



Certified End Page

CRANBERRY PLACE

STATE LICENSE NUMBER: 381602

SURVEY EXIT DATE: 01/29/2025

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: 395845	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025
NAME OF PROVIDER OR SUPPLIER: CRANBERRY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE: 5 ST. FRANCIS WAY CRANBERRY TOWNSHIP, PA 16066		
STATE LICENSE NUMBER: 381602				
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #381602 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 29, 2025, it was determined that Cranberry Place 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 V (111), protected, wood frame building, with a partial basement, that is fully sprinklered.</p>	K 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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K 0100 SS=F	NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by:	K 0100	Fire panel was replaced, DOH was not notified for plan review. No negative outcomes noted. Maintenance supervisor educated on need for plan review before any changes to current systems. NHA will audit any construction or changes of current systems to ensure compliance. Audits will be completed biweekly. Results will be reviewed at the QAPI meeting.	Completion Date: 03/13/2025 Status: APPROVED Date: 02/19/2025

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K 0100 SS=F	Continued from page 2 Based on observation and interview, the facility failed to maintain general requirements that are not addressed by the provided K-tags, but are deficient, affecting the entire building. Findings include: Observation on January 29, 2025, at 10:25 a.m., revealed the facility failed to submit plans to State Plan Review and receive a granted occupancy from the Life Safety Division for the replacement of the fire alarm system that included all devices and the remote annunciator panel. Interview with the maintenance supervisor on January 29, 2025, at 10:25 a.m., confirmed the deficiency at the time of the survey.	K 0100		
K 0200 SS=C		K 0200		

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K 0200 SS=C	Continued from page 3 NFPA 101 Means of Egress Requirements - Other Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2 This REQUIREMENT is not met as evidenced by:	K 0200	Egress evacuation diagrams have been updated to show two forms of evacuation. Education completed with the maintenance supervisor to have routes of evacuation clearly marked on the evacuation diagrams. Diagrams will be monitored monthly. Results will be reviewed at the QAPI meeting.	Completion Date: 03/13/2025 Status: APPROVED Date: 02/19/2025

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K 0200 SS=C	Continued from page 4 Based on observation and interview, the facility failed to maintain means of egress requirements in one of one building component. Findings include: Observation on January 29, 2025, at 10:59 a.m., revealed the evacuation diagrams did not contain a notation showing the location of the viewer on the diagram. Ref: NFPA 170-11.2.4 through 11.4.1 Interview with the maintenance supervisor on January 29, 2025, at 10:59 a.m., confirmed the diagrams failed to show YOU ARE HERE locations and exit paths.	K 0200		

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K 0223 SS=D	NFPA 101 Doors with Self-Closing Devices Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by:	K 0223	Door near room 238 and corridor north positive latching. Both doors were fixed immediately. Education completed with Maintenance Director. Weekly audits will be completed. Results will be reviewed at the QAPI meeting.	Completion Date: 03/13/2025 Status: APPROVED Date: 02/19/2025

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K 0223 SS=D	Continued from page 6 Based on observation and interview, the facility failed to maintain doors with self-closing devices for two of over twenty doors. Findings include: Observation on January 29, 2025, between 11:39 a.m. and 11:46 a.m., revealed the following self-closing door deficiencies: A. (11:39 a.m.) Corridor fire door near resident room #238 had one of two leaves fail to positively latch in the frame; B. (11:46 a.m.) Corridor fire door near the north nurse station, center core hall, failed to latch in the frame. Interview with the maintenance supervisor on January 29, 2025, at 11:46 a.m., confirmed the self-closing door deficiencies.	K 0223		

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K 0324 SS=F	<p>NFPA 101 Cooking Facilities</p> <p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0324	<p>Kitchen and Maintenance were educated on visually inspecting the Kitchen hood suppression system monthly. Dietary employees were also education on what the suppression system is and what it does and when to pull the alarm. Audits will be done weekly for 6 weeks. Results will be reviewed at QAPI meeting.</p>	<p>Completion Date: 03/13/2025</p> <p>Status: APPROVED</p> <p>Date: 02/19/2025</p>

