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PICKERING MANOR HOME

STATE LICENSE NUMBER: 160802

SURVEY EXIT DATE: 01/08/2025

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**

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395597	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
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NAME OF PROVIDER OR SUPPLIER: PICKERING MANOR HOME STATE LICENSE NUMBER: 160802	STREET ADDRESS, CITY, STATE, ZIP CODE: 226 NORTH LINCOLN AVENUE NEWTOWN, PA 18940
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(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	K 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.

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K 0000	Continued from page 1 Facility ID# 160802 Component 01 East & West Wings Based on a Revisit to a Medicare/Medicaid Recertification Survey completed on November 7, 2024, it was determined that Pickering Manor Home was not in substantial 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). This is a one-story, Type II (000), unprotected non-combustible building, with a basement, that is fully sprinklered.	K 0000		
K 0321 SS=E		K 0321		

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K 0321 SS=E	Continued from page 3 This REQUIREMENT is not met as evidenced by:	K 0321		

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K 0321 SS=E	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain hazardous areas in sprinklered locations, affecting one of two levels. Findings Include: 1. Observation on November 7, 2024, at 11:15 am, revealed 2nd floor West storage room door had significant damage around the latch, which also failed to engage when tested. Exit Interview with the Administrator and Maintenance Director on November 7, 2024, at 1:00 pm, confirmed the door deficiency. ***** Observations during an onsite Revisit conducted on January 8, 2025, between 8:00 a.m. and 10:00 a.m., determined the following: Item 1- Not Completed. On the Second floor, the West storage room door had significant damage around the latch, which also failed to engage when	K 0321		

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K 0321 SS=E	Continued from page 5 tested. Exit Interview with the Administrator and Maintenance Director on January 8, 2025, at 10:00 a.m., confirmed the above item was not completed.	K 0321			



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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 160802 Component 04 New Rehab Addition</p> <p>Based on a Revisit to a Medicare/Medicaid Recertification Survey completed on November 7, 2024, it was determined that Pickering Manor Home was not in substantial compliance with the requirements of the Life Safety Code for a new 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 (111), protected, non-combustible building, with a basement, that is fully sprinklered.</p>	K 0000		

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

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K 0914 SS=E	<p>NFPA 101 Electrical Systems - Maintenance and Testing</p> <p>Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to one month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0914	In response to the annual receptacle testing not be being completed in a timely manner. The Maintenance staff will be inserviced on the importance of receptacle testing and proper dating of the log. This is to be completed by January 31, 2025.	<p>Completion Date: 01/31/2025 Status: APPROVED Date: 01/29/2025</p>

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K 0914 SS=E	Continued from page 2 Based on document review and interview it was determined the facility failed to provide annual receptacle testing in patient care rooms at bed locations within this facility. Findings include: 1. Document review on October 1, 2024, at 9:30 am, revealed the facility was unable to provide proper documentation indicating required annual receptacle testing at patient bed locations was performed during the previous 12 months. Exit Interview with the Administrator and Maintenance Director on November 7, 2024, at 1:00 pm, confirmed the missing documentation. ***** Observations during an onsite Revisit conducted on January 8, 2025, between 8:00 a.m. and 10:00 a.m., determined the following: Item 1- Not Completed. The facility was unable to provide proper documentation indicating required	K 0914		

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K 0914 SS=E	Continued from page 3 annual receptacle testing at patient bed locations was performed during the previous 12 months. Exit Interview with the Administrator and Maintenance Director on January 8, 2025, at 10:00 a.m., confirmed the above item was not completed.	K 0914			



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