

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395550	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/23/2024
NAME OF PROVIDER OR SUPPLIER: DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		
STATE LICENSE NUMBER: 421402				
(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 Dr. Arthur Clifton McKinley Health 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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DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER

STATE LICENSE NUMBER: 421402

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**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

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K 0000	INITIAL COMMENT Facility ID #421402 Component 02 Main Building Based on a Medicare/Medicaid Recertification Survey completed on December 23, 2024, it was determined that Dr. Arthur Clifton McKinley Health Center was not in compliance with the following requirements of the Life Safety Code for an exiting 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 II (111), protected, non-combustible building, with a basement, that is fully sprinklered.	K 0000		
K 0291 SS=C		K 0291		

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TITLE:

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K 0291 SS=C	Continued from page 1 NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:	K 0291	1-Maintenance Director completed and properly documented the required 90 minute annually emergency lighting test on 1-2-25. 2-Education will be provided to maintenance staff regarding the required testing and documentation for the yearly 90 minute emergency lighting test by 2-10-25. 3-From this point forward, the yearly emergency lighting testing will be completed and properly documented every January. 4-Process will be monitored in QAPI meeting to ensure this process is sustained.	Completion Date: 02/10/2025 Status: APPROVED Date: 01/10/2025

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K 0291 SS=C	Continued from page 2 Based on document review and interview, the facility failed to maintain emergency lighting, in accordance with regulations, affecting the entire facility. Findings include: Document review on December 23, 2024, at 10:00 a.m., revealed the facility could not produce documentation for a 90-minute annual emergency lighting test over the past 12 months. Interview with the maintenance supervisor on December 23, 2024, at 10:00 a.m., confirmed the missing documentation.	K 0291		
K 0918 SS=F		K 0918		

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K 0918 SS=F	Continued from page 3 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	1-Maintenance Director completed and properly documented the required 90 minute annual load bank testing for the generator on 1-2-5. 2-Education will be provided to maintenance staff regarding the required testing and documentation for the yearly 90 minute load bank testing for the generator by 2-10-25. 3-From this point forward, the yearly emergency generator testing will be completed and properly documented every January. 4-Process will be monitored in QAPI meeting to ensure this process is sustained.	Completion Date: 02/10/2025 Status: APPROVED Date: 01/10/2025

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K 0918 SS=F	Continued from page 4 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to maintain emergency generators for one of one emergency generator. Findings include: Documentation review on December 23, 2024, at 9:45 a.m., revealed the facility lacked documentation for the annual, 90-minute load bank. Interview with the maintenance supervisor on December 23, 2024, at 9:45 a.m., confirmed the emergency generator testing documentation was unavailable at the time of the survey.	K 0918		



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