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K 0324 SS=F	Continued from page 8 Based on document review and interview, the facility failed to maintain cooking facilities for one of one kitchen hood suppression system. Findings include: Document review on January 29, 2025, between 10:12 a.m. and 11:29 a.m., revealed the following cooking facility deficiencies: A. (10:12 a.m.) Lacked documentation that monthly visual inspections had been conducted; B. (11:29 a.m.) Kitchen staff members interviewed were uncertain of the location and operation of the hood fire suppression system's manual activation. Interview with the maintenance supervisor on January 29, 2025, at 11:29 a.m., confirmed the kitchen suppression system deficiencies.	K 0324		

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K 0345 SS=F	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	We have no battery powered smoke detectors all are hard wired in. Paperwork was located for annual testing and semi-annual visual inspection. All smoke detectors were replaced on 9/25/2024. Education completed with Maintenance department on timely receipt of paperwork. Audits will be monthly. Results will be reviewed at the QAPI meeting,	Completion Date: 03/13/2025 Status: APPROVED Date: 02/19/2025

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K 0345 SS=F	Continued from page 10 Based on document review and interview, the facility failed to maintain fire alarm system components, affecting the entire facility. Findings include: Document review on January 29, 2025, at 11:05 a.m., revealed the facility could not provide documentation for the following testings/inspections: A. Annual inspection/testing; B. Semi-annual visual inspection; C. Smoke detector sensitivity; D. Battery-operated smoke detectors; E. Six-month battery replacement and policy. An interview with the maintenance manager on January 29, 2025, at 11:05 a.m., confirmed the missing documentation and that the fire alarm was recently replaced.	K 0345		

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K 0353 SS=F	<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 sprinkler heads were cleaned on 1/31/25 in the laundry. The maintenance director received an education regarding the importance of sprinkler heads being dust-free. The sprinkler heads will be randomly monitored monthly for 4 months. The NHA will monitor system compliance monthly moving forward and report quarterly to QAPI. The three-year flow test is scheduled to be completed by vendor Granu. Report will be kept on file. The maintenance department were educated on timeliness of receiving testing and paperwork. Audit will be yearly after test completed. Results will be reviewed at QAPI for further recommendations.</p>	<p>Completion Date: 03/13/2025 Status: APPROVED Date: 02/25/2025</p>

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K 0353 SS=F	Continued from page 12 Based on document review and interview, the facility failed to maintain sprinkler system regulations for one of one system. Findings include: 1. Document review on January 29, 2025, at 10:27 a.m., revealed that the facility failed to provide documentation for the sprinkler three-year full flow trip test. An interview with the maintenance supervisor on January 29, 2025, at 10:27 a.m., confirmed the sprinkler system deficiency. 2. Observation on January 29, 2025, at 11:35 a.m., revealed the laundry room had six sprinkler heads that were covered with a layer of dust/lint and were corroded. A build-up of material can insulate the sprinkler thermal element, impacting the temperature activation/response time of the sprinkler and can cause inadequate spray coverage.	K 0353		

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K 0353 SS=F	Continued from page 13 An interview with the maintenance supervisor on January 29, 2025, at 11:35 a.m., confirmed the sprinkler system deficiencies.	K 0353		
K 0753 SS=B	NFPA 101 Combustible Decorations Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by:	K 0753	- Resident's door decorations removed immediately. Resident, Family, and staff educated on the regulation. Doors will be monitored weekly for 4 weeks the monthly. Results will be reviewed at the QAPI meeting,	Completion Date: 03/13/2025 Status: APPROVED Date: 02/19/2025

