

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395802	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/22/2025
NAME OF PROVIDER OR SUPPLIER: THORNWALD HOME		STREET ADDRESS, CITY, STATE, ZIP CODE: 442 WALNUT BOTTOM ROAD CARLISLE, PA 17013		
STATE LICENSE NUMBER: 082802				
(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 December 22, 2025, at Thornwald Home, 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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THORNWALD HOME

STATE LICENSE NUMBER: 082802

SURVEY EXIT DATE: 12/22/2025

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**

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THIS PAGE IS NOW PART OF THIS SURVEY

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NAME OF PROVIDER OR SUPPLIER: THORNWALD HOME STATE LICENSE NUMBER: 082802		STREET ADDRESS, CITY, STATE, ZIP CODE: 442 WALNUT BOTTOM ROAD CARLISLE, PA 17013		
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #082802</p> <p>Component 01</p> <p>Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 22, 2025, it was determined that Thornwald Home was not in compliance with 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 noncombustible structure, with a basement, which is fully sprinklered.</p>	K 0000		

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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>The facilities maintenance department audited the entire facility for other dirty/debris covered sprinkler heads. The affected sprinkler heads will be cleaned. Checking for dirty/debris on the sprinkler heads will be added to the monthly safety committee checklist.</p> <p>Checklists will be analyzed to identify/track trends or patterns and will be reported to the facility Quality Assurance/Performance Improvement Committee for review and/or recommendation.</p>	<p>Completion Date: 01/16/2026 Status: APPROVED Date: 01/02/2026</p>

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K 0353 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the sprinkler heads to be free of debris, affecting one of nine smoke zones within the component. Findings include: 1. Observation on December 22, 2025, at 10:55 AM, revealed sprinkler heads covered with debris, Main Kitchen, throughout by all vents, sprinkler heads. Interview at the time of the exit conference with the Administrator and Director of Environmental Services on December 22, 2025, at 1:00 PM, confirmed the sprinkler heads were covered with debris.	K 0353		



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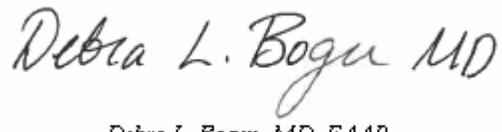
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