

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>12/16/2025</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 December 16, 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: 12/16/2025**

**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

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NAME OF PROVIDER OR SUPPLIER: <b>WILLOWBROOKE COURTSKILLEDCARECENTER AT NORMANDYFARMS ESTATES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>8000 TWIN SILO DR BLUE BELL, PA 19422</b>		
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K 0000	INITIAL COMMENT  Facility ID# 142502 Component 01 Main Building  Based on a Medicare/Medicaid Recertification Survey completed on December 16, 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).  This is a one-story, Type V (111), protected wood frame building, that is fully sprinklered.	K 0000		
K 0211 SS=E		K 0211		

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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>		
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K 0211  SS=E	Continued from page 1  NFPA 101 Means of Egress - General  Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1  This REQUIREMENT is not met as evidenced by:	K 0211	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.  A temporary sign was put on the door and a permanent sign ordered and installed.  An inspection of doors exiting the egress path was done and no others entering an enclosed area was without appropriate signage. Weekly random inspections of doors will be conducted by the Maintenance Director/designee for the next 6 weeks.  Results of the inspections will be reported to the Quality Assurance Performance Improvement (QAPI) Steering Committee in January for further recommendation.	Completion Date: <b>12/19/2025</b> Status: <b>APPROVED</b> Date: <b>01/13/2026</b>

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K 0211  SS=E	Continued from page 2  Based on observations and interview, it was determined the facility failed to ensure there were no obstructions to egress, affecting one of five smoke zones.  1. Observation on December 16, 2025, at 12:00 p.m., revealed a door leading to an enclosed courtyard that could be mistaken for an exit and lacked signage indicating "Not an Exit", Ivy Wing South Living Room.  Interview at the exit conference with the Administrator and Maintenance Director on December 16, 2025, at 1:00 p.m., confirmed the missing signage.	K 0211		



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