

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 January 23, 2025, at Fox Subacute at Mechanicsburg, 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

FOX SUBACUTE AT MECHANICSBURG

STATE LICENSE NUMBER: 22220201

SURVEY EXIT DATE: 01/23/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 #22220201 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on January 23, 2025, it was determined that Fox Subacute at Mechanicsburg 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 two-story, Type V (111), protected wood frame structure, with a basement, which is fully sprinklered.	K 0000		
K 0133 SS=E		K 0133		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0133 SS=E	Continued from page 1 NFPA 101 Multiple Occupancies - Construction Type Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3 This REQUIREMENT is not met as evidenced by:	K 0133	1. The distance between the common wall door have been adjusted and corrected to meet one-eighth-inch requirement. 2. Facility Maintenance Director or his designee will audit random doors for gaps for the next 3 months and then quarterly. 3. Maintenance Director will report findings to the QAPI committee	Completion Date: 03/20/2025 Status: APPROVED Date: 02/10/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0133 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain common wall doors, to be within the allowed gap margins, on one of three floors within the component. Findings include: 1. Observation on January 23, 2025, at 1:30 PM, revealed common wall door, on the 2nd floor, at the bridge to the elevator, had gaps, greater than 1/8 inch. Interview with the Director of Maintenance on January 23, 2025, at 1:30 PM, confirmed the door exceeded the allowed gap margins.	K 0133		
K 0291 SS=C		K 0291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0291 SS=C	Continued from page 3 NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:	K 0291	1. The Generator Room battery back-up emergency lighting was tested 90 minutes to ensure lighting during power outage. 2. Back up lighting unit will be added to the facility Preventative Maintenance log to ensure the working condition and will be audited monthly 3. Maintenance Director will report findings to the QAPI committee	Completion Date: 03/20/2025 Status: APPROVED Date: 02/10/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0291 SS=C	Continued from page 4 Based on document review and interview, it was determined the facility failed to perform functional tests of battery-powered emergency lighting source,at the generator, which serves the entire component. Findings include: 1. Review of documentation on January 23, 2025, between 9:15 AM and 10:30 AM, revealed the facility lacked documentation, verifying the Generator Room battery back-up emergency lighting was tested 90 minutes, annually. Interview with the Director of Maintenance on January 23, 2025, at 10:30 AM, confirmed the facility failed to record annual testing.	K 0291		
K 0918 SS=F		K 0918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0918 SS=F	Continued from page 5 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	1. Facility has contracted with an outside vendor to complete the 4 hour load bank test, to be completed by Compliance date. 2. Maintenance Director or Designee will ensure the generator load bank scheduling will be reviewed yearly for documentation of the 3 year, 4-hour load bank test on the generator was performed as required. 3. Maintenance Director will report findings to the QAPI committee	Completion Date: 03/20/2025 Status: APPROVED Date: 02/10/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0918 SS=F	Continued from page 6 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and interview, it was determined the facility failed to maintain the emergency generator, which supply emergency power for the entire component. Findings include: 1. Review of documentation and interview on January 23, 2025, between 9:15 AM and 10:30 AM, revealed the 3-year, 4-hour load bank test was not performed. Interview with the Director of Maintenance on January 23, 2025, at 10:30 AM, confirmed the load bank test was not performed.	K 0918		



