STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395771	A. BLDG: __--_____ B. WING: _____	12/18/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
LAKESIDE AT WILLOW VALLEY STATE LICENSE NUMBER: **233602**	**300 WILLOW VALLEY LAKES DRIVE WILLOW STREET, PA 17584**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 18, 2024, at Lakeside at Willow Valley, 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

LAKESIDE AT WILLOW VALLEY

STATE LICENSE NUMBER: 233602

SURVEY EXIT DATE: 12/18/2024

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
Debra L. Bogen, MD, FAAP
Secretary of Health

Pennsylvania
Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395771	A. BLDG: 01 B. WING:	12/18/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
LAKESIDE AT WILLOW VALLEY STATE LICENSE NUMBER: **233602**	**300 WILLOW VALLEY LAKES DRIVE** **WILLOW STREET, PA 17584**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	K 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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395771	A. BLDG: __01_____ B. WING: _____	12/18/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
LAKESIDE AT WILLOW VALLEY STATE LICENSE NUMBER: **233602**	**300 WILLOW VALLEY LAKES DRIVE WILLOW STREET, PA 17584**

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K 0000	Continued from page 1 Facility ID #233602 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on December 18, 2024, it was determined that Lakeside at Willow Valley 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). This is a four-story, Type II (222), fire resistive structure, without a basement, which is partially sprinklered, with smoke detection in resident rooms and common areas. The healthcare portion of the facility is fully sprinklered, on the 1st and ground floor.	K 0000		
K 0293 SS=C		K 0293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395771	A. BLDG: 01 B. WING:	12/18/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
LAKESIDE AT WILLOW VALLEY STATE LICENSE NUMBER: **233602**	**300 WILLOW VALLEY LAKES DRIVE** **WILLOW STREET, PA 17584**

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K 0293 SS=C	Continued from page 2 NFPA 101 Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by:	K 0293	Life Safety Code, NFPA 101 Exit Signage: 1. A monthly inspections of exit signage (426) has been created in the work order system to ensure all exit signage are visually inspected. 2. Team Member will visually inspect exit signage at least once per month 3. Team Member will document completion of inspection after each occurrence. 4. The deficiency and the new process for monthly inspections (426) has been reviewed with the Lakeside Maintenance team members 5. The corrective action will be document and monitored by our Facility Management work order system. The documentation and reports will be reviewed at Quality Assurance meeting in 2025. 6. POC date of compliance will be completed by January 31st, 2025	Completion Date: **01/31/2025** Status: **APPROVED** Date: **12/30/2024**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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K 0293 SS=C	Continued from page 3 Based on document review and interview, it was determined the facility failed to maintain documentation verifying exit signage was subjected to monthly visual inspections within the previous twelve months, affecting the entire component. Findings include: 1. Review of documentation on December 18, 2024, at 10:35 AM, revealed the facility failed to provide documentation verifying exit signage was subjected to monthly visual inspections, within the previous twelve months. Interview with the Maintenance Manager on December 18, 2024, at 10:35 AM, confirmed the lack of documentation verifying exit signage was subjected to monthly visual inspections.	K 0293		

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LAKESIDE AT WILLOW VALLEY

STATE LICENSE NUMBER: 233602

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