

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395683 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: __ B. WING: __ | (X3) DATE SURVEY COMPLETED: 01/29/2025 |
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| NAME OF PROVIDER OR SUPPLIER: HIGHLANDS REHABILITATION AND HEALTHCARE | | STREET ADDRESS, CITY, STATE, ZIP CODE: 918 MAIN STREET LAPORTE, PA 18626 | | |
| STATE LICENSE NUMBER: 127402 | | | | |
| (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 29, 2025, at Highlands Healthcare and Rehabilitation Center, 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

HIGHLANDS REHABILITATION AND HEALTHCARE

STATE LICENSE NUMBER: 127402

SURVEY EXIT DATE: 01/29/2025

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 #127402 Component 01 Main Building 01</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 29, 2025, it was determined that Highlands Healthcare and Rehabilitation Center 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).</p> <p>This is a three story, Type II (000) unprotected, noncombustible, fully sprinklered building, with a basement.</p> | K 0000 | | |

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| K 0161 SS=C | <p>NFPA 101 Building Construction Type and Height</p> <p>Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <p>Construction Type</p> <p>1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p> | K 0161 | <p>FSES was completed on 8/26/2024</p> <p>Facility will maintain an up to date FSES.</p> | <p>Completion Date: 02/17/2025</p> <p>Status: APPROVED</p> <p>Date: 02/06/2025</p> |

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| K 0161 SS=C | Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain building construction requirements, affecting four of four floors. Findings include: 1. Observation on January 29, 2025, at 9:50 am, revealed the facility is three stories in height, exceeding the maximum allowable story height for the building construction type, which is documented to be Type II (000). Interview at the time of the exit conference with the facility administrator on January 29, 2025, at 11:00 am, confirmed the facility exceeded the maximum allowable story height by one floor. | K 0161 | | |

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| K 0291 SS=E | NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: | K 0291 | Emergency light in basement was rewired on 1/31/2025 and is now functioning properly. Maintenance director completed an audit to verify emergency lights in the facility are functioning properly. Maintenance Director was educated on maintaining emergency lighting by NHA. Maintenance director/designee will audit functionality of emergency lights weekly x4 and monthly x3 and report findings to monthly QAPI committee. | Completion Date: 02/17/2025 Status: APPROVED Date: 02/06/2025 |
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| K 0291 SS=E | Continued from page 4 Based on observation and interview, the facility failed to maintain emergency lighting, in one location, affecting one of four floors. Findings include: 1. Observation on January 29, 2025, at 10:50 am, Basement Level, Mechanical Room, emergency light failed to function properly and illuminate, when power was turned off in the room. (Light worked when using the test button). Interview at the time of the exit conference with the facility administrator on January 29, 2025, at 11:00 am, confirmed the light did not function properly when tested. | K 0291 | | |
| K 0353 SS=E | | K 0353 | | |

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| K 0353 SS=E | Continued from page 5 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 | Escutcheons were installed in the 3rd floor oxygen room, 3rd floor corridor, and maintenance shop on 2/3/2025. Ceiling tile in dietary was replaced on 1/30/2025. A sprinkler wrench was purchased and placed in sprinkler box on 1/31/2025. Maintenance director audited facility sprinklers to verify escutcheons in place and ceiling tiles in the dietary department. Maintenance Director was educated on maintaining the facility's sprinkler system by NHA. Maintenance director/designee will audit sprinklers to verify escutcheons are in place, the sprinkler box to verify the wrench is in place, and the dietary ceiling tiles weekly x4 and monthly x3 and report findings to monthly QAPI committee. | Completion Date: 02/17/2025 Status: APPROVED Date: 02/06/2025 |
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| K 0353 SS=E | Continued from page 6 Based on observation and interview, it was determined the facility failed to maintain required sprinkler systems, in five locations, affecting three of four floors. Findings include: 1. Observation on January 29, 2025, between 9:55 am, and 10:49 am, revealed the following: a. At 9:55 am, 3rd floor, Oxygen Storage room, was missing an escutcheon. b. At 9:58 am, 3rd floor, Corridor was missing an escutcheon, near Nurses's station. c. At 10:31 am, 1st floor, Dietary, had an unsealed peneration of a ceiling tile near the dishwasher. d. At 10:41 am, Basement Level, Maintenance Shop, was missing an escutcheon. e. At 10:49 am, Basement Level, Tank Room, sprinkler box lacked a wrench for sprinkler head replacment. Interview at the time of the exit conference with the | K 0353 | | |

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| K 0353 SS=E | Continued from page 7 facility administrator on January 29, 2025, at 11:00 am, confirmed the sprinkler system deficiencies. | K 0353 | | |
| K 0541 SS=E | NFPA 101 Rubbish Chutes, Incinerators, and Laundry Chutes Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.) (4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82 This REQUIREMENT is not met as evidenced by: | K 0541 | The laundry chute was repaired on 2/5/2025. Maintenance director/designee completed an audit to verify facility chutes function properly. Maintenance Director was educated on maintaining laundry chute latch by NHA. Maintenance director/designee will audit facility chutes to verify latching weekly x4 and monthly x3 and report findings to monthly QAPI committee. | Completion Date: 02/17/2025 Status: APPROVED Date: 02/06/2025 |

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| K 0541 SS=E | Continued from page 8 Based on observation and interview, it was determined the facility failed to maintain soiled linen and rubbish chutes in one locations, affecting three of four floors. Findings include: 1. Observation on January 29, 2025, at 10:27 am, 1st Floor Laundry, discharge laundry chute door, failed to latch into frame when tested. Interview at the time of the exit conference with the facility administrator on January 29, 2025, at 11:00 am, confirmed the chute door failed to latch. | K 0541 | | |



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