

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396120</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/17/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>PHOEBE WYNCOTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>208 FERNBROOK AVENUE WYNCOTE, PA 19095</b>		
STATE LICENSE NUMBER: <b>232102</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 17, 2024, at Phoebe Wyncote, 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

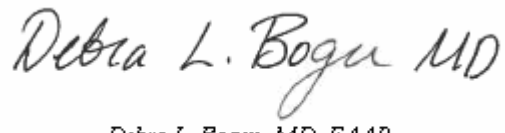
**PHOEBE WYNCOTE**

**STATE LICENSE NUMBER: 232102**

**SURVEY EXIT DATE: 12/17/2024**

**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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396120</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/17/2024</b>
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 232102 Component 02 Cassell Hall and Berger Hall</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 17, 2024, it was determined that Phoebe Wyncote had deficiencies that have the potential for minimal harm as related to the following requirements of the Life Safety Code for an existing Nursing 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 V (000), unprotected wood frame building, with a basement and an attic, that is fully sprinklered.</p>	K 0000		

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TITLE:

(X6) DATE:

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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)</p> <p>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>* Phoebe Wyncote requests this deficiency be part of the Department of Health provided FSES, as the building height cannot be altered.</p> <p>* Phoebe Wyncote requests that the DOH complete the FSES for this deficiency.</p> <p>* A TLW request was submitted as instructed to the Director, Division of Safety Inspection.</p>	<p>Completion Date: <b>01/13/2025</b> Status: <b>APPROVED</b> Date: <b>01/08/2025</b></p>
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K 0161  SS=C	Continued from page 2  Based on document review and interview, it was determined the facility failed to maintain building construction requirements, affecting the entire facility.  Findings include:  Observation and document review on December 17, 2024, at 8:15 a.m., revealed the facility had been classified as a two-story, Type V (000), unprotected wood frame construction, with a basement, that is fully sprinklered. The building exceeds the maximum allowable story height for this type of construction by one story.  Exit Interview with the Administrator and Maintenance Director on December 17, 2024, 2024, at 10:00 a.m., confirmed the building construction type.	K 0161		

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K 0211  SS=C	NFPA 101 Means of Egress - General  Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1  This REQUIREMENT is not met as evidenced by:	K 0211	* Phoebe Wyncote requests this deficiency be part of the Department of Health provided FSES, as the ceiling height cannot be altered. *  * Phoebe Wyncote requests that the DOH complete the FSES for this deficiency. *	Completion Date: <b>01/13/2025</b> Status: <b>APPROVED</b> Date: <b>01/02/2025</b>

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K 0211  SS=C	Continued from page 4  Based on document review and interview, it was determined the facility failed to maintain the minimum headroom clearance of the exit access corridor, affecting one out of five smoke compartments.  Findings include:  Observation and document review on December 17, 2024, at 8:15 a.m., revealed the headroom clearance within the corridors of the basement level, near the maintenance office and similar staff areas, measured at six feet at the ramp leading to the laundry, which was less than the minimum height requirement of six feet-eight inches.  Exit Interview with the Administrator and Maintenance Director on December 17, 2024, 2024, at 10:00 a.m., confirmed the ceiling height was less than the minimum required.	K 0211		



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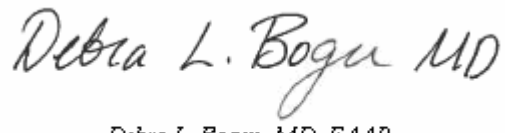
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