





# Certified End Page

**SANATOGA CENTER**

**STATE LICENSE NUMBER: 233702**

**SURVEY EXIT DATE: 08/06/2025**

**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>395904</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/06/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>SANATOGA CENTER</b>  STATE LICENSE NUMBER: <b>233702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>225 EVERGREEN ROAD POTTSTOWN, PA 19464</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	<p>INITIAL COMMENT</p> <p>Facility ID #233702 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on July 30, 2025, it was determined that Sanatoga Center was 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 two-story, Type II (111), protected, non-combustible building, with an attic, 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 0161  SS=E	<p>NFPA 101 Building Construction Type and Height</p> <p>Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <table border="0"> <tr> <td>1</td> <td>Construction Type I (442), I (332), II (222)</td> <td>Any number of stories non-sprinklered and sprinklered</td> </tr> <tr> <td>2</td> <td>II (111)</td> <td>One story non-sprinklered Maximum 3 stories sprinklered</td> </tr> <tr> <td>3</td> <td>II (000)</td> <td>Not allowed non-sprinklered</td> </tr> <tr> <td>4</td> <td>III (211)</td> <td>Maximum 2 stories sprinklered</td> </tr> <tr> <td>5</td> <td>IV (2HH)</td> <td></td> </tr> <tr> <td>6</td> <td>V (111)</td> <td></td> </tr> <tr> <td>7</td> <td>III (200)</td> <td>Not allowed non-sprinklered</td> </tr> <tr> <td>8</td> <td>V (000)</td> <td>Maximum 1 story sprinklered</td> </tr> </table> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	1	Construction Type I (442), I (332), II (222)	Any number of stories non-sprinklered and sprinklered	2	II (111)	One story non-sprinklered Maximum 3 stories sprinklered	3	II (000)	Not allowed non-sprinklered	4	III (211)	Maximum 2 stories sprinklered	5	IV (2HH)		6	V (111)		7	III (200)	Not allowed non-sprinklered	8	V (000)	Maximum 1 story sprinklered	K 0161	<p>Maintenance director replaced missing rated ceiling tiles in the first floor mechanical room on 8/18/2025 The Maintenance Director will conduct a facility wide audit for any missing rated ceiling tiles and replace tiles as indicated. Maintenance director to be reeducated on policy K0161 by the NHA or Designee. Compliance will be monitored by the Maintenance Director/Designee through 5 Random audits weekly X 4 for any ceiling tiles that need replaced. Audit results to be reviewed at the QA Committee to determine the need for further follow up/monitoring.</p>	<p>Completion Date: <b>09/18/2025</b> Status: <b>APPROVED</b> Date: <b>08/18/2025</b></p>
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K 0161  SS=E	Continued from page 2  Based upon observation and interview, it was determined the facility failed to maintain the building construction's fire resistive rating, affecting one of two floors.  Findings include:  Observation on July 30, 2025, at 11:05 a.m., revealed missing rated ceiling tiles in the second floor IT/Conference Room.  Exit interview with the Administrator and Maintenance Director on July 30, 2025, at 12:30 p.m., confirmed the missing ceiling tiles.	K 0161		
K 0324  SS=E		K 0324		

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K 0324  SS=E	Continued from page 3  NFPA 101 Cooking Facilities  Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * 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. 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. 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  This REQUIREMENT is not met as evidenced by:	K 0324	Kitchen exhaust hood/duct cleaned on 8/12/2025 by Cintas Documentation sent to surveyor and placed in life safety binder Maintenance Director and kitchen staff will be in-serviced on K0324 with focus on the importance of ensuring deficiencies noted on the inspection report are followed up on and corrected and location of fire suppression system manual pull station. Maintenance director will also be educated on continued cleaning schedule of the kitchen exhaust hood/duct. Education to be completed by the NHA/Designee. Monthly audits X 4 to be completed to ensure kitchen exhaust hood/duct is clean. Maintenance Director/ Designee will report findings of the inspection report to the QAPI meeting.	Completion Date: <b>09/18/2025</b> Status: <b>APPROVED</b> Date: <b>08/18/2025</b>

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K 0324  SS=E	Continued from page 4  Based on document review and interview, it was determined the facility failed to ensure the kitchen suppression system was inspected and serviced at required intervals, affecting one of two levels.  Findings include:  1. Document review on July 30, 2025, at 9:30 a.m., revealed the facility could not produce documentation showing the following kitchen components had been serviced as required:  a. 1- semi-annual kitchen suppression system inspection. b. 2- semi-annual kitchen hood cleanings.  Exit interview with the Administrator and Maintenance Director on July 30, 2025, at 12:30 p.m., confirmed the missing documentation.	K 0324		
K 0345  SS=E		K 0345		

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K 0345  SS=E	Continued from page 5  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 visual inspection of the fire alarm was completed. Maintenance director/designee will monitor fire alarm visual inspections are completed timely with proper documentation by using the TELS PM program.  Weekly visual inspection of fire alarms x 4 weeks, monthly x 2 Results are documented and placed in the Life Safety binder. Findings will be reported to the QI committee quarterly.	Completion Date: <b>09/18/2025</b> Status: <b>APPROVED</b> Date: <b>08/18/2025</b>