Certified End Page

FOX SUBACUTE AT MECHANICSBURG

STATE LICENSE NUMBER: 22220201

SURVEY EXIT DATE: 01/23/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 #22220201 Component 02 12 Bed Addition Based on a Medicare/Medicaid Recertification Survey completed on January 23, 2025, it was determined that Fox Subacute at Mechanicsburg 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 II (000), unprotected noncombustible structure, which is fully sprinklered.	K 0000		
K 0133 SS=E		K 0133		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025	
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG STATE LICENSE NUMBER: 22220201		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
(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 0133 SS=E	Continued from page 1 NFPA 101 Multiple Occupancies - Construction Type Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a two hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: *The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 *The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3 This REQUIREMENT is not met as evidenced by:	K 0133	1. The distance between the common wall doors by the East lounge have been adjusted and corrected to meet one-eighth-inch requirement. 2. Door was adjusted to ensure manual positive latching. 3. Facility Maintenance Director or his designee will audit random doors for gaps for the next 3 months and then quarterly 4. Maintenance Director will report findings to the QAPI committee	Completion Date: 03/20/2025 Status: APPROVED Date: 02/10/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0133 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the rating of the common wall and the common wall doors, to be within the allowed gap margins, and did not have positive latching, on one of two floors within the component. Findings include: 1. Observation on January 23, 2025, at 12:05 PM, revealed common wall doors, on the 2nd floor by the East Lounge, had gaps, greater than 1/8 inch and did not have manual positive latching. The doors were only held closed by coded magnetic release, which allowed the doors to be free opening, with the activation of the fire alarm. Interview with the Director of Maintenance on January 23, 2025, at 12:05 PM, confirmed the common wall doors exceeded the allowed gap margins and did not have positive latching.	K 0133		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0211 SS=E	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	1. Hallways on 2nd floor have been cleared of identified obstructions 2. All other floors have been cleared of possible obstructions 3. Facility Maintenance Director or his designee will perform random audits weekly for the next 3 months and then quarterly, the audits will be conducted not less than monthly, at random times and dates.	Completion Date: 03/20/2025 Status: APPROVED Date: 02/11/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025	
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG STATE LICENSE NUMBER: 22220201		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
(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 0211 SS=E	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain exit access, to be clear and unobstructed, on one of two floors within the component. Findings include: 1. Observation on January 23, 2025, between 12:15 PM and 12:45 PM, revealed the corridor was obstructed from use, at the following locations: 2nd floor a. 12:15 PM, between Resident Rooms 201 and 202, a soiled-linen and a trash container; b. 12:30 PM, outside Resident Room 202, a clean-linen cart; c. 12:45 PM, outside Resident Room 208, a clean-linen, a soiled-linen and a trash container. Interview with the Director of Maintenance on January 23, 2025, at 12:45 PM, confirmed the corridor was obstructed from full use, by storage.	K 0211		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0225 SS=E	<p>NFPA 101 Stairways and Smokeproof Enclosures</p> <p>Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, it was determined the facility failed to maintain the stairtower doors, to be within the allowed gap margins, on one of two floors within the component.</p> <p>Findings include:</p> <p>1. Observation on January 23, 2025, at 12:10 PM, revealed the 2nd floor stairtower door, by the elevator, had gaps, greater than 1/8 inch.</p> <p>Interview with the Director of Maintenance on January 23, 2025, at 12:10 PM, confirmed the stairtower door gaps exceed 1/8 inch.</p>	K 0225	<p>1. The distance between the stair tower doors have been adjusted and corrected to meet one-eighth-inch requirement.</p> <p>2. Facility Maintenance Director or his designee will audit random doors for gaps for the next 3 months and then quarterly</p> <p>3. Maintenance Director will report findings to the QAPI committee</p>	<p>Completion Date: 03/20/2025 Status: APPROVED Date: 02/10/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0291 SS=C	<p>NFPA 101 Emergency Lighting</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review and interview, it was determined the facility failed to perform functional tests of battery-powered emergency lighting source at the generator, which serves the entire component.</p> <p>Findings include:</p> <p>Review of documentation on January 23, 2025, between 9:15 AM and 10:30 AM, revealed the facility lacked documentation, verifying the Generator Room battery back-up emergency lighting was tested 90 minutes annually.</p> <p>Interview with the Director of Maintenance on January 23, 2025, at 10:30 AM, confirmed the facility failed to record annual testing.</p>	K 0291	<ol style="list-style-type: none"> 1. The Generator Room battery back-up emergency lighting was tested 90 minutes to ensure lighting during power outage. 2. Back up lighting unit will be added to the facility Preventative Maintenance log to ensure the working condition and will be audited monthly 3. Maintenance Director will report findings to the QAPI committee 	<p>Completion Date: 03/20/2025</p> <p>Status: APPROVED</p> <p>Date: 02/10/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0918 SS=F	<p>NFPA 101 Electrical Systems - Essential Electric Syste</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>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.</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0918	<ol style="list-style-type: none"> 1. Facility has contracted with an outside vendor to complete the 4 hour load bank test, to be completed by Compliance date. 2. Maintenance Director or Designee will ensure the generator load bank scheduling will be reviewed yearly for documentation of the 3 year, 4-hour load bank test on the generator was performed as required. 3. Maintenance Director will report findings to the QAPI committee 	<p>Completion Date: 03/20/2025</p> <p>Status: APPROVED</p> <p>Date: 02/10/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396122	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/23/2025
NAME OF PROVIDER OR SUPPLIER: FOX SUBACUTE AT MECHANICSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE: 120 SOUTH FILBERT STREET MECHANICSBURG, PA 17055		
STATE LICENSE NUMBER: 22220201				
(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 0918 SS=F	Continued from page 8 Based on document review and interview, it was determined the facility failed to maintain the emergency generator, which supply emergency power for the entire component. Findings include: Document review and interview on January 23, 2025, between 9:15 AM and 10:30 AM, revealed the 3-year, 4-hour load bank tests was not performed. Interview with the Director of Maintenance on January 23, 2025, at 10:30 AM confirmed the load bank tests was not performed.	K 0918		



Certified End Page

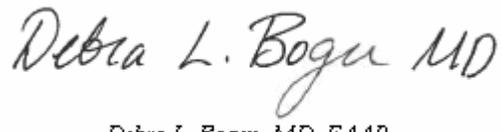
FOX SUBACUTE AT MECHANICSBURG

STATE LICENSE NUMBER: 22220201

SURVEY EXIT DATE: 01/23/2025

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