

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395702	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/30/2026
NAME OF PROVIDER OR SUPPLIER: BEACON RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE: 1515 WAYNE AVENUE INDIANA, PA 15701		
STATE LICENSE NUMBER: 033102				
(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 30, 2026, at Beacon Ridge, 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

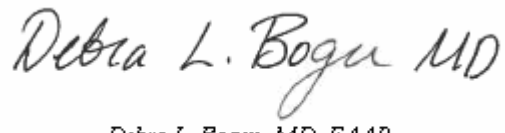
BEACON RIDGE

STATE LICENSE NUMBER: 033102

SURVEY EXIT DATE: 04/30/2026

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 033102 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 30, 2026, it was determined that Beacon Ridge had deficiencies that have the potential for minimal harm as related to 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 one-story, Type II (000), unprotected, non-combustible building, with a partial basement, that is fully sprinklered.</p>	K 0000		

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K 0100 SS=C		K 0100		
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K 0100 SS=C	Continued from page 2 NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General 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. This REQUIREMENT is not met as evidenced by:	K 0100	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Indiana Skilled Nursing INC dba Beacon Ridge agrees with the allegations and citations listed on the statement of deficiencies. Indiana Skilled Nursing INC dba Beacon Ridge maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Indiana Skilled Nursing INC dba Beacon Ridge written credible allegation of compliance. By submitting this plan of correction, Indiana Skilled Nursing INC dba Beacon Ridge does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Indiana	Completion Date: 05/29/2026 Status: APPROVED Date: 05/20/2026

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K 0100 SS=C	Continued from page 3	K 0100	<p>Skilled Nursing INC dba Beacon Ridge reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</p> <p>Maintenance department was educated on the need for the floor plan to include the designated items required on the Life Safety Code Floor Plan.</p> <p>Random audits will be completed by the Administrator and/or designee monthly for 2 months to assure that the floor plan is compliant.</p> <p>Audit results will be reviewed by the facility Quality Assurance Performance Improvement Committee to determine compliance or need for continuation of audits.</p>	

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K 0100 SS=C	Continued from page 4 Based on observation and interview, the facility failed to maintain portable floor plans that outlined designated rated partitions, affecting the entire facility. Findings include: Document review on April 30, 2026, at 12:54 p.m., revealed the facility failed to provide a set of accurate, portable floor plans. The Division of Safety Inspection is requiring that all facilities under its jurisdiction provide a portable, accurate floor plan on-site, to be used during the Life Safety Code Survey. The Life Safety Code floor plan shall include the following: a. Smoke barrier walls (outside wall to outside wall) b. Fire barrier walls (2-hour walls) c. Horizontal exits d. Rated rooms (storage rooms, soiled utility rooms, designated medical gas rooms) will be	K 0100		

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K 0100 SS=C	Continued from page 5 clearly designated. It is the facility's responsibility to have all rated rooms indicated on its Life Safety Code Floor Plan e. Required exits should be clearly noted f. Shaft walls Interview at the exit conference with the administrator on April 30, 2026, at 12:54 p.m., confirmed the facility's Life Safety Code Floor Plan was unavailable at the time of the survey.	K 0100		
K 0345 SS=F		K 0345		

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K 0345 SS=F	Continued from page 6 NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:	K 0345	Maintenance department was educated on the need for the fire alarm system to be inspected and tested at regular intervals that includes semi annual visual inspections and a two year smoke detector test. The semi annual inspection will be scheduled to be completed according to NFPA- 0100 70 and 72. The smoke detector sensitivity will be scheduled to be completed according to NFPA-0100 70 and 72. Random audits will be completed by the Administrator and/or designee monthly for 6 months to assure that semi annual inspections are completed and the smoke detector test was completed. Audit results will be reviewed by the facility Quality Assurance Performance Improvement Committee to determine compliance or need for continuation of audits.	Completion Date: 05/29/2026 Status: APPROVED Date: 05/20/2026

