, then monthly x 2 months. The results of these audits will be reviewed by the Quality Assurance Performance Improvement Committee for compliance.</p>	<p>Completion Date: 05/28/2025</p> <p>Status: APPROVED</p> <p>Date: 05/09/2025</p>

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K 0223 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain two doors with self-closing devices, affecting one of six smoke compartments. Findings include: 1. Observation on April 30, 2025, between 10:14 am and 10:21 am, revealed the following doors failed to positive latch into frame. a. At 10:14 am, Nurse's Station 2 door. b. At 10:21 am, Resident Room 62 door that's tied into the fire alarm system. Exit interview with the Facility Administrator and the Facilities Manager on April 30, 2025, at 11:00 am, confirmed the door failed to positive latch when tested.	K 0223		

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K 0353 SS=E	<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>The 3 basement laundry sprinkler heads were thoroughly cleaned of lint.</p> <p>The Maintenance Director will conduct an audit of sprinkler heads within the basement laundry to verify that the sprinklers are lint free.</p> <p>The Nursing Home Administrator/designee will provide re-education to the Maintenance Director for the requirements for sprinkler heads being free from lint.</p> <p>The Maintenance Director/designee will conduct audits of random sprinklers heads to confirm that they are free of lint and verify compliance weekly audits x 4 weeks, then monthly x 2 months. The results of these audits will be reviewed by the Quality Assurance Performance Improvement Committee for compliance.</p>	<p>Completion Date: 05/28/2025</p> <p>Status: APPROVED</p> <p>Date: 05/09/2025</p>

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K 0353 SS=E	Continued from page 4 Based on document review observations and interview, it was determined the facility failed to maintain the sprinkler system in one location, affecting one of two floors. Findings include: 1. Observation on April 30, 2025, at 9:55 am, revealed (3) sprinkler heads within Basement Laundry were loaded with lint. Exit interview with the Facility Administrator and the Facilities Manager on April 30, 2025, at 11:00 am, confirmed the loaded sprinkler heads.	K 0353		
K 0363 SS=E		K 0363		

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K 0363 SS=E	Continued from page 5 NFPA 101 Corridor - Doors 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. 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.	K 0363	The main dining room right set of double doors' door assembly was adjusted to provide positive latching by facility maintenance department The Maintenance Director/designee will conduct a facility wide audit of double doors to identify doors requiring adjustment to fully latch and coordinate repairs as identified. The Nursing home Administrator will provide re-education to the Maintenance Director on proper door latching requirement. The Maintenance Director will conduct audits on latching doors to verify compliance weekly x 4 weeks, then monthly x 2 months. The results of these audits will be reviewed by the Quality Assurance Performance Improvement Committee for compliance	Completion Date: 05/28/2025 Status: APPROVED Date: 05/09/2025

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K 0363 SS=E	Continued from page 6 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. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain one corridor opening, affecting one of two floors. Findings include: 1. Observation on April 30, 2025, at 10:46 am, revealed the Main dining room, right set of double doors, failed to positive latch into frame. Exit interview with the Facility Administrator and the Facilities Manager on April 30, 2025, at 11:00 am, confirmed the door failed to positive latch.	K 0363		



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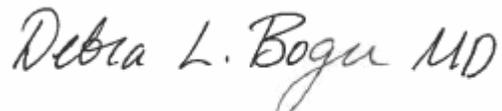
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