

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395650</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/08/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>WARREN MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>682 PLEASANT DRIVE WARREN, PA 16365</b>		
STATE LICENSE NUMBER: <b>233202</b>				
(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 April 8, 2025, at Warren Manor, 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.

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**WARREN MANOR**

**STATE LICENSE NUMBER: 233202**

**SURVEY EXIT DATE: 04/08/2025**

**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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K 0000	INITIAL COMMENT  Facility ID #233202 Component 01 Main Building  Based on a Medicare/Medicaid Recertification Survey completed on April 8, 2025, it was determined that Warren Manor 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 one-story, Type V (000), unprotected, wood building, that is fully sprinklered.	K 0000		
K 0353  SS=C		K 0353		

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K 0353  SS=C	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	Sprinkler heads in kitchen area to be replaced. Sprinkler wrench to also be replaced. Cleanliness of sprinkler heads to be monitored by Environmental Services Supervisor or designee weekly for one month. Findings to be discussed at Quality Assurance Performance Improvement meeting.	Completion Date: <b>05/16/2025</b> Status: <b>APPROVED</b> Date: <b>04/21/2025</b>

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K 0353  SS=C	Continued from page 2  Based on observation and interview, the facility failed to maintain sprinkler system regulations for one of one system. Findings include: Document review on April 8, 2025, between 12:06 p.m. and 12:08 p.m., revealed the following sprinkler system deficiencies: A. (12:06 p.m.) Kitchen dishwashing area had dust-covered, dirty, and corroded sprinkler heads; B. (12:08 p.m.) The facility failed to provide a required sprinkler wrench at the time of the survey. Interview with the maintenance supervisor on April 8, 2025, at 12:08 p.m., confirmed the sprinkler deficiencies.	K 0353		
K 0912  SS=B		K 0912		

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K 0912  SS=B	Continued from page 3  NFPA 101 Electrical Systems - Receptacles  Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99)  This REQUIREMENT is not met as evidenced by:	K 0912	Laundry room receptacle replaced with ground fault circuit interrupter protection. Whole house audit to be completed by Environmental Services Supervisor or designee to ensure all outlets are in compliance by 4/30. Findings to be discussed at Quality Assurance Performance Improvement meeting.	Completion Date: <b>05/16/2025</b> Status: <b>APPROVED</b> Date: <b>04/21/2025</b>

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K 0912  SS=B	Continued from page 4  Based on observation and interview, the facility failed to maintain electrical receptacles in one of over thirty rooms.  Findings include:  Observation on April 8, 2025, at 10:55 a.m., revealed the A wing resident laundry room had a washing machine without ground fault circuit interrupter (GFCI) protection.  Interview with the maintenance supervisor on April 8, 2025, at 10:55 a.m. confirmed the electrical outlet deficiency.	K 0912		



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K 0000	INITIAL COMMENT  Facility ID #233202 Component 03 Physical Therapy Addition  Based on a Medicare/Medicaid Recertification Survey completed on April 8, 2025, it was determined that Warren Manor 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 one-story, Type V (111), protected, wood building, that is fully sprinklered.	K 0000		
K 0200 SS=B		K 0200		

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K 0200  SS=B	Continued from page 1  NFPA 101 Means of Egress Requirements - Other  Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress 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. 18.2, 19.2  This REQUIREMENT is not met as evidenced by:	K 0200	Physical Therapy hallway evacuation plan was updated. All other evacuation diagrams reviewed to verify two exit routes on each one. Findings will be reported at Quality Assurance Performance Improvement meeting.	Completion Date: <b>05/16/2025</b> Status: <b>APPROVED</b> Date: <b>04/21/2025</b>

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K 0200  SS=B	Continued from page 2  Based on observation and interview, the facility failed to maintain evacuation diagrams for one of over fifteen diagrams.  Findings include:  Observation on April 8, 2025, at 11:01 a.m., revealed that the PT corridor had an evacuation diagram that failed to show two exit routes from the viewer's location.  Ref: NFPA 170 - 11.2.4 and 11.3.2  Interview with the maintenance supervisor on April 8, 2025, at 11:01 a.m., confirmed the deficiency.	K 0200		



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