

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395728	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
NAME OF PROVIDER OR SUPPLIER: SNYDER MEMORIAL HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: P O BOX 680 156 SNYDER MEMORIAL RD MARIENVILLE, PA 16239		
STATE LICENSE NUMBER: 137902				
(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
K 0000	INITIAL COMMENT Facility ID #137902 Component 01 Main Building Based on an Abbreviated Survey, as part of a Complaint Investigation completed on January 8, 2025, it was determined that Snyder Memorial Health Care Center was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. This is a one-story, Type V (111), protected, wood frame building, that is fully sprinklered.	K 0000		
K 0712 SS=F		K 0712		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395728	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
NAME OF PROVIDER OR SUPPLIER: SNYDER MEMORIAL HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: P O BOX 680 156 SNYDER MEMORIAL RD MARIENVILLE, PA 16239		
STATE LICENSE NUMBER: 137902				
(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
K 0712 SS=F	Continued from page 1 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	A fire drill was immediately held in the facility on 1/8/2025 at 1400 during the 1st shift. A test of the pull station was completed and documentation of successful check obtained. The Director of Maintenance was educated by the facility Administrator on the requirements of conducting fire drills and maintaining documentation of fire drills in accordance with NFPA 101 An all staff education on fire prevention policy will be completed by January 31, 2025. The education will be conducted by the facility administrator designee A calendar of scheduled fire drills has been completed for the calendar year and shared only by the Director of Maintenance and the facility administrator to facilitate unexpected times and varying conditions. The facility Director of Maintenance will be responsible for performing	Completion Date: 02/11/2025 Status: APPROVED Date: 01/17/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395728	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
NAME OF PROVIDER OR SUPPLIER: SNYDER MEMORIAL HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: P O BOX 680 156 SNYDER MEMORIAL RD MARIENVILLE, PA 16239		
STATE LICENSE NUMBER: 137902				
(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
K 0712 SS=F	Continued from page 2	K 0712	<p>the fire drills in accordance with requirement.</p> <p>The Facility Administrator will audit fire drills monthly to ensure completion and compliance with the requirement.</p> <p>The results of the audit and the fire drill will be reviewed by the facility Quality Assurance and Performance Improvement Committee at a minimum of the next 3 scheduled meetings</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395728	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
NAME OF PROVIDER OR SUPPLIER: SNYDER MEMORIAL HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: P O BOX 680 156 SNYDER MEMORIAL RD MARIENVILLE, PA 16239		
STATE LICENSE NUMBER: 137902				
(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
K 0712 SS=F	Continued from page 3 Based on document review and interview, the facility failed to perform 12 of 12 required fire drills. Findings include: Document review on January 8, 2025, between 11:00 a.m. and 11:05 a.m., revealed the following fire drill deficiencies: A. (11:00 a.m.) The facility lacked documentation for all twelve fire drills that included the sending/receiving of a fire alarm signal and the simulation of emergency fire conditions; B. (11:05 a.m.) The facility was conducting silent drills outside the defined NFPA time intervals (between 9:00 p.m. and 6:00 a.m.). Interview with the maintenance supervisor on January 8, 2025, at 11:05 a.m., confirmed the fire alarm deficiencies at the time of the survey.	K 0712		



Certified End Page

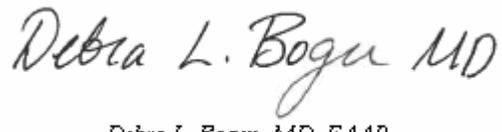
SNYDER MEMORIAL HEALTH CARE CENTER

STATE LICENSE NUMBER: 137902

SURVEY EXIT DATE: 01/08/2025

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