



Certified End Page

MOUNTAIN CITY NURSING & REHAB CTR

STATE LICENSE NUMBER: 085602

SURVEY EXIT DATE: 02/11/2025

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: 395582	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/11/2025
NAME OF PROVIDER OR SUPPLIER: MOUNTAIN CITY NURSING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE: 403 HAZLE TOWNSHIP BOULEVARD HAZLE TOWNSHIP, PA 18202		
STATE LICENSE NUMBER: 085602				
(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# 085602 Component 01 Blue Building Based on a Medicare/Medicaid Recertification Survey completed on February 11, 2025, it was determined that Mountain City Nursing & Rehab Ctr 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 four story, Type II (222), fire resistive building, that is fully sprinklered.	K 0000		
K 0161 SS=E		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=E	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	Penetration in sprinkler room was corrected Facility wide audit was completed for like Penetrations and addressed. Maintenance will be educated re: K-0161 by NHA/Designee Maintenance director or designee will audit all Area for 3 months and then quarterly. All findings will be reported at Monthly QPI meeting	Completion Date: 03/11/2025 Status: APPROVED Date: 03/03/2025

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K 0161 SS=E	Continued from page 2 floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain building construction requirements in one location, affecting one of four floors. Findings include: 1. Observation on February 11, 2025, at 11:33 a.m., revealed a penetration of the suspended ceiling portion of the rated ceiling assembly, located within the Sprinkler Room. Exit interview on February 11, 2025, between 12:20 p.m., and 12:30 p.m., with the Facility Administrator and Facilities Manager confirmed the building construction deficiency.	K 0161		

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K 0225 SS=E	<p>NFPA 101 Stairways and Smokeproof Enclosures</p> <p>Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, it was determined the facility failed to maintain one exit stair tower enclosure, affecting four of four floors.</p> <p>Findings include:</p> <p>1. Observation on February 11, 2025, at 11:01 a.m., revealed an umbrella stand was located within the first floor portion of the East Lobby Stair tower.</p> <p>Exit interview on February 11, 2025, between 12:20 p.m., and 12:30 p.m., with the Facility Administrator and Facilities Manager confirmed the stair tower enclosure deficiency.</p>	K 0225	<p>Umbrella stand was removed at time of survey from the stairway</p> <p>In-service was completed to all staff that no item can be store in stair towers</p> <p>Maintenance will be educated re: K-0025 by NHA/Designee</p> <p>Daily Audits will be conducted by Maintenance director or designee</p>	<p>Completion Date: 03/11/2025</p> <p>Status: APPROVED</p> <p>Date: 03/03/2025</p>

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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>Lint was removed from Sprinkler Head Located in Laundry</p> <p>Facility Audit was completed of all Sprinkler Head for Lint</p> <p>Maintenance will be educated by NHA/Designee regarding K-0353</p> <p>Maintenance director or designee will audit all Sprinkler for 3 monthly and then quarterly. All findings will be reported at Monthly QPI meeting</p>	<p>Completion Date: 03/11/2025</p> <p>Status: APPROVED</p> <p>Date: 03/03/2025</p>

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K 0353 SS=E	Continued from page 5 Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in one location, affecting one of four floors. Findings include: 1. Observation on February 11, 2025, at 11:15 a.m., revealed several of the sprinkler head assemblies, located within the Laundry, were "loaded" with lint. Exit interview on February 11, 2025, between 12:20 p.m., and 12:30 p.m., with the Facility Administrator and Facilities Manager confirmed the automatic sprinkler system deficiencies.	K 0353		
K 0363 SS=E		K 0363		

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K 0363 SS=E	Continued from page 6 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	Room 307 and 302 Doors were adjusted to be smoke tight Facility Door Audit was completed of all doors to ensure they are smoke tight. Maintenance will be educated by NHA/Designee re: K-0363 Maintenance director or designee will audit all doors for 3 months and then quarterly. All findings will be reported at Monthly QPI meeting	Completion Date: 03/11/2025 Status: APPROVED Date: 03/03/2025

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K 0363 SS=E	Continued from page 7 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:	K 0363		

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K 0363 SS=E	Continued from page 8 Based on observation and interview, it was determined the facility failed to maintain corridor openings in two locations, affecting one of four floors. Findings include: 1. Observation on February 11, 2025, between 11:40 a.m. and 11:42 a.m., revealed the following resident room doors were not smoke-tight: a. 11:40 a.m., room 307. b. 11:42 a.m., room 302. Exit interview on February 11, 2025, between 12:20 p.m., and 12:30 p.m., with the Facility Administrator and Facilities Manager confirmed the corridor opening deficiencies.	K 0363		



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K 0000	INITIAL COMMENT Facility ID# 085602 Component 02 White Building Based on a Medicare/Medicaid Recertification Survey completed on February 11, 2025, it was determined that Mountain City Nursing & Rehab Ctr 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 three story, Type II (222), fire resistive building, that is fully sprinklered.	K 0000		
K 0363 SS=E		K 0363		

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

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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.

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K 0363 SS=E	Continued from page 1 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	Room 104 Door was adjusted to be smoke tight. Facility Door Audit was completed of all doors to ensure they are smoke tight. Maintenance will be educated re: K-0363 by NHA/designee Maintenance director or designee will audit all doors for 3 months and then quarterly. All findings will be reported at Monthly QPI m	Completion Date: 03/11/2025 Status: APPROVED Date: 03/03/2025

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K 0363 SS=E	Continued from page 2 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 corridor openings in one location, affecting one of three floors. Findings include: 1. Observation on February 11, 2025, at 12:02 p.m., revealed the first floor, Resident Room 104 door was not smoke-tight. Exit interview on February 11, 2025, between 12:20 p.m., and 12:30 p.m., with the Facility Administrator and Facilities Manager confirmed the corridor opening deficiency.	K 0363		



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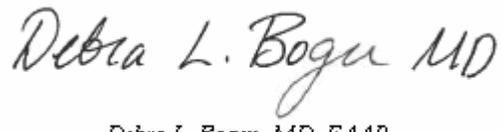
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