

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/07/2025
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767		
STATE LICENSE NUMBER: 021802				
(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 #021802 Component 01 Main Building Based on an Abbreviated Survey, as part of a complaint investigation completed on January 7, 2025, it was determined that Mulberry Healthcare and Rehabilitation Center was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. This is a one-story, Type V (000), unprotected, wood frame building, that is fully sprinklered.	K 0000		
K 0353 SS=F		K 0353		

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 0353 SS=F	Continued from page 1 NFPA 101 Sprinkler System - Maintenance and Testing 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 This REQUIREMENT is not met as evidenced by:	K 0353	Certasite (the facility vendor for the fire sprinkler system) was contacted regarding the issues following a sprinkler head failure. They will be providing a back up supply of sprinkler heads to keep on site for utilization in case of additional sprinkler head issues. Receipt of parts and repairs will also be provided for documented proof of completion. Upon repair of the ceiling flexible duct pieces will be relocated greater than 18 inches from each sprinkler head. The system will be repaired, tested, and signed off by the vendor upon completion of all needed repairs. Certasite will be asked to provide documentation after assessment of each sprinkler head to show safety and functionality of the fast response system.	Completion Date: 03/04/2025 Status: APPROVED Date: 01/27/2025

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K 0353 SS=F	Continued from page 2 Based on observation and interview, the facility failed to maintain the sprinkler system for one of one system. Findings include: 1. An interview on January 7, 2025, between 1:03 p.m., and 1:12 p.m., revealed the following sprinkler system deficiencies in the North Terrace corridor: A. (1:03 p.m.) The facility failed to have a supply of spare sprinklers. Following a sprinkler head failure on December 24, 2024, the maintenance staff evaluated the sprinkler system and determined there were no spare sprinklers onsite. The staff used a pipe plug to repair the sprinkler system on the day of the event. B. (1:12 p.m.) The facility failed to show that a spare sprinkler was obtained following the sprinkler system vendor replacement that occurred on January 3, 2025. Interview with the maintenance director on January 7, 2025, at 1:12 p.m., confirmed the sprinkler	K 0353		

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K 0353 SS=F	Continued from page 3 system deficiencies. 2. Observation on January 7, 2025, between 1:17 p.m. and 1:38 p.m., revealed the following sprinkler system deficiencies in the North Terrace corridor: A. (1:17 p.m.) The failed sprinkler head that was replaced was located within 18 inches of a section of flexible duct, reducing the sprinkler coverage area. B. (1:38 p.m.) The facility failed to provide documentation for the replacement or representative sample testing of the fast response sprinklers (the failed sprinkler manufacture date stamp was 1999) that are present throughout the attic area. Interview with the maintenance director on January 7, 2025, at 1:38 p.m., confirmed the sprinkler head deficiencies.	K 0353		
K 0372 SS=D		K 0372		

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K 0372 SS=D	Continued from page 4 NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:	K 0372	The significant damage to the ceiling in the North hallway caused by the malfunction of the sprinkler head was removed including the old damaged materials of insulation, dry wall, and any items attached to the ceiling. The ceiling was then repaired using fire resistant materials and new insulation was applied resolving the opening to the smoke barrier.	Completion Date: 03/04/2025 Status: APPROVED Date: 01/27/2025

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K 0372 SS=D	Continued from page 5 Based on observation and interview, the facility failed to maintain smoke barrier requirements in one of four wings. Findings include: Observation on January 7, 2025, at 1:17 p.m., revealed the facility failed to maintain smoke barriers in the North Terrace corridor. Through additional observation and interview, it was determined that the sprinkler head frame had failed. This failure caused the release of air pressure in the dry sprinkler system, resulting in water flow throughout the attic area and ceiling above the North Terrace corridor. The water caused sections of the ceiling to collapse, creating an opening (approximately 32" x 48") in the smoke barrier. This opening can allow the transfer of smoke and delay activation of sprinkler and fire alarm components throughout the area. Interview with the maintenance director on January 7, 2025, at 1:17 p.m., confirmed the smoke barrier	K 0372		

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K 0372 SS=D	Continued from page 6 deficiency.	K 0372		
K 0911 SS=D	NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0911	Assessment was completed of the significant water damage that affected the ceiling on the North hall including the old junction box and items that were attached to the ceiling. The junction box was removed by the electrician and consolidation of the necessary wires to the area was provided into a new junction device which was then secured beneath the newly repaired ceiling.	Completion Date: 03/04/2025 Status: APPROVED Date: 01/27/2025

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K 0911 SS=D	Continued from page 7 Based on observation and interview, the facility failed to maintain and inspect electrical system requirements, per NFPA 70 and NFPA 99, in one of four wings. Findings include: Observation on January 7, 2025, at 1:17 p.m., revealed the North Terrace corridor had two unsupported junction boxes with missing covers and exposed wiring. The junction boxes were left hanging from the wiring following ceiling damage from the sprinkler failure. Reference: NFPA 70-300.11(A) Interview with the maintenance director on January 7, 2025, at 1:17 p.m., confirmed the electrical deficiencies at the time of the survey.	K 0911		



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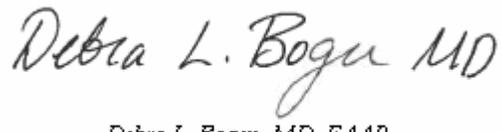
MULBERRY HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: 021802

SURVEY EXIT DATE: 01/07/2025

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