

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395953</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/17/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>SUNSET RIDGE REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3298 RIDGE ROAD BLOOMSBURG, PA 17815</b>		
STATE LICENSE NUMBER: <b>090002</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
E 0000	INITIAL COMMENT  Based on an Emergency Preparedness Survey completed on March 17, 2025, at Sunset Ridge Healthcare and Rehabilitation Center, 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

**SUNSET RIDGE REHABILITATION AND NURSING CENTER**

**STATE LICENSE NUMBER: 090002**

**SURVEY EXIT DATE: 03/17/2025**

**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# 090002 Component 01 Main Building  Based on a Medicare/Medicaid Recertification Survey completed on March 17, 2025, it was determined that Sunset Ridge 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 0321		K 0321		
SS=E				

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TITLE:

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K 0321  SS=E	Continued from page 2  This REQUIREMENT is not met as evidenced by:	K 0321		

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K 0321  SS=E	Continued from page 3  Based on observation and interview, it was determined the facility failed to maintain three hazardous area enclosures, affecting two of three smoke compartments.  Findings include:  1. Observation on March 17, 2025, between 10:27 a.m., and 10:57 a.m., revealed the following:  a. At 10:27 a.m., Clean Laundry, door needs adjustment to positive latch into frame. b. At 10:41 a.m., Medical Records, door needs adjustment to positive latch into frame. c. At 10:57 a.m., East Wing, Oxygen Storage room, door was not smoke-tight when latched into frame, at nurses' station.  Interview at the time of the exit conference with the Facility Administrator and Facilities Director on March 17, 2025, at 11:30 a.m., confirmed the hazardous area enclosure deficiencies.	K 0321		

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K 0343  SS=F	NFPA 101 Fire Alarm System - Notification  Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1)  This REQUIREMENT is not met as evidenced by:	K 0343	1.The fire alarm system will transmit the alarm automatically to notify emergency forces in the event of a fire. 2.The facility as an agreement in place for the work to be completed. 3.The fire alarm system will be audited to ensure ongoing compliance. Audits will be completed by the Maintenance Director/Designee. 4.Audits will be reviewed at the facilities Q.A.P.I. meeting for review and recommendation.	Completion Date: <b>04/01/2025</b> Status: <b>APPROVED</b> Date: <b>03/20/2025</b>

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K 0343  SS=F	Continued from page 5  Based on review of documentation and interview, it was determined the facility failed to maintain the fire alarm system for entire facility.  Findings include:  1. Observation on March 17, 2025, at 9:30 a.m., Annual fire alarm system testing documentation on January 13, 2025, revealed the fire alarm system failed to transmit the alarm automatically to notify emergency forces in the event of an fire. At the time of the survey, this condition still remains.  Interview at the time of the exit conference with the Facility Administrator and Facilities Director on March 17, 2025, at 11:30 a.m., confirmed the fire alarm initiation deficiency still remains.	K 0343		

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K 0353  SS=E	<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>1.The ceiling tile on West Wing has been replaced. The Medication rooms IT cables have been sealed. The paint has been removed from the escutcheons in the Medical Records room.</p> <p>2.The Maintenance Director/Designee will check area of the facility to ensure smoke compartments are sealed.</p> <p>3.Audits of smoke compartments will be audited to ensure ongoing compliance of the automatic sprinkler system.</p> <p>4.Audits will be reviewed at the facilities Q.A.P.I. meeting for review and recommendation.</p>	<p>Completion Date: <b>04/01/2025</b> Status: <b>APPROVED</b> Date: <b>03/20/2025</b></p>

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K 0353  SS=E	Continued from page 7  Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in two instances, affecting three of three smoke compartments.  Findings include:  1. Observation on March 17, 2025, between 10:12 a.m., and 10:20 a.m., revealed the following:  a. At 10:12 a.m., West Wing, had an unsealed penetration of a corridor ceiling tile near Resident Room 109. b. At 10:20 a.m., West Wing, Med room at the Nurses's station, had an unsealed penetration of the wall around 2 blue IT cables.  2. Observation on March 17, 2025, between 10:39 a.m., and 10:55 a.m., revealed the following:  a. At 10:39 a.m., Medical Records, had 2 sprinkler escutcheons that had been painted over. b. At 10:55 a.m., East Wing, Med room at the	K 0353		

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K 0353  SS=E	Continued from page 8  Nurses's station, had a sprinkler escutcheon that had been painted over.  Interview at the time of the exit conference with the Facility Administrator and Facilities Director on March 17, 2025, at 11:30 a.m., confirmed the automatic sprinkler system deficiencies.	K 0353		



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