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K 0345  SS=E	Continued from page 6  Based on document review and interview, it was determined the facility failed to maintain fire alarm systems, affecting one of two required inspections.  Findings include:  1. Document review on July 30, 2025, at 9:30 a.m., revealed documentation of semi-annual fire alarm testing was not available at time of survey.  Exit interview with the Administrator and Maintenance Director on July 30, 2025, at 12:30 p.m., confirmed the missing documentation.	K 0345		
K 0353  SS=F		K 0353		

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K 0353  SS=F	Continued from page 7  NFPA 101 Sprinkler System - Maintenance and Testing  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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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  This REQUIREMENT is not met as evidenced by:	K 0353	The annual sprinkler inspection was completed by vendor on 7/7/2025.  Documents were sent to surveyor and placed in Life Safety binder Maintenance director/designee in-serviced on tag K 0353 with focus on ensuring inspections are completed timely and kept in Life Safety binder  Maintenance Director/designee will complete Weekly sprinkler inspections x 4 weeks, monthly x 2  Findings will be reported to QI committee monthly X 3 months.	Completion Date: <b>09/18/2025</b> Status: <b>APPROVED</b> Date: <b>08/19/2025</b>

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K 0353  SS=F	Continued from page 8  Based on document review, observation, and interview, it was determined the facility failed to maintain automatic sprinkler system components, affecting the entire facility.  Findings include:  1. Document review on July 30, 2025, at 9:30 a.m., revealed the facility failed to provide documentation for the following sprinkler system inspections:  a. annual sprinkler inspection. b. annual main drain test. c. annual dry system trip test. d. 3-year full-flow trip test.  Exit interview with the Administrator and Maintenance Director on July 30, 2025, at 12:30 p.m., confirmed the missing documentation.	K 0353		

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K 0372  SS=E	NFPA 101 Subdivision of Building Spaces - Smoke Barrie  Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS.  This REQUIREMENT is not met as evidenced by:	K 0372	Unsealed penetration data wires around double doors by Rehabilitation office were sealed with fire stop compound The maintenance director/designee will perform weekly safety rounds to ensure there are no ceiling penetrations that need to be sealed Maintenance director/designee will report on the corrective action monthly x 6 months during QAPI	Completion Date: <b>09/18/2025</b> Status: <b>APPROVED</b> Date: <b>08/18/2025</b>

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K 0372  SS=E	Continued from page 10  Based on observation and interview, it was determined the facility failed to maintain smoke barrier walls free of unsealed penetrations, affecting one of two floors.  Findings include:  1. Observation on July 30, 2025, at 10:45 a.m., revealed an unsealed penetration around data wires, second floor above double doors near Rehabilitation Department.  Exit interview with the Administrator and Maintenance Director on July 30, 2025, at 12:30 p.m., confirmed the penetration.	K 0372		
K 0521  SS=E		K 0521		

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K 0521  SS=E	Continued from page 11  NFPA 101 HVAC  HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2  This REQUIREMENT is not met as evidenced by:	K 0521	Vendor scheduled for damper repair The Maintenance Director will be reeducated by the NHA/Designee on K0521 with focus on the importance of ensuring fire damper inspections are being completed and checking to ensure building is in compliance. Monthly audits to be completed x 4 to ensure valid fire damper inspection in place. Maintenance director/Designee will report findings of inspection at QAPI meeting	Completion Date: <b>09/18/2025</b> Status: <b>APPROVED</b> Date: <b>08/18/2025</b>

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K 0521  SS=E	Continued from page 12  Based on document review and interview, it was determined the facility failed to maintain Heating, Ventilating and Air Conditioning (HVAC) equipment, affecting one of two levels.  Findings include:  1. Document review on July 30, 2025, at 9:30 a.m., revealed the April 2025, Fire Damper Inspection Report listed 2- failed dampers, evidence of corrective action was not available at time of survey.  Exit interview with the Administrator and Maintenance Director on July 30, 2025, at 12:30 p.m., confirmed the damper deficiencies.	K 0521		
K 0712  SS=E		K 0712		

