



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396113</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/23/2024</b>	
NAME OF PROVIDER OR SUPPLIER: <b>HEALTH CENTER AT THE HILL AT WHITEMARSH, THE</b>  STATE LICENSE NUMBER: <b>17900201</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>4000 FOX HOUND DRIVE LAFAYETTE HILL, PA 19444</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
P 4030	Continued from page 1  Plumbing & Piping Systems-Hot Water Outlets.  (c) Hot water outlets accessible to residents shall be controlled so that the water temperature of the outlets does not exceed 110°F.  This REGULATION is not met as evidenced by:	P 4030	On occupancy inspection of an unoccupied resident unit, two bathrooms, water ran for a few minutes, and temperatures obtained. Maintenance immediately adjusted water control. Temperatures checked in every resident room on 3 North, and spa, and all below 110 degrees. No residents were affected as this was an unoccupied unit. All areas where residents occupy have been checked per policy, and below 110 degrees Fahrenheit. Completed 12/23/24.  Maintenance will increase water temp checks to the 3 North unit to two random rooms, and spa daily times 2 weeks, then random audits of two rooms on 3 North daily x 2 weeks. Will also add additional water temp checks to include the second, and third floor south daily x 2 weeks. Results will be reviewed by the NHA, director of facilities and reviewed at QAPI. Digital thermometers are installed on all new showers. Nursing will continue to follow policy to ensure the	Completion Date: <b>12/24/2024</b> Status: <b>APPROVED</b> Date: <b>12/25/2024</b>

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P 4030	Continued from page 2	P 4030	<p>temperature remains below 110 degrees Fahrenheit prior to, and during shower. Start Date 12/27/2024</p> <p>Maintenance, and nursing will be re-educated on water temp policy. Audits will be completed and reviewed. All new showers have a digital thermometer, so shower temperature is evaluated throughout shower. All new construction rooms will have water temp checked daily x 5 days prior to occupancy inspection.</p> <p>Policies will remain in place. Audits will be completed by maintenance, and reviewed by NHA, and director of facilities. Audits and results will be brought to QAPI for review, and determination</p>	

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P 4030	<p>Continued from page 3</p> <p>Based on observations, review of facility policy and staff interviews it was determined the facility failed to maintain water temperatures below 110 degrees Fahrenheit on two resident rooms and one resident spa (shower room) (3rd floor, 312 and 313)</p> <p>Findings Include:</p> <p>Observations in the resident spa located inside the 3rd floor, room 312 and 313 on December 23, 2024, at 11:26 a.m. revealed the water to be very warm to touch.</p> <p>Water temperatures were obtained with the Maintenance Employee E4 in the follow rooms with the following temps on December 23, 2024, at between 11:15 a.m. and 11:45 a.m.</p> <p>3rd floor spa shower handheld sprayer- Water temperature- 116-degree Fahrenheit. Room 312 sink- Water temperature- 113-degree Fahrenheit. Room 312 sink- Water temperature- 111.9-degree</p>	P 4030		

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P 4030	Continued from page 4  Fahrenheit.  Interview with the Maintenance Employee E4 on December 23, 2024, at 11:26 a.m. confirmed that the facility water temperatures should be below 110 degrees Fahrenheit.  Interview with the Administrator and Management Staff, Employee E3, on December 23, 2024, at 12:30 p.m. stated the water supply to the room 312 and 313 did not have a mixing valve to regulate the water temperature. The shower room was connected to a 120-degree Fahrenheit line.	P 4030		

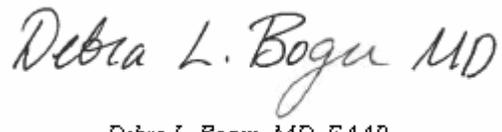


# Certified End Page

**HEALTH CENTER AT THE HILL AT WHITEMARSH, THE**  
**STATE LICENSE NUMBER: 17900201**  
**SURVEY EXIT DATE: 12/23/2024**

**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