

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395793	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/17/2024
NAME OF PROVIDER OR SUPPLIER: ORCHARD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE: 20 ORCHARD DRIVE GROVE CITY, PA 16127		
STATE LICENSE NUMBER: 410802				
(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 Onsite Revisit to an Emergency Preparedness Survey completed on October 31, 2024, it was determined that Orchard Manor was in substantial compliance 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.

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ORCHARD MANOR

STATE LICENSE NUMBER: 410802

SURVEY EXIT DATE: 12/17/2024

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, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #410802 Component 01 Main Building</p> <p>Based on an Onsite Revisit to a Medicare/Medicaid Recertification Survey completed on October 31, 2024, it was determined that Orchard Manor was not in compliance with the 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, that is fully sprinklered.</p>	K 0000		

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K 0345 SS=C	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	Corrective Action Taken: 1. The semi-annual visual inspection of the fire alarm system was completed on December 13, 2024. 2. The sensitivity testing of the smoke detectors has been scheduled for January 8, 2024. Systemic Changes: 1. The facility has implemented a tracking system to ensure timely scheduling and documentation of all fire alarm system inspections and testing. 2. The maintenance supervisor will review the schedule monthly to verify compliance with inspection and testing requirements.	Completion Date: 01/09/2025 Status: APPROVED Date: 12/23/2024

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K 0345 SS=C	Continued from page 2 Based on document review and interview, the facility failed to meet fire alarm system requirements for two of two components. Findings include: Document review on October 31, 2024, at 9:01 a.m., revealed the facility lacked the following fire alarm system documentation: A. (9:01 a.m.) Semi-annual visual inspection of the fire alarm system; B. (9:01 a.m.) Sensitivity testing of the smoke detectors. Interview with the administrator and maintenance supervisor on October 31, 2024, at 9:01 a.m., confirmed the lack of documentation at the time of the survey. ***** Based on observation and interview during an Onsite Revisit Survey conducted on December 17, 2024, at 11:10 a.m., the facility failed to provide documentation for item B. The facility contacted the	K 0345		

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K 0345 SS=C	Continued from page 3 vendor to verify that the test was completed or if it needed to be completed. Interview with the chief operating officer and administrator on December 17, 2024, at 11:10 a.m., confirmed the facility did not correct item B at the time of the survey.	K 0345			



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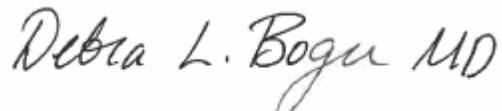
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K 0000	INITIAL COMMENT Facility ID #410802 Component 02 Assisted Living Building Based on an Onsite Revisit to a Medicare/Medicaid Recertification survey completed on October 31, 2024, it was determined that Orchard Manor was not in compliance with the 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 one story, Type V (111), protected, wood frame building, that is fully sprinklered.	K 0000		
K 0345 SS=C		K 0345		

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