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K 0753 SS=B	Continued from page 14 Based on observation and interview, the facility failed to maintain combustibile decorations on one of over twenty doors. Findings include: Observation on January 29, 2025, at 11:13 a.m., revealed that the resident room #116 door had decorations that exceeded allowable coverage. Interview with the maintenance supervisor on January 29, 2025, at 11:13 a.m., confirmed the combustibile decoration deficiency.	K 0753		
K 0918 SS=F		K 0918		

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K 0918 SS=F	Continued from page 15 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	4-hour full-load Generator run was completed on 11/3/2024. This was in response to a power outage that lasted 16 hours. The Nursing home administrator educated the maintenance director on ensuring the Generator testing to be completed timely. The NHA will monitor system compliance monthly. Results will be reviewed at the QAPI meeting, The generator at Cranberry Place is a battery specific gravity. The maintenance department was educated on where the battery read out is and record it as per regulation. The testing was completed until August 2024, then was missed. The battery specific gravity test has been recorded. Audits will be weekly for 4 weeks. Results will be reviewed at QAPI for further recommendations.	Completion Date: 03/13/2025 Status: APPROVED Date: 02/25/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395845	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025
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NAME OF PROVIDER OR SUPPLIER: CRANBERRY PLACE STATE LICENSE NUMBER: 381602	STREET ADDRESS, CITY, STATE, ZIP CODE: 5 ST. FRANCIS WAY CRANBERRY TOWNSHIP, PA 16066
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K 0918 SS=F	Continued from page 16 (NFPA 70) This REQUIREMENT is not met as evidenced by:	K 0918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395845	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025
NAME OF PROVIDER OR SUPPLIER: CRANBERRY PLACE STATE LICENSE NUMBER: 381602		STREET ADDRESS, CITY, STATE, ZIP CODE: 5 ST. FRANCIS WAY CRANBERRY TOWNSHIP, PA 16066		
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K 0918 SS=F	Continued from page 17 Based on document review and interview, the facility failed to meet electrical system requirements for one of one generator. Findings include: Document review on January 29, 2025, at 10:40 a.m., revealed the facility was unable to provide generator documentation for the following: A. Monthly battery-specific gravity or conductance test; B. Three-year, four-hour load test. Interview with the maintenance supervisor on January 29, 2025, at 10:40 a.m., confirmed the documentation was unavailable at the time of the survey.	K 0918		
K 0923 SS=B		K 0923		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395845	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025	
NAME OF PROVIDER OR SUPPLIER: CRANBERRY PLACE STATE LICENSE NUMBER: 381602		STREET ADDRESS, CITY, STATE, ZIP CODE: 5 ST. FRANCIS WAY CRANBERRY TOWNSHIP, PA 16066		
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K 0923 SS=B	Continued from page 18 NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders	K 0923	Oxygen tanks storage of full tanks immediately labeled full tanks. Nursing staff educated on the need to keep signage in place. Audits will be weekly. Results will be reviewed at the QAPI meeting,	Completion Date: 03/13/2025 Status: APPROVED Date: 02/19/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395845	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/29/2025
NAME OF PROVIDER OR SUPPLIER: CRANBERRY PLACE STATE LICENSE NUMBER: 381602		STREET ADDRESS, CITY, STATE, ZIP CODE: 5 ST. FRANCIS WAY CRANBERRY TOWNSHIP, PA 16066		
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K 0923 SS=B	Continued from page 19 are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain medical gas cylinder storage for one of over fifty rooms. Findings include: Observation on January 29, 2025, at 11:18 a.m., revealed the staff lounge had oxygen cylinders stored that were not separated or labeled as full or empty. Interview with the maintenance supervisor on January 29, 2025, at 11:18 a.m., confirmed the oxygen cylinder deficiencies.	K 0923		



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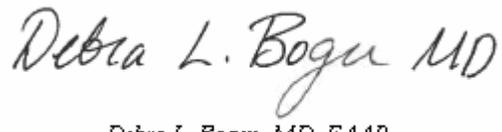
CRANBERRY PLACE

STATE LICENSE NUMBER: 381602

SURVEY EXIT DATE: 01/29/2025

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