

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395665</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/27/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>WILLOWBROOKE COURTSKILLED CARE CENTER AT NORMANDY FARMS ESTATES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>8000 TWIN SILO DR BLUE BELL, PA 19422</b>		
STATE LICENSE NUMBER: <b>142502</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 January 27, 2025, at Willowbrooke Court Skilled Care Center At Normandy Farms Estates, 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.

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.



# Certified End Page

**WILLOWBROOKE COURTSKILLED CARE CENTER AT NORMANDY FARMS ESTATES**

**STATE LICENSE NUMBER: 142502**

**SURVEY EXIT DATE: 01/27/2025**

**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

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 142502 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 27, 2025, it was determined that Willowbrooke Court Skilled Care Center at Normandy Farms Estates was not in 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).</p> <p>This is a one-story, Type V (111), protected wood frame building, that is fully sprinklered.</p>	K 0000		

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NAME OF PROVIDER OR SUPPLIER: <b>WILLOWBROOKE COURTSKILLEDCARECENTER AT NORMANDYFARMS ESTATES</b>  STATE LICENSE NUMBER: <b>142502</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>8000 TWIN SILO DR BLUE BELL, PA 19422</b>
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K 0372  SS=E	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0372	<p>by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law.</p> <p>The penetration was sealed by the maintenance staff using approved firestop materials. A thorough inspection of the area was completed, and no other penetrations were found.</p> <p>Weekly random inspections, above ceilings throughout WBC, including firewalls, will be conducted by the Maintenance Director/designee for the next 3 months.</p> <p>Results of the inspections will be documented and reported to the Quality Assurance Performance Improvement (QAPI) Steering Committee for further recommendation.</p>	<p>Completion Date: <b>02/07/2025</b> Status: <b>APPROVED</b> Date: <b>02/12/2025</b></p>

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K 0372  SS=E	Continued from page 2  Based on observation and interview, it was determined the facility failed to maintain smoke barrier walls free of unsealed penetrations, affecting two of six smoke compartments.  Findings include:  Observation on January 27, 2025, at 11:20 a.m., revealed an unsealed penetration around data wires, above the smoke doors by Ivy South bathroom.  Exit Interview with the Administrator and Maintenance Director on January 27, 2025, at 12:30 p.m., confirmed the penetration.	K 0372		
K 0914  SS=E		K 0914		

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K 0914  SS=E	Continued from page 3  NFPA 101 Electrical Systems - Maintenance and Testing  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 1 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)  This REQUIREMENT is not met as evidenced by:	K 0914	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law.  Maintenance Director/Designee will conduct annual receptacle testing in patient care rooms at bed locations.  Maintenance Director/Designee will document results and maintain documentation for review, annually.  Results of the inspections will be documented and reported to the Quality Assurance Performance Improvement (QAPI) Steering Committee for further recommendation.	Completion Date: <b>02/07/2025</b> Status: <b>APPROVED</b> Date: <b>02/12/2025</b>

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K 0914  SS=E	Continued from page 4  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:  Document review on January 27, 2025, at 9:30 a.m., revealed the facility was unable to provide documentation indicating required annual receptacle testing at patient bed locations was performed within the prior 12 months.  Exit Interview with the Administrator and Maintenance Director on January 27, 2025, at 12:30 p.m., confirmed the missing documentation.	K 0914		



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