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K 0712  SS=E	Continued from page 13  NFPA 101 Fire Drills  Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7  This REQUIREMENT is not met as evidenced by:	K 0712	Maintenance director completed all first, second, and third shift fire drills to be in compliance. Maintenance director reeducated by NHA/Designee on K0712 with focus on completing monthly fire drills, logging drills, and placing in life safety binder as per regulation Maintenance director/designee to audit monthly x 4 to ensure that fire drills are completed and logged into life safety binder. Results of audits to be reviewed at QAA committee monthly to determine the need for further follow up/monitoring.	Completion Date: <b>09/18/2025</b> Status: <b>APPROVED</b> Date: <b>08/18/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395904</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/06/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>SANATOGA CENTER</b>  STATE LICENSE NUMBER: <b>233702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>225 EVERGREEN ROAD POTTSTOWN, PA 19464</b>		
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K 0712  SS=E	Continued from page 14  Based on document review and interview, it was determined the facility failed to ensure fire drills were conducted quarterly for six of twelve required drills.  Findings include:  1. Document review on July 30, 2025, at 9:30 a.m., revealed the facility could not provide documentation that fire drills had been conducted for the following times:  a. 1st quarter 1st and 2nd shifts. b. 2nd quarter 2nd shift. c. 3rd quarter 1st and 2nd shifts. d. 4th quarter 3rd shift.  Exit interview with the Administrator and Maintenance Director on July 30, 2025, at 12:30 p.m., confirmed the missing fire drills.	K 0712		
K 0911  SS=E		K 0911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395904</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/06/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>SANATOGA CENTER</b>  STATE LICENSE NUMBER: <b>233702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>225 EVERGREEN ROAD POTTSTOWN, PA 19464</b>		
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K 0911  SS=E	Continued from page 15  NFPA 101 Electrical Systems - Other  Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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. Chapter 6 (NFPA 99)  This REQUIREMENT is not met as evidenced by:	K 0911	Maintenance director replaced the receptacle protective cover plate to second floor dining room Open conjunction boxes closed on 8/13/2025 near first floor elevator and across from mechanical room Exposed wires in PAC unit in back hallway near kitchen placed back inside the unit 8/13/2025 Electrical outlet securely mounted to wall on first floor corridor 8/13/2025	Completion Date: <b>09/18/2025</b> Status: <b>APPROVED</b> Date: <b>08/18/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395904</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/06/2025</b>	
NAME OF PROVIDER OR SUPPLIER: <b>SANATOGA CENTER</b>  STATE LICENSE NUMBER: <b>233702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>225 EVERGREEN ROAD POTTSTOWN, PA 19464</b>		
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K 0911  SS=E	Continued from page 16  Based on observation and interview, it was determined facility failed to maintain protection of electrical wiring, affecting 2 of 6 smoke compartments.  Findings include:  1. Observations on July 30, 2025, from 10:50 a.m. to 11:45 a.m., revealed electrical deficiencies at the following locations:  a. 10:50 a.m., broken receptacle cover plate, second floor Dining Room b. 11:15 a.m., open junction box, above double doors near first floor Elevator Room. c. 11:20 a.m., a PAC Unit was removed and had open wires not ending in a junction box, first floor Service Hall Corridor near Kitchen entrance. d. 11:30 a.m., open junction box, above ceiling tile that is across from first floor Mechanical Room and to the right of the Service Hall Corridor entrance. e. 11:35 a.m., electrical outlet not securely mounted to wall, first floor corridor across from the	K 0911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395904</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/06/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>SANATOGA CENTER</b>  STATE LICENSE NUMBER: <b>233702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>225 EVERGREEN ROAD POTTSTOWN, PA 19464</b>		
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K 0911  SS=E	Continued from page 17  Mechanical Room. f. 11:40 a.m., open junction box, above double doors near room 101. g. 11:45 a.m., open junction box, above suspended ceiling, in the first floor Elevator Room.  Exit interview with the Administrator and Maintenance Director on July 30, 2025, at 12:30 p.m., confirmed the electrical deficiencies.  Refer to NFPA 70, National Electric Code, and NFPA 99, 6.3.2.1.	K 0911		
K 0918  SS=F		K 0918		

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NAME OF PROVIDER OR SUPPLIER: <b>SANATOGA CENTER</b>  STATE LICENSE NUMBER: <b>233702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>225 EVERGREEN ROAD POTTSTOWN, PA 19464</b>		
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K 0918  SS=F	Continued from page 18  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	Vendor out on 8/13/25 to replace annunciator panel Maintenance director was reeducated by NHA/Designee on K0918 with focus on proper maintenance of emergency generator 3) Maintenance director/ designee will monitor the monthly generator log monthly x 4 months to ensure compliance. 4) Results of the audits to be reviewed at the QAA committee to determine the need for further follow up/monitoring.	Completion Date: <b>09/18/2025</b> Status: <b>APPROVED</b> Date: <b>08/18/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395904</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/06/2025</b>	
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K 0918  SS=F	Continued from page 19  (NFPA 70)  This REQUIREMENT is not met as evidenced by:  Based on observation and interview, it was determined the facility failed to maintain the emergency generator, affecting the entire facility.  Findings include:  1. Observation on July 30, 2025, at 11:50 a.m., annunciator panel was not supplied with electricity and failed to function when tested, first floor Nurses Station.  Exit interview with the Administrator and Maintenance Director on July 30, 2025, at 12:30 p.m., confirmed the deficient emergency generator annunciator panel.	K 0918		



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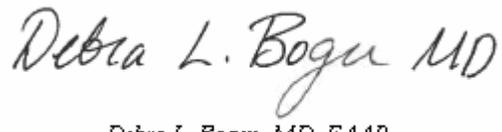
**SANATOGA CENTER**

**STATE LICENSE NUMBER: 233702**

**SURVEY EXIT DATE: 08/06/2025**

**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