





# Certified End Page

**HIGHLAND VIEW REHABILITATION & HEALTHCARE CENTER**

**STATE LICENSE NUMBER: 027702**

**SURVEY EXIT DATE: 02/13/2025**

**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:  <b>395877</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>02/13/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>HIGHLAND VIEW REHABILITATION &amp; HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>90 MAIN STREET BROCKWAY, PA 15824</b>		
STATE LICENSE NUMBER: <b>027702</b>				
(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 027702 Component 01 Main Building  Based on a Medicare/Medicaid Recertification Survey completed on Feburary 13, 2025, it was determined that Highland View Healthcare and Rehabilitation 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 one-story, Type V (111), protected, wood frame building, that is fully sprinklered.	K 0000		
K 0325 SS=B		K 0325		

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 0325  SS=B	Continued from page 1  NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR)  Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485  This REQUIREMENT is not met as evidenced by:	K 0325	Maintenance Director will be educated that hand sanitizer dispensers cannot be mounted on walls directly over electrical outlets.  Maintenance Director will move the hand sanitizer dispenser so it is not directly over an electrical outlet.  Maintenance Director will audit the other hand sanitizer dispensers in the facility to assure they are not mounted on walls directly over electrical outlets.	Completion Date: <b>03/07/2025</b> Status: <b>APPROVED</b> Date: <b>02/24/2025</b>

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K 0325  SS=B	Continued from page 2  Based on observation and interview, the facility failed to maintain alcohol-based hand rub dispensers for one of over twelve dispensers.  Findings include:  Observation on February 13, 2025, at 12:37 p.m., revealed the main floor corridor near the resident lounge/dining room had a hand dispenser installed directly over an electrical outlet.  Interview with the maintenance director on February 13, 2025, at 12:37 p.m., confirmed the alcohol-based hand sanitizer deficiency.	K 0325		
K 0374  SS=D		K 0374		

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K 0374  SS=D	Continued from page 3  NFPA 101 Subdivision of Building Spaces - Smoke Barrie  Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9  This REQUIREMENT is not met as evidenced by:	K 0374	Maintenance Director will be educated that fire doors need to latch into the frame when the door closes.  Maintenance Director will repair the fire door on the west wing so that it latches into the frame when it closes.  Maintenance Director or designee will audit all of the fire doors in the building once a week x 4 weeks and monthly x4 months to assure that they latch properly when closed.	Completion Date: <b>03/21/2025</b> Status: <b>APPROVED</b> Date: <b>02/24/2025</b>

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K 0374  SS=D	Continued from page 4  Based on observation and interview, the facility failed to maintain, inspect, and test smoke barrier doors, in accordance with regulations, for one of two doors.  Findings include:  Observation on February 13, 2025, at 12:34 p.m., revealed the facility failed to maintain the west wing fire door as designed. The double door, left leaf, failed to latch in the frame.  Interview with the maintenance director on February 12, 2025, at 12:34 p.m., confirmed the above fire door deficiency.	K 0374		
K 0912  SS=B		K 0912		

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K 0912  SS=B	Continued from page 5  NFPA 101 Electrical Systems - Receptacles  Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99)  This REQUIREMENT is not met as evidenced by:	K 0912	Maintenance Director will be educated that electrical appliances which utilize water are plugged into only approved GFCI outlets.  Maintenance Director will replace existing receptacles in the laundry room and employee break room with approved GFCI outlets.  Maintenance Director or designee will audit other rooms to assure that electrical appliances that utilize water are plugged into only approved GFCI outlets.	Completion Date: <b>03/07/2025</b> Status: <b>APPROVED</b> Date: <b>02/24/2025</b>

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K 0912  SS=B	Continued from page 6  Based on observation and interview, the facility failed to maintain electrical receptacles in two of over twenty rooms.  Findings include:  Observation on February 12, 2025, between 12:31 p.m. and 12:42 p.m., revealed the facility failed to ensure ground fault circuit interrupter (GFCI) protection in the following areas: A. (12:31 p.m.) Employee lounge water cooler; B. (12:42 p.m.) Resident laundry washing machine.  An interview with the maintenance director on February 13, 2025, at 12:42 p.m., confirmed the electrical outlet deficiencies.	K 0912		



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