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K 0345 SS=F	Continued from page 7 Based on document review and interview, the facility failed to ensure the fire alarm system was inspected and tested at required intervals, affecting the entire facility. Findings include: Document review on April 30, 2026, at 10:00 a.m., revealed the facility could not produce documentation that the semi-annual visual inspections and the two-year smoke detector sensitivity test were completed at the time of the survey. Interview with the maintenance supervisor on April 30, 2026, at 10:00 a.m., confirmed the documentation was unavailable at the time of the survey.	K 0345		
K 0353 SS=C		K 0353		

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K 0353 SS=C	Continued from page 8 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	Maintenance department was educated on the need for the sprinkler system to be inspected and tested at regular intervals that includes semi annual for valve supervisory switches and annual control valves. The semi annual inspection will be scheduled to be completed per NFPA-0100 25. The annual control valve inspection will be scheduled to be completed per NFPA-0100 25. Random audits will be completed by the Administrator and/or designee monthly for 6 months to assure that semi annual valve supervisory switched and annual control valve testing was completed. Audit results will be reviewed by the facility Quality Assurance Performance Improvement Committee to determine compliance or need for continuation of audits.	Completion Date: 05/29/2026 Status: APPROVED Date: 05/20/2026

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K 0353 SS=C	Continued from page 9 Based on document review and interview, the facility failed to maintain the sprinkler system for one of one system. Findings include: Document review and interview on April 30, 2026, at 10:50 a.m., revealed the facility failed to provide the following documentation for the fire sprinkler system at the time of the survey: A. (10:50 a.m.) Semi-annual valve supervisory switches; B. (10:50 a.m.) Annual control valves. Interview with the maintenance supervisor on April 30, 2026, at 10:50 a.m., confirmed the sprinkler system documentation was unavailable at the time of the survey.	K 0353		
K 0712 SS=E		K 0712		

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K 0712 SS=E	Continued from page 10 NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:	K 0712	Maintenance department was educated on the need for fire drills – quarterly on each shift at varying hour time slots. Random audits will be completed by the Administrator and/or designee monthly for 6 months to assure that monthly inspections are completed at varying timeframes and hour time slots. Audit results will be reviewed by the facility Quality Assurance Performance Improvement Committee to determine compliance or need for continuation of audits.	Completion Date: 05/29/2026 Status: APPROVED Date: 05/20/2026

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K 0712 SS=E	Continued from page 11 Based on document review and interview, the facility failed to meet fire drill requirements for two of three work shifts. Findings include: Document review on April 30, 2026, at 10:27 a.m., revealed the second and third shift fire drills were conducted within the same hour slot for three of the four testing quarters. Interview with the administrator and maintenance supervisor on April 30, 2026, at 10:27 a.m., confirmed the fire drill deficiency at the time of the survey.	K 0712		
K 0911 SS=D		K 0911		

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K 0911 SS=D	Continued from page 12 NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0911	Maintenance department was educated on the need to maintain and inspect electrical system per NFPA 70 and NFPA 99 with respect to having no open breakers slots in the panel box. The open breaker was replaced 4/30/2026 following the identification of the missing breaker. Random audits will be completed by the Administrator and/or designee monthly for 6 months to assure that there are no open breakers in the panel boxes. Audit results will be reviewed by the facility Quality Assurance Performance Improvement Committee to determine compliance or need for continuation of audits.	Completion Date: 05/29/2026 Status: APPROVED Date: 05/20/2026

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K 0911 SS=D	Continued from page 13 Based on observation and interview, the facility failed to maintain and inspect electrical system requirements, per NFPA 70 and NFPA 99, in one of four smoke compartments. Findings include: Observation on April 30, 2026, at 1:00 p.m., revealed the generator room had an open breaker slot, in the breaker panel labeled "Panel HC." Reference: NFPA 70-408.7 Interview with the maintenance supervisor on April 30, 2026, at 1:00 p.m., confirmed the electrical system deficiency.	K 0911		



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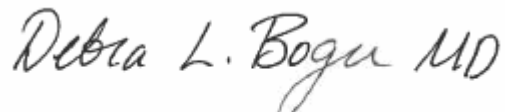
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Deputy Secretary for Quality Assurance


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Secretary of Health



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