

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395861	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: HRH TRANSITIONAL CARE UNIT (A D/B/A ENTITY OF HRHS)		STREET ADDRESS, CITY, STATE, ZIP CODE: 1648 HUNTINGDON PIKE MEADOWBROOK, PA 19046		
STATE LICENSE NUMBER: 083902				
(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 January 23, 2025, at HRH Transitional Care Unit (a D/b/a Entity Of Hrhs), 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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HRH TRANSITIONAL CARE UNIT (A D/B/A ENTITY OF HRHS)

STATE LICENSE NUMBER: 083902

SURVEY EXIT DATE: 01/23/2025

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	INITIAL COMMENT Facility ID# 083902 Component 01 1998 Link Building Based on a Medicare/Medicaid Recertification Survey completed on January 23, 2025, it was determined that HRH Transitional Care Unit (a D/b/a Entity Of Hrhs) was not in compliance with 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). This is a four-story, Type II (222), fire resistive building, with a basement, that is fully sprinklered.	K 0000		
K 0291 SS=E		K 0291		

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K 0291 SS=E	Continued from page 1 NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:	K 0291	This unit passed the 30 second test the prior month, but did not light during survey. The light has been replaced We have retested all the battery operated lights to insure they are operating and during our Annual 90 minute test we will be re-verifying that all the lights are operational and that the batteries are sufficient. The Director of Maintenance will be responsible for maintaining compliance of this inspection.	Completion Date: 03/15/2025 Status: APPROVED Date: 02/21/2025

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K 0291 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain battery back-up lights affecting one of five levels. Findings include: Observation on January 23, 2025, at 11:50 a.m., revealed, on the ground floor, Sprinkler Room had a battery back-up light that failed to illuminate when tested. Exit Interview with the Director of Maintenance and Assistant Director on January 23, 2025, at 12:00 p.m., confirmed the light failed to illuminate.	K 0291		
K 0345 SS=F		K 0345		

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K 0345 SS=F	Continued from page 3 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	The fire alarm system is a combined system with the Hospital and the (3) components of the St. Joseph's Manor campus. At the time of the inspection, we had identified the troubles listed on the fire alarm report that we had received two weeks earlier and had already scheduled the contractor to resolve the issues. The contractor had been scheduled for the following Monday and has since been here and cleared the troubles. We will be monitoring the fire panel daily to insure that any troubles are reported and resolved in a more timely fashion. The Director of Maintenance will be responsible for insuring the troubles are monitored and the contractors are trained on the alternative fire notification procedures while they have devices off-line.	Completion Date: 03/15/2025 Status: APPROVED Date: 02/21/2025

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K 0345 SS=F	Continued from page 4 Based on observation, document review, and interview, it was determined the facility failed to maintain fire alarm system components in operable condition, affecting the entire facility. Findings Include: 1. Documentation reviewed on January 23, 2025, between 9:00 a.m., and 10:30 a.m., revealed the fire alarm report dated December 27, 2024, listed eight deficiencies. Verification of repair was not available at the time of survey. Exit Interview with the Director of Maintenance and Assistant Director on January 23, 2025, at 12:00 p.m., confirmed the facility's LTC location was not separately zoned/monitored and that the building fire alarm deficiencies remained without verification of correction. 2. Observation on January 23, 2025, at 11:30 p.m., revealed the fire alarm annunciator panel, inside electrical room on the third floor, indicated several trouble conditions. Exit Interview with the Director of Maintenance and Assistant Director on January 23, 2025, at 12:00	K 0345		

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K 0345 SS=F	Continued from page 5 p.m., confirmed the panel with troubles.	K 0345			



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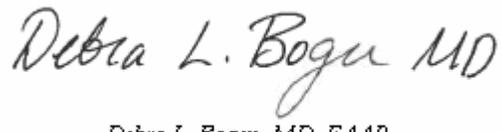
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