

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395677</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/03/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>SARAH A. TODD MEMORIAL HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1000 WEST SOUTH STREET CARLISLE, PA 17013</b>		
STATE LICENSE NUMBER: <b>711402</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 3, 2024, at Sarah A. Todd Memorial Home, 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

**SARAH A. TODD MEMORIAL HOME**

**STATE LICENSE NUMBER: 711402**

**SURVEY EXIT DATE: 12/03/2024**

**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

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THIS PAGE IS NOW PART OF THIS SURVEY

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NAME OF PROVIDER OR SUPPLIER: <b>SARAH A. TODD MEMORIAL HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1000 WEST SOUTH STREET CARLISLE, PA 17013</b>		
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K 0000	INITIAL COMMENT  Facility ID #711402 Component 01 Main Building and Dementia  Based on a Medicare/Medicaid Recertification Survey completed on December 3, 2024, it was determined that Sarah A. Todd Memorial Home 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 frame structure, without a basement, which is fully sprinklered.	K 0000		
K 0211 SS=E		K 0211		

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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	Signage will be purchased and installed on egress doors.  Signs will be installed by 1/13/25.  Signage will be inspected every month by the Director of Environmental Services or designee to ensure that they are in place and in good condition.  This inspection will be added to our preventative maintenance program to ensure signage is in place and in good condition. The results of this will be reported by the Director of Environmental Services or designee to the Quality Assurance and Performance Improvement Committee.	Completion Date: <b>01/13/2025</b> Status: <b>APPROVED</b> Date: <b>12/30/2024</b>

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K 0211  SS=E	Continued from page 2  Based on observation and interview, it was determined the facility failed to maintain egress door signage, for special locking arrangements, affecting one of four smoke compartments within the component.  Findings include:  1. Observation on December 3, 2024, at 12:40 PM, revealed the exit discharge doors were equipped with special locking arrangements, but lacked delayed egress signage for the Service Corridor double doors.  Interview at the time of the exit conference with the Director of Nursing and Director of Maintenance on December 3, 2024, at 1:30 PM, confirmed exit doors lacked signage for special locking arrangements.	K 0211		
K 0353  SS=D		K 0353		

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NAME OF PROVIDER OR SUPPLIER: <b>SARAH A. TODD MEMORIAL HOME</b>  STATE LICENSE NUMBER: <b>711402</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1000 WEST SOUTH STREET CARLISLE, PA 17013</b>		
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K 0353  SS=D	Continued from page 3  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 will be cleared of debris.  This occurred on 12/12/24.  The sprinkler heads will be inspected by the Director of Environmental Services or designee every month as part of our preventative maintenance program.  Audits will be completed by the Director of Environmental Services or designee weekly for every quarter to ensure compliance, and the results will be reported to the Quality Assurance and Performance Improvement Committee.	Completion Date: <b>12/12/2024</b> Status: <b>APPROVED</b> Date: <b>01/02/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395677</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/03/2024</b>
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K 0353  SS=D	Continued from page 4  Based on observation, and interview, it was determined the facility failed to maintain the sprinkler heads, to be free of load, in one of four smoke zones within the component.  Findings include:  1. Observation on December 3, 2024, at 11:23 AM, revealed three sprinkler heads were covered with debris, outside on the Kitchen Loading Dock.  Interview at the time of the exit conference with the Director of Nursing and Director of Maintenance on December 3, 2024, at 1:30 PM, confirmed the sprinkler heads were subject to load.	K 0353		
K 0912  SS=D		K 0912		

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K 0912  SS=D	Continued from page 5  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	Outlets within 6 feet of a water source will be GFI protected.  The outlet by the pot and pan sink was moved more than 6 feet away from the water source on 12/9/24. The outlet by the ice machine was changed to a GFI on 12/10/24.  Checking all outlets will be part of our monthly preventative maintenance program by the Director of Environmental Services Director or designee.  The results of our preventative maintenance program findings will be reported by the Director of Environmental Services or designee to the Quality Assurance and Performance Improvement Committee.	Completion Date: <b>12/10/2024</b> Status: <b>APPROVED</b> Date: <b>12/30/2024</b>

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K 0912  SS=D	Continued from page 6  Based on observation and interview, it was determined the facility failed to maintain power receptacles, to be Ground Fault Interruption (GFI) protected, within six feet of a water source, in one of four smoke zones within the component.  Findings include:  1. Observation on December 3, 2024, between 11:15 AM and 11:20 AM, revealed outlets were not GFI protected and within six feet of a water source, at the following locations:  a. 11:15 AM, Kitchen, by pot and pan sink; b. 11:20 AM, Kitchen, behind ice machine.  Interview at the time of the exit conference with the Director of Nursing and Director of Maintenance on December 3, 2024, at 1:30 PM, confirmed outlets were not GFI protected.	K 0912		
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K 0000	INITIAL COMMENT  Facility ID #711402 Component 02 New Building  Based on a Medicare/Medicaid Recertification Survey completed on December 3, 2024, it was determined that Sarah A. Todd Memorial Home 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 two-story, Type II (111), protected noncombustible structure, with a basement, which is fully sprinklered.	K 0000		
K 0211 SS=E		K 0211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

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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	Signage will be purchased and installed on egress doors.  Signs will be installed by 1/13/25.  Signage will be inspected every month by the Director of Environmental Services or designee to ensure that they are in place and in good condition.  This inspection will be added to our preventative maintenance program to ensure signage is in place and in good condition. The results of this will be reported by the Director of Environmental Services or designee to the Quality Assurance and Performance Improvement Committee.	Completion Date: <b>01/13/2025</b> Status: <b>APPROVED</b> Date: <b>12/30/2024</b>

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K 0211  SS=E	Continued from page 2  Based on observation and interview, it was determined the facility failed to maintain egress door signage for special locking arrangements, affecting three of four smoke compartments within the component.  Findings include:  1. Observation on December 3, 2024, between 12:30 PM and 12:36 PM, revealed the exit discharge doors where equipped with special locking arrangements, but lacked delayed egress signage, at the following locations:  a. 12:30 PM, 1st floor, Therapy Hall by Therapy; b. 12:34 PM, 1st floor, Hall 3 by Resident Room 48; c. 12:36 PM, 1st floor, Hall 4.  Interview at the time of the exit conference with the Director of Nursing and Director of Maintenance on December 3, 2024, at 1:30 PM, confirmed exit doors were equipped with special locking	K 0211		

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K 0211  SS=E	Continued from page 3  arrangements, but lacked signage.	K 0211			



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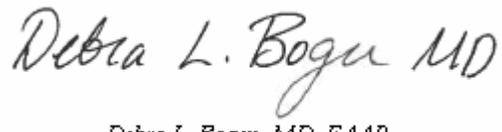
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