

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395804	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __ B. WING: __	(X3) DATE SURVEY COMPLETED: 07/08/2025
NAME OF PROVIDER OR SUPPLIER: LUTHERAN COMMUNITY AT TELFORD		STREET ADDRESS, CITY, STATE, ZIP CODE: 12 LUTHERAN HOME DRIVE TELFORD, PA 18969		
STATE LICENSE NUMBER: 124502				
(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 July 8, 2025, at Lutheran Community At Telford, 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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LUTHERAN COMMUNITY AT TELFORD

STATE LICENSE NUMBER: 124502

SURVEY EXIT DATE: 07/08/2025

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

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 124502 Component 04 New Health Center</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on July 8, 2025, it was determined that Lutheran Community At Telford 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 four-story, Type II (222), fire resistive building, with two lower levels, that is fully sprinklered.</p>	K 0000		

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K 0521 SS=F	NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by:	K 0521	Fire damper exercise documentation not provided at the time of survey has been obtained. The fire dampers have been exercised. The fire dampers will be exercised again in June 2026 to remain within the 48 month testing regulation. Inspection will be entered in the electronic preventative maintenance program as a task to be completed as required. Monitored by Director of Maintenance or designee.	Completion Date: 08/08/2025 Status: APPROVED Date: 07/21/2025

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K 0521 SS=F	Continued from page 2 Based on document review and interview, it was determined the facility failed to ensure fire dampers were exercised at four-year intervals, affecting the entire facility. Findings include: Document review on July 8, 2025, at 1:00 p.m., revealed the facility could not provide documentation that the facility's fire dampers were exercised within the previous 48 months. Exit interview with the Maintenance Director on July 8, 2025, at 1:00 p.m., confirmed the lack of documentation., confirmed the documentation was not available.	K 0521		
K 0914 SS=F		K 0914		

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K 0914 SS=F	Continued from page 3 NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0914	Electrical receptacle testing documentation not provided at survey was obtained. Electrical receptacle testing of hospital and non-hospital grade receptacles was completed in November 2024. Hospital and non-hospital grade receptacles testing will occur again in November 2025 so as not to exceed the 12 month required. Inspection will be entered in the electronic preventative maintenance program as a task to be completed as required. Monitored by Director of Maintenance or designee.	Completion Date: 08/08/2025 Status: APPROVED Date: 07/21/2025

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K 0914 SS=F	Continued from page 4 Based on document review and interview, it was determined the facility failed to ensure electrical receptacles were tested at resident bed locations, affecting the entire facility. Findings include: 1. Document review on July 8, 2025, between 8:45 a.m. and 1:00 p.m. revealed electrical receptacles at resident bed locations were not tested for non-hospital grade receptacles at intervals not exceeding 12 months, and hospital grade receptacles based on documented performance data, minimally not exceeding 12 months. Receptacle testing should include the following: a. resident care rooms; b. visual inspection of physical integrity; c. correct polarity of the hot and neutral connections; d. retention force of the grounding blade (except locking-type receptacles) shall be not less than 115g (4 oz).	K 0914		

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K 0914 SS=F	Continued from page 5 Exit interview with the Maintenance Director on July 8, 2025, at 1:00 p.m., confirmed testing of electrical receptacles was not provided.	K 0914		
K 0918 SS=F		K 0918		

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K 0918 SS=F	Continued from page 6 NFPA 101 Electrical Systems - Essential Electric System Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	Documentation verifying maintenance and inspection of emergency generator not provided at survey has been obtained. a. Monthly 30 minute load tests have been completed and will continue on July 22, 2025 b. Monthly operation of transfer switch occurs during monthly load tests. A column will be added to the log to confirm completion. c. Annual 90 minute load bank had been been completed. It will be completed next in April 2026. d. Preventative maintenance had been completed in March 2025 by a contractor with no signs of wet stacking. e. The 3 year 4 hour load test was completed. It will be completed next in March 2028. Inspection will be entered in the electronic preventative maintenance program as a task to be completed as required. Monitored by Director of	Completion Date: 08/08/2025 Status: APPROVED Date: 07/21/2025

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K 0918 SS=F	Continued from page 7 (NFPA 70) This REQUIREMENT is not met as evidenced by:	K 0918	Maintenance or designee.	

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K 0918 SS=F	Continued from page 8 Based on document review and interview, it was determined the facility failed maintain and inspect the emergency generator, affecting the entire facility. Findings include: Document Review on July 8, 2025, between 8:45 a.m. and 1:00 p.m., revealed the facility failed to provide documentation of the following tests and inspections: a. Monthly 30 minute load test b. Monthly Operation of Transfer Switches c. Annual 90 min Load Bank if cannot meet 30% of nameplate d.. Generator preventative maintenance indicating there was no evidence of wet stacking; e. 3 yr 4-hour Load Test: Exit interview with the Maintenance Director on July 8, 2025, at 1:00 p.m., confirmed the lack of documentation.	K 0918		



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