





# Certified End Page

**RICHLAND NURSING AND REHAB**

**STATE LICENSE NUMBER: 440702**

**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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395610</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/23/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>RICHLAND NURSING AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>349 VO TECH DRIVE JOHNSTOWN, PA 15904</b>		
STATE LICENSE NUMBER: <b>440702</b>				
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K 0000	INITIAL COMMENT	K 0000		
K 0324	<p>Facility ID# 440702 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 23, 2024, it was determined that Richland Nursing and Rehab 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 (000), unprotected wood frame building, without a basement, that is fully sprinklered.</p>	K 0324		
SS=E				

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 0324  SS=E	Continued from page 1  NFPA 101 Cooking Facilities  Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2  This REQUIREMENT is not met as evidenced by:	K 0324	1. No Residents were found to have been affected by the deficient practice. On 12-23-24, the Director of Maintenance performed the required monthly visual inspection.  2. All Residents have the potential to be affected by the deficient practice.  3. The Director of Maintenance was educated on regulation K0324 by the Administrator.  Administrator added the monthly kitchen fire suppression visual inspection to the list of tasks in TELS, a software which schedules and tracks maintenance tasks.  Administrator contacted two new vendors to schedule the biannual kitchen fire suppression system.  4. The Administrator will receive weekly emails from TELS updating the status of the monthly visual inspection for monitoring purposes.	Completion Date: <b>01/15/2025</b> Status: <b>APPROVED</b> Date: <b>01/07/2025</b>

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K 0324  SS=E	Continued from page 2  Based on documentation review and interview, it was determined the facility failed to maintain cooking facilities in two instances, affecting one of seven smoke compartments.  Findings include:  1. Documentation review on December 23, 2024, revealed the following kitchen fire suppression system deficiencies:  a) 9:50 a.m., the most recent semi-annual kitchen fire suppression inspection and maintenance was completed on March 6, 2024, and was due again by the end of September 2024; b) 9:55 a.m., the facility lacked documentation for monthly visual inspections of the kitchen fire suppression system.  Interview with the Facility Administrator and Maintenance Supervisor on December 23, 2024, at 11:30 a.m., confirmed the above listed kitchen hood deficiencies.	K 0324		

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K 0363  SS=E	<p>NFPA 101 Corridor - Doors</p> <p>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.</p> <p>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.</p> <p>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.</p>	K 0363	<ol style="list-style-type: none"> <li>No Residents were found to have been harmed by the deficient practice. On 12-30-24, the Director of Maintenance completed repairs on the hole in the Medication Room door, and the hinge keeping room C132 from latching properly.</li> <li>All Residents have the potential to be harmed by the deficient practice.</li> <li>The Director of Maintenance was educated on regulation K 0363 by the Administrator.</li> </ol> <p>The Administrator, or designee, will perform weekly rounds with the Director of Maintenance, or designee, to check for compliance.</p> <ol style="list-style-type: none"> <li>The Administrator will receive weekly emails from TELS, a software which schedules and tracks maintenance tasks, updating the status of the monthly visual inspection for monitoring purposes.</li> </ol>	<p>Completion Date: <b>01/15/2025</b> Status: <b>APPROVED</b> Date: <b>01/07/2025</b></p>

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K 0363  SS=E	Continued from page 4  This REQUIREMENT is not met as evidenced by:	K 0363			

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K 0363  SS=E	Continued from page 5  Based on observation and interview, it was determined the facility failed to maintain corridor doors in two instances, affecting two of seven smoke compartments.  Findings include:  1. Observation on December 23, 2024, revealed the following corridor door deficiencies:  a) 10:05 a.m., there was a hole above the door knob to the medication room; b) 10:20 a.m., the door to room C132 is equipped with a door closer and would not self-latch when tested.  Interview with the Facility Administrator and Maintenance Supervisor on December 23, 2024, at 11:30 a.m., confirmed the above listed corridor door deficiencies.	K 0363		
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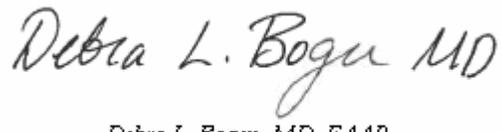
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