



Certified End Page

LITTLE FLOWER MANOR

STATE LICENSE NUMBER: 121902

SURVEY EXIT DATE: 01/27/2025

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

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THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395821	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
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NAME OF PROVIDER OR SUPPLIER: LITTLE FLOWER MANOR STATE LICENSE NUMBER: 121902	STREET ADDRESS, CITY, STATE, ZIP CODE: 1201 SPRINGFIELD ROAD DARBY, PA 19023
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(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
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 121902 Component 01 A, B, C Wings and Chapel</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 27, 2025, it was determined that Little Flower Manor - A, B, C Wings and the Chapel were 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 one-story, Type V (000), unprotected wood frame building, with a basement, that is fully sprinklered.</p>	K 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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 0131 SS=E	<p>NFPA 101 Multiple Occupancies</p> <p>Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0131	The doors and door hardware will be adjusted so the door will positively latch into the frame. We will continue to inspect for these conditions on our monthly environmental rounds for compliance. The Director of Maintenance will be responsible for maintaining compliance of this inspection.	<p>Completion Date: 03/28/2025 Status: APPROVED Date: 02/14/2025</p>

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K 0131 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to ensure common wall fire separations maintained a fire resistance rating in one of two components within the facility. Findings include: Observation on January 27, 2025, between 9:05 a.m. and 9:45 a.m., revealed the following fire rated doors failed to positively bottom latch when tested: a. 9:05 a.m., on the first floor, the double doors at Tony's Café that separate Component 1 from Component 2; b. 9:45 a.m., in the basement, the level fire door that separates Component 1 from Component 2. Exit Interview with the Facility Administrator and Director of Maintenance on January 27, 2025, at 10:30 a.m., confirmed the fire rated doors that failed to bottom latch.	K 0131		

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K 0241 SS=C	NFPA 101 Number of Exits - Story and Compartment Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by:	K 0241	The facility requests that a new FSES be performed by The Department of Life Safety for the deficiency that the building has one compartment with less than 2 approved exits, remote from each other.	Completion Date: 02/16/2025 Status: APPROVED Date: 02/13/2025

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K 0241 SS=C	Continued from page 4 Based on observation, document review, and interview, it was determined the facility failed to ensure not less than two approved exits, remote from each other, affecting one of four smoke compartments within this component. Findings include: Observation and document review on January 27, 2025, at 8:30 a.m., revealed that the basement lacked two remote exits, due to the boiler room opening into the stair towers on either side. Exit Interview with the Facility Administrator and Director of Maintenance on January 27, 2025, at 10:030 a.m., confirmed the lack of two remote exits.	K 0241		
K 0371 SS=C		K 0371		

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K 0371 SS=C	Continued from page 5 NFPA 101 Subdivision of Building Spaces - Smoke Compar Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by:	K 0371	The facility requests that a new FSES be performed by the Department of Life Safety for the deficiency that the smoke compartment exceeds 22,500 square feet.	Completion Date: 02/16/2025 Status: APPROVED Date: 02/13/2025

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K 0371 SS=C	Continued from page 6 Based on document review and interview, it was determined the facility failed to ensure smoke compartments did not exceed 22,500 square feet, affecting one of four smoke compartments within this component. Findings include: Observation and document review on January 27, 2025, at 8:30 a.m., revealed the C Wing smoke zone exceeded 22,500 square feet in area. Exit Interview with the Facility Administrator and Director of Maintenance on January 27, 2025, at 10:30 a.m., confirmed the smoke compartment exceeded the maximum allowance.	K 0371		
K 0511 SS=E	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.	K 0511	The outlets were replaced with GFCI protected outlets. The Director of Maintenance will be responsible for maintaining compliance with this issue.	Completion Date: 03/28/2025 Status: APPROVED Date: 02/13/2025

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K 0511 SS=E	Continued from page 7 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by:	K 0511		
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K 0511 SS=E	Continued from page 8 Based on observation and interview, it was determined the facility failed to comply with NFPA 70, National Electric Code, Section 210.8(B) 5 for electrical wiring and equipment, affecting one of two levels of the facility. Observations on January 27, 2025, between 9:10 a.m. and 9:25 a.m. revealed non-GFCI outlets installed within 6 ft. of a sink in the following locations a. 9:10 a.m., on the first floor, C-Wing Green Hall, Soiled Linen Room; b. 9:25 a.m., on the first floor, left side Chapel Prep Room. Exit interview with the Facility Administrator and the Maintenance Director on January 27, 2025, at 10:30 a.m., confirmed the non-GFCI outlets installed within 6 ft. of a sink.	K 0511		



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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 121902 Component 02 St. Joseph's Hall</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 27, 2025, at Little Flower Manor - St. Joseph's Hall, it was determined there were no deficiencies identified under the 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 one-story, Type II (000), unprotected non-combustible building, with a basement, that is fully sprinklered.</p>	K 0000		

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