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GREEN VALLEY SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 061502

SURVEY EXIT DATE: 02/12/2025

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

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THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396086	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u> 10 </u> B. WING: <u> </u>	(X3) DATE SURVEY COMPLETED: 02/12/2025
NAME OF PROVIDER OR SUPPLIER: GREEN VALLEY SKILLED NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1 MATTHEW LANE North Manheim Twp POTTSVILLE, PA 17901		
STATE LICENSE NUMBER: 061502				
(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 #061502 Component 10 Main Building Based on a Medicare/Medicaid Recertification Survey completed on February 12, 2025, it was determined that Green Valley Skilled Nursing and Rehabilitation Center was not in compliance with the following requirements of the Life Safety Code for a new 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 structure, with an attic, which is fully sprinklered.	K 0000		
K 0918 SS=D		K 0918		

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 0918 SS=D	Continued from page 1 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	The maintenance has installed a sticker identifying the remote manual stop station for the emergency generator. The NHA and maintenance director will tour the facility and grounds to identify any other locations which may need additional or new signage to maintain compliance. The NHA and maintenance director will review life safety regulations for signage to ensure that the facility is in compliance. The maintenance director will audit the sticker weekly with his generator checks to ensure the sticker remains in place. Results of the audit will be forwarded to the QAPI committee for review.	Completion Date: 02/21/2025 Status: APPROVED Date: 02/19/2025

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K 0918 SS=D	Continued from page 2 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain emergency generator signage, affecting the entire component. Findings include: 1. Observation on February 12, 2025, at 1:05 PM, revealed the remote manual stop station, for the emergency generator, lacked identifying signage. Interview at the time of the exit conference with the Administrator and Maintenance Director on February 12, 2025, at 1:30 PM, confirmed the lack of emergency generator stop station signage.	K 0918		
K 0932 SS=D		K 0932		

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K 0932 SS=D	Continued from page 3 NFPA 101 Features of Fire Protection - Other Features of Fire Protection - Other List in the REMARKS section any NFPA 99 Chapter 15 Features of Fire Protection 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 15 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0932	The maintenance director has installed a reflective sign identifying the location of the fire department hookup. The NHA and maintenance director will tour the facility and grounds to identify any other locations which may need additional or new signage to maintain compliance. The NHA and maintenance director will review life safety regulations for signage to ensure that the facility is in compliance. The maintenance director will audit the fire department connection sign with his generator checks to ensure the sign remains in place. Results of the audit will be forwarded to the QAPI committee for review.	Completion Date: 02/21/2025 Status: APPROVED Date: 02/25/2025

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K 0932 SS=D	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain Fire Department Connection signage, affecting the entire component. Findings include: 1. Observation on February 12, 2025, at 12:55 PM, revealed the Fire Department Connection, for the installed sprinkler system, lacked identifying signage. Interview at the time of the exit conference with the Administrator and Maintenance Director on February 12, 2025, at 1:30 PM, confirmed the lack of Fire Department Connection signage.	K 0932		



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