

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396106</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/19/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>HAVEN CONVALESCENT HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>725 PAUL STREET NEW CASTLE, PA 16101</b>		
STATE LICENSE NUMBER: <b>081102</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 December 19, 2024, at Haven Convalescent Home, Inc., 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

**HAVEN CONVALESCENT HOME INC**

**STATE LICENSE NUMBER: 081102**

**SURVEY EXIT DATE: 12/19/2024**

**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 #081102 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed December 19, 2024, it was determined that Haven Convalescent Home, Inc. 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 483.70(a).</p> <p>This is a one-story, Type II (222), protected, non-combustible building, with a partial basement, that is fully sprinklered.</p>	K 0000		
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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.

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K 0324  SS=E	<p>NFPA 101 Cooking Facilities</p> <p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> <li>* 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</li> <li>* 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</li> <li>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</li> </ul> <p>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.</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0324	<p>Kitchen suppression system testing / maintenance was conducted 12/19/2024. Kitchen exhaust hood cleaning was conducted on 1/06/2025.</p> <p>Kitchen suppression system testing / maintenance and kitchen hood cleaning will be performed at least semi-annually.</p> <p>Both services have been scheduled to be done at least every 6 months from latest completion date.</p>	<p>Completion Date: <b>01/06/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>01/09/2025</b></p>

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K 0324  SS=E	Continued from page 2  Based on document review and interview, the facility failed to ensure the kitchen suppression testing and kitchen exhaust hood cleanings were conducted at required intervals, affecting one of two tests/cleanings. Findings include: 1. Document review on December 19, 2024, at 8:50 a.m., revealed the facility lacked documentation that the kitchen suppression testing/maintenance was conducted on a semi-annual basis. The last-documented inspection occurred on February 2, 2024.  Interview with the administrator on December 19, 2024, at 8:50 a.m., confirmed the semi-annual kitchen suppression testing had not been conducted within the required time frame.  2. Document review on December 19, 2024, at 9:15 a.m., revealed the facility lacked documentation that the kitchen exhaust hood cleaning was conducted on a semi-annual basis. The last documented cleaning occurred on February	K 0324		

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K 0324  SS=E	Continued from page 3  20, 2024.  Interview with the administrator on December 19, 2024, at 9:15 a.m., confirmed the semi-annual kitchen hood cleaning had not been conducted within the required time frame.	K 0324		
K 0353  SS=C		K 0353		

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K 0353  SS=C	Continued from page 4  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	Sprinkler heads in the laundry room were cleaned of dust by maintenance. Maintenance will monitor the laundry room sprinkler heads for accumulation of dust at least once a week and clean them as needed. Laundry personal informed to notify Administration if they notice an accumulation of dust on the sprinkler heads in the laundry room. Administration will notify maintenance to clean the sprinkler heads. Administrator to monitor laundry room sprinkler heads weekly x 4 weeks and then at least monthly to ensure the sprinkler heads are free of dust. Monitoring will occur until deemed in compliance by the facility Quality Assurance and Performance Improvement Committee.	Completion Date: <b>01/09/2025</b> Status: <b>APPROVED</b> Date: <b>01/09/2025</b>

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K 0353  SS=C	Continued from page 5  Based on observation and interview, the facility failed to meet sprinkler system maintenance and testing requirements on one of two building levels.  Findings include:  Observation on December 19, 2024, at 10:45 a.m., revealed the basement laundry room had an accumulation of dust on the sprinkler heads, which can delay sprinkler activation during an emergency.  Interview with the administrator on December 19, 2024, at 10:45 a.m., confirmed the sprinkler system deficiency.	K 0353		
K 0918  SS=F		K 0918		

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K 0918  SS=F	Continued from page 6  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 Haven will test the 2 facility generators for at least 4 consecutive hours.  The 4 hour test will occur at least once every three years.  The Haven did lose power on 3/25/2023 for 8 hours and 15 minutes. The generator did run for the entire time and functioned accordingly.  The Administrator will monitor testing of the facility	Completion Date: <b>02/17/2025</b> Status: <b>APPROVED</b> Date: <b>01/09/2025</b>

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K 0918  SS=F	Continued from page 7  (NFPA 70)  This REQUIREMENT is not met as evidenced by:  Based on document review and interview, the facility failed to maintain emergency generators for two of two emergency generators.  Findings include:  Observation on December 19, 2024, at 9:35 a.m., revealed the facility lacked documentation that the emergency generators were exercised once every 36 months for four continuous hours.  Interview with the administrator on December 19, 2024, at 9:35 a.m., confirmed the emergency generator exercise documentation was unavailable for review at the time of the survey.	K 0918		



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