

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395722	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/22/2025
NAME OF PROVIDER OR SUPPLIER: UNIVERSITY CITY REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 3609 CHESTNUT STREET PHILADELPHIA, PA 19104		
STATE LICENSE NUMBER: 180102				
(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 22, 2025, at University City Rehabilitation And Healthcare 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.



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UNIVERSITY CITY REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 180102

SURVEY EXIT DATE: 01/22/2025

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# 180102 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 22, 2025, it was determined that University City Rehabilitation And Healthcare Center 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 three-story, Type II (000), unprotected non-combustible building, with a partial basement and sub-basement, that is fully sprinklered.</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	Center is applying for an FSES and TLW and is requesting that the state preforms this request.	<p>Completion Date: 03/05/2025</p> <p>Status: APPROVED</p> <p>Date: 02/24/2025</p>

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K 0161 SS=C	Continued from page 2 Based on document review and interview, it was determined the facility failed to maintain building construction requirements, affecting the entire facility. Findings include: Document review on January 22, 2025, at 8:00 a.m., revealed the facility was classified as a three-story, Type II (000), unprotected non-combustible building, with a basement and sub-basement, that is fully sprinklered. The story height exceeds the maximum stories allowed for this construction type. Exit Interview with the Administrator and the Maintenance Director on January 22, 2025, at 10:30 a.m., confirmed the construction type.	K 0161		

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K 0222 SS=E	<p>NFPA 101 Egress Doors</p> <p>Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved,</p>	K 0222	<p>Maintenance Director was in serviced on proper signage for egress doors Area identified has been resolved by the maintenance director by posting signage stating "PUSH UNTIL ALARM SOUNDS DOOR WILL OPEN IN 15 SECONDS" All egress doors will be reviewed by maintenance director to assure that all egress doors have proper signage. Maintenance Director/Designee will monitor egress doors 3 times per week for 4 weeks and 1 time a month for 2 months. Results will be brought to QAPI and variances will be addressed.</p>	<p>Completion Date: 03/05/2025 Status: APPROVED Date: 02/11/2025</p>

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K 0222 SS=E	Continued from page 4 supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:	K 0222		
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K 0222 SS=E	Continued from page 5 Based on observation and interview, it was determined the facility failed to maintain delayed egress doors, affecting one of four levels in the facility. Findings include: Observation on January 22, 2025, at 10:29 a.m., revealed, on the ground floor, the delay egress door leading to the Loading Dock Lack signage stating: "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS " Exit Interview with the Administrator and the Maintenance Director on January 22, 2025, at 10:30 a.m., confirmed the lack of signage.	K 0222		
K 0241 SS=C	NFPA 101 Number of Exits - Story and Compartment Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not	K 0241	Center is applying for an FSES and is requesting that the state preforms this request.	Completion Date: 03/05/2025 Status: APPROVED Date: 02/11/2025

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K 0241 SS=C	Continued from page 6 require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by: Based on document review and interview, it was determined the facility failed to maintain two acceptable exits from each story, affecting one of six smoke compartments. Findings include: Document review on January 22, 2025, at 8:00 a.m., revealed the sub-basement lacked two required acceptable emergency fire exits. Exit Interview with the Administrator and the Maintenance Director on January 22, 2025, at 10:30 a.m., confirmed the emergency fire exit deficiency.	K 0241		

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K 0353 SS=E	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>Maintenance director was in serviced on having storage within 18 inches of sprinklers and on checking facility for missing ceiling tiles. Areas identified have been resolved by maintenance director by removing all storage that is within 18 inches of sprinklers and replacing missing ceiling tiles. All supply closets will be reviewed by maintenance director to assure that no storage is within 18 inches from sprinklers. All areas will be reviewed by maintenance director to assure that there are no missing ceiling tiles. Maintenance Director/ Designee will monitor all supply rooms that no storage is within 18 inches of sprinklers and that no area has missing ceiling tiles 3 times per week for 4 weeks and 1 time per month for 2 months. Results will be brought to QAPI and variances will be addressed.</p>	<p>Completion Date: 03/05/2025 Status: APPROVED Date: 02/11/2025</p>

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K 0353 SS=E	Continued from page 8 Based on observation and interview, it was determined the facility failed to maintain the sprinkler system, affecting two of four levels in the facility. Findings include: Observations on January 22, 2025, between 10:06 a.m. and 10:32 a.m., revealed the following deficiencies: a. 10:06, a.m., on the second floor, Supply Closet across from resident room 270 contained storage within 18 of the sprinklers; b. 10:32 a.m., on the ground floor, construction area across from reception, several ceiling tiles were missing. Exit Interview with the Administrator and the Maintenance Director on January 22, 2025, at 10:30 a.m., confirmed the above deficiencies.	K 0353		
K 0372 SS=E		K 0372		

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K 0372 SS=E	Continued from page 9 NFPA 101 Subdivision of Building Spaces - Smoke Barrie 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. This REQUIREMENT is not met as evidenced by:	K 0372	Maintenance director was in serviced on checking that all penetrations are properly sealed. Areas identified have been resolved by maintenance director by sealing penetrations around data wires with 3M Fire Barrier Sealant (CP 25WB+) All areas will be reviewed by maintenance director to assure that there are no open penetrations around data wires. Maintenance Director/Designee will monitor all areas to ensure that there are no open penetrations around data wires 3 times per week for 4 weeks and 1 time per month for 2 months. Results will be brought to QAPI and variances will be addressed.	Completion Date: 03/05/2025 Status: APPROVED Date: 02/11/2025

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K 0372 SS=E	Continued from page 10 Based on observation and interview, it was determined the facility failed to maintain the fire resistance of smoke barriers, affecting one of four levels in the facility. Findings include: Observations on January 22, 2025, between 10:02 a.m. and 10:19 a.m., revealed unsealed penetrations by data wires in the following locations: a. 10:02 a.m., on the second floor, smoke barrier near resident room 257; b. 10:19 a.m., on the first floor, smoke barrier near resident room 172. Exit Interview with the Administrator and the Maintenance Director on January 22, 2025, at 10:30 a.m., confirmed the unsealed penetrations.	K 0372		



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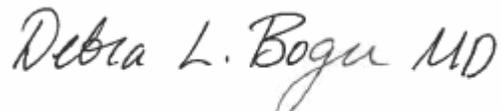
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Jeanne Parisi
Deputy Secretary for Quality Assurance


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