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MAPLE HEIGHTS HEALTH & REHAB CENTER

STATE LICENSE NUMBER: 030202

SURVEY EXIT DATE: 01/30/2025

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: 395828	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/30/2025
NAME OF PROVIDER OR SUPPLIER: MAPLE HEIGHTS HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 429 MANOR DRIVE EBENSBURG, PA 15931		
STATE LICENSE NUMBER: 030202				
(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# 030202 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on January 29-30, 2025, it was determined that Cambria Care Center, 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 five-story, Type II (222), fire resistive building, with a basement, that is fully sprinklered.	K 0000		
K 0345 SS=E		K 0345		

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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K 0345 SS=E	Continued from page 1 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	Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding 1. Vendor was contacted when survey ended to schedule the semi annual visual inspection of the fire alarm system 2. To prevent recurrence, Maintenance manager/designee will preschedule twice a year for the visual inspection to be completed. Administrator will be notified of those inspection dates and monitor them for completion. 3. To maintain and monitor compliance Administrator or designee will review inspection dates and have them reported to monthly safety committee meeting, then turned into Monthly QAPI meeting.	Completion Date: 03/31/2025 Status: APPROVED Date: 02/10/2025

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K 0345 SS=E	Continued from page 2 Based on documentation review and interview, it was determined the facility failed to maintain the fire alarm system in one instance, for one of two semiannual inspections. Findings include: 1. Documentation review on January 30, 2025, at 9:30 a.m., revealed the facility was unable to provide documentation for a semiannual visual inspection of the fire alarm system. Interview with the Facility Administrator and Maintenance Director on January 30, 2025, at 12:30 p.m., confirmed the facility was not able to provide documentation for a semiannual inspection of the fire alarm system and devices.	K 0345		
K 0351 SS=D		K 0351		

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K 0351 SS=D	Continued from page 3 NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by:	K 0351	Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding 1. Vendor was contacted when survey ended to schedule the service for installing the sprinklers in the designated areas in the Therapy Break Room. 2. To prevent recurrence, Completion of the sprinkler installation will correct stated issue 3. To maintain and monitor compliance Administrator or designee will review sprinklers once completed and have them reported to monthly safety committee meeting, then turned into Monthly QAPI meeting	Completion Date: 03/31/2025 Status: APPROVED Date: 02/10/2025

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K 0351 SS=D	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain the automatic fire sprinkler system in one instance, affecting one of 23 smoke compartments. Findings include: 1. Observation on January 30, 2025, at 11:20 a.m., revealed there were sprinklers in the Therapy Break Room under the low bulkhead, but no sprinklers on the ceiling above, or in the space outside of the room. Interview with the Facility Administrator and Maintenance Director on January 30, 2025, at 12:30 p.m., confirmed the lack of sprinkler coverage on the ceiling inside and outside of the Therapy Break Room.	K 0351		



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Jeanne Parisi
Deputy Secretary for Quality Assurance

Handwritten signature of Debra L. Bogen MD in black ink.

Debra L. Bogen, MD, FAAP
Secretary of Health



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K 0000	INITIAL COMMENT	K 0000		
K 0345	<p>Facility ID# 030202 Component 03 LPN Classroom</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 29-30, 2025, it was determined that Cambria Care Center, 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 non-combustible building, without a basement, that is fully sprinklered.</p>	K 0345		
SS=E				

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