

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395948	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __ B. WING: __	(X3) DATE SURVEY COMPLETED: 03/18/2025
NAME OF PROVIDER OR SUPPLIER: REHABILITATION CENTER AT JEFFERSON HILLS, THE		STREET ADDRESS, CITY, STATE, ZIP CODE: 540 COAL VALLEY ROAD JEFFERSON HILLS, PA 15025		
STATE LICENSE NUMBER: 024002				
(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 March 18, 2025, at The Rehabilitation Center at Jefferson Hills, 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.

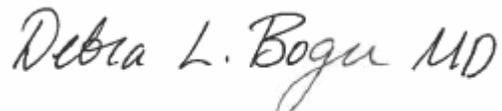


Certified End Page

REHABILITATION CENTER AT JEFFERSON HILLS, THE
STATE LICENSE NUMBER: 024002
SURVEY EXIT DATE: 03/18/2025

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	<p>INITIAL COMMENT</p> <p>Facility ID# 024002 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on March 17, 2025, it was determined that The Rehabilitation Center at Jefferson Hills had deficiencies that have the potential for minimal harm as related to 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 two-story, Type III (200), unprotected ordinary building, with a basement, that is fully sprinklered.</p>	K 0000		

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K 0161 SS=C	<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 style="padding-left: 40px;">1</td> <td style="padding-left: 40px;">Construction Type I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">2</td> <td style="padding-left: 40px;">II (111) One story non-sprinklered Maximum 3 stories sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">3</td> <td style="padding-left: 40px;">II (000) Not allowed non-sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">4</td> <td style="padding-left: 40px;">III (211) Maximum 2 stories sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">5</td> <td style="padding-left: 40px;">IV (2HH)</td> </tr> <tr> <td style="padding-left: 40px;">6</td> <td style="padding-left: 40px;">V (111)</td> </tr> <tr> <td style="padding-left: 40px;">7</td> <td style="padding-left: 40px;">III (200) Not allowed non-sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">8</td> <td style="padding-left: 40px;">V (000) 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) 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>I. New owner will have an architect review the blueprint and construction plan of the building in order to determine a solution to correct the deficiency for building construction.</p> <p>II. After architectural review, the facility will be able to determine a date for correction of deficiency.</p> <p>III. Director of Maintenance/Designee will monitor progress of correcting the deficiency for building construction.</p> <p>IV. Progress will be reported to the Quality Assurance Committee monthly for tracking and trending purposes.</p> <p>V. Facility will be submitting a request for a one time waiver.</p>	<p>Completion Date: 04/15/2025 Status: APPROVED Date: 04/04/2025</p>
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K 0161 SS=C	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the building construction requirements for the entire building. Findings include: 1. Observation on March 17, 2025, at 8:45 a.m., revealed the building is a two-story, Type III (200), unprotected ordinary structure, with a basement and attic, that is fully sprinklered. This type of construction is not permitted to be greater than one story in height. Interview with the Owner of the facility, Facility Administrator and Maintenance Director on March 17, 2025, at 1:00 p.m., confirmed the building construction type did not meet the requirements for an existing health care building.	K 0161		

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K 0291 SS=E	<p>NFPA 101 Emergency Lighting</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0291	<p>I. The back-up battery light in the generator was turned back on at the time of the surveyors observation.</p> <p>II. No other emergency lights failed to illuminate when tested.</p> <p>III. Nursing Home Administrator will re-educate Director of Maintenance on the requirement to maintain emergency lighting.</p> <p>IV. Director of Maintenance will conduct 5 audits weekly for 8 weeks to ensure the back-up battery light in the generate illuminates when tested. Audit results will be taken through Quality Assurance Committee Meeting for tacking and trending purposes.</p>	<p>Completion Date: 04/15/2025 Status: APPROVED Date: 04/01/2025</p>

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K 0291 SS=E	Continued from page 4 Based on document review and interview, it was determined the facility failed to maintain emergency lighting in one instance, for one out of 15 emergency lights. Findings include: 1. Observation on March 17, 2025, at 10:00 a.m., revealed the battery back-up light in the generator room failed to illuminate when tested. Interview with the Owner of the facility, Facility Administrator, and Maintenance Director on March 17, 2025, at 1:00 p.m., confirmed the emergency lighting failed to illuminate when tested.	K 0291		

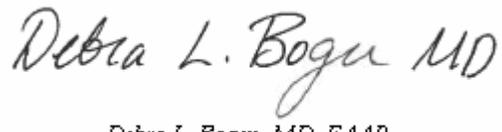


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