



Certified End Page

ST. MARTHA CENTER FOR REHABILITATION & HEALTHCARE

STATE LICENSE NUMBER: 457402

SURVEY EXIT DATE: 02/05/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395815	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/05/2025
NAME OF PROVIDER OR SUPPLIER: ST. MARTHA CENTER FOR REHABILITATION & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE: 470 MANOR AVENUE DOWNTOWN, PA 19335		
STATE LICENSE NUMBER: 457402				
(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 #457402 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on February 5, 2025, it was determined that St. Martha Center for Rehabilitation & Healthcare 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). This is a one-story, Type V (000), unprotected wood frame structure, which is fully sprinklered.	K 0000		
K 0133 SS=D		K 0133		

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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K 0133 SS=D	Continued from page 1 NFPA 101 Multiple Occupancies - Construction Type Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3 This REQUIREMENT is not met as evidenced by:	K 0133	This provider submits the following plan of correction in good faith and to comply with Federal Law. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of deficiencies. It is the practice of the facility to have proper fire rated doors separating Nursing and Assisted Buildings 1. Replacement of the fire-rated door separating six hundred wings from the assisted living building has been ordered. New fire rated latching hardware will be installed as well. Residents are free from hazards. 2. All rated doors have been inspected, and confirmation of latching and free from gaps completed on 2/7/2025. 3. Education is completed with Maintenance staff to confirm proper door operation of doors on 2/7/2025. 4. Every quarter for a year the Maintenance Director or designee review random doors throughout the building for proper operations. This	Completion Date: 03/21/2025 Status: APPROVED Date: 02/26/2025

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K 0133 SS=D	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the common wall door, affecting one of ten smoke compartments within the component. Findings include: 1. Observation on February 5, 2025, at 1:30 PM, revealed the corridor fire-rated door, separating Nursing Care from the Assisted Living, at the breezeway end of the 600 Wing, had been modified, planed on the strike edge, had gaps, greater than 1/8 inch, and had hole filled with an unauthorized product. Interview with the Director of Plant Operations on February 5, 2025, at 1:30 PM, confirmed the fire-rated door deficiencies.	K 0133	information will then be entered on a log and will be presented to the QAPI meeting.	
K 0363 SS=E		K 0363		

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K 0363 SS=E	Continued from page 3 NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.	K 0363	K-0363 (E) Corridor- Doors This provider submits the following plan of correction in good faith and to comply with Federal Law. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of deficiencies. It is the practice of the facility to ensure smoke, Fire and corridor doors will operate as per design. 1. The doors by room, the sunflower café and double doors by main street café have had the doors repaired and now they close, latch and are gap free as design. 2. Doors throughout the facility were checked to allow for closure, all residents are free from hazards and all systems are operating as designed as of 2/7/2025. 3. Education completed with Maintenance staff regarding monitoring doors and rating labels to ensure they close properly on 2/7/2025. 4. Every quarter for a year the Maintenance Director or designee	Completion Date: 03/21/2025 Status: APPROVED Date: 02/25/2025

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K 0363 SS=E	Continued from page 4 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:	K 0363	will check random doors throughout the facility to ensure the doors are fully closed. This information will then be entered on a log and will be presented to the monthly QAPI meeting.	

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K 0363 SS=E	Continued from page 5 Based on observation and interview, it was determined the facility failed to maintain the corridor doors to positively latch, and to resist the passage of smoke, affecting two of ten smoke compartments within the component. Findings include: 1. Observation on February 5, 2025, at 2:10 PM, revealed the double doors to the Main Street Cafe, by the Activity Room door, did not positively latch. Interview with the Director of Plant Operations on February 5, 2025, at 2:10 PM, confirmed the doors did not positively latch. 2. Observation on February 5, 2025, at 2:15 PM, revealed the door to the Sunflower Cafe had a gap on the strike side greater than 1/2 inch. Interview with the Director of Plant Operations on February 5, 2025, at 2:15 PM, confirmed the door was not able to resist the passage of smoke.	K 0363		

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K 0363 SS=E	Continued from page 6	K 0363		
K 0754 SS=D		K 0754		

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K 0754 SS=D	Continued from page 7 NFPA 101 Soiled Linen and Trash Containers Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by:	K 0754	This provider submits the following plan of correction in good faith and to comply with Federal Law. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of deficiencies. It is the practice of the facility to ensure no excess of receptacles are utilized. 1. The trash containers exceeding thirty-two gallons that were being utilized to store items have been removed and are no longer utilized in the facility and have been replaced with proper storage containers. The linen under the sink in three hundred wing tubs has been removed as well. 2. Facility wide inspection of any trash containers and under sink storage was completed on 2/7/2025. 3. Education with facility wide staff regarding improper disposal of soiled linen and containers needing to be under 32 gallons in shower and tub rooms, to be completed by 3/21/2025. 4. Weekly random audits to be	Completion Date: 03/21/2025 Status: APPROVED Date: 03/03/2025

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K 0754 SS=D	Continued from page 8 Based on observation and interview, it was determined the facility failed to provide a protected space for soiled-linen and trash containers exceeding 32 gallons, in two of ten smoke compartments within the component. Findings include: 1. Observation on February 5, 2025, at 2:25 PM, revealed soiled-linen laying on the floor, under the sink, in the 300 Wing Tub Room. Interview with the Director of Plant Operations on February 5, 2025, at 2:25 PM, confirmed the soiled-linen was stored outside a rated room or container.	K 0754	completed for 12 months by Maintenance Director or designee for compliance. This information will then be entered on a log and will be presented to the QAPI meeting.	



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