

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396130	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/04/2025
NAME OF PROVIDER OR SUPPLIER: WHITESTONE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 370 WHITE STONE CORNER ROAD STROUDSBURG, PA 18360		
STATE LICENSE NUMBER: 22480201				
(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 February 4, 2025, at Whitestone Care Center, 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.

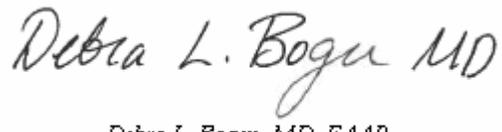


Certified End Page

WHITESTONE CARE CENTER
STATE LICENSE NUMBER: 22480201
SURVEY EXIT DATE: 02/04/2025

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

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K 0000	INITIAL COMMENT Facility ID# 22480201 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on February 4, 2025, it was determined that Whitestone Care Center 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 II (111), protected, noncombustible building, with an unused attic space, that is fully sprinklered.	K 0000		
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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 one exit stair tower enclosure, affecting two of two floors.</p> <p>Findings include:</p> <p>1. Observation on February 4, 2025, at 11:32 a.m., revealed the first floor, #2 stair tower door lacked smoke-tight integrity.</p> <p>Exit interview with the Facility Administrator and the Facilities Manager on February 4, 2025, between 12:30 p.m., and 12:40 p.m., confirmed the stair tower door deficiency.</p>	K 0225	<p>K-0225 Smoke Enclosures</p> <p>1. Stair Tower door was adjusted to close and meet smoke tight integrity.</p> <p>2. Facility audit was completed of all doors.</p> <p>3. Monthly Audits will be completed X4 months and then quarterly after with results reviewed in QAPI.</p>	<p>Completion Date: 02/11/2025</p> <p>Status: APPROVED</p> <p>Date: 02/12/2025</p>

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K 0353 SS=E	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>K-0353 Sprinkler Systems</p> <p>1. Ceiling tiles were lacking within the second floor Mechanical Room and ceiling tiles within the first floor IT Server Room were repaired. Attic-level dry sprinkler system was repaired and placed in service. Quarterly Sprinkler inspection was completed 2/2025. Five-year, internal valve, internal piping, and sprinkler gauge recalibration/replacement was also completed.</p> <p>2. Audit will be competed for areas of missing ceiling tiles weekly x 4 then monthly x2. Sprinkler reports will be monitored for missing inspection pieces. Findings will be reviewed in QAPI</p>	<p>Completion Date: 02/11/2025 Status: APPROVED Date: 02/12/2025</p>

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K 0353 SS=E	Continued from page 3 Based on observation, interview, and documentation review, it was determined the facility failed to maintain the automatic sprinkler system in five instances, affecting two of two floors. Findings include: 1. Observation on February 4, 2025, between 11:40 a.m., and 12:15 p.m., revealed the following: a. 11:40 a.m., ceiling tiles were lacking within the second floor Mechanical Room. b. 11:58 a.m., ceiling tiles were lacking within the first floor IT Server Room. c. 12:10 p.m., the attic-level dry sprinkler system was not functioning at the time of the survey. d. 12:12 p.m., the facility lacked an automatic sprinkler system inspection report for the fourth quarter of calendar year 2024. e. 12:14 p.m., the facility was overdue for required five-year, internal valve, internal piping, and sprinkler gauge recalibration/replacement.	K 0353		

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K 0353 SS=E	Continued from page 4 Exit interview with the Facility Administrator and the Facilities Manager on February 4, 2025, between 12:30 p.m., and 12:40 p.m., confirmed the automatic sprinkler system deficiencies.	K 0353		
K 0919 SS=E	NFPA 101 Electrical Equipment - Other Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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 10 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0919	K-0919 Generator Low Fuel Light was corrected. Maintenance Director job description reviewed and signed to ensure knowledge of expectation and responsibilities clear. Maintenance Director/designee will perform generator check to ensure no issues on Panel or with Unit weekly X4, then monthly X2 with results reviewed in QAPI.	Completion Date: 02/11/2025 Status: APPROVED Date: 02/12/2025

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K 0919 SS=E	Continued from page 5 Based on observation and interview, it was determined the facility failed to maintain the generator set in one instance, affecting two of two floors. Findings include: 1. Observation on February 4, 2025, at 11:50 a.m., revealed the low fuel level lamp was lighted at the remote annunciator location. Exit interview with the Facility Administrator and the Facilities Manager on February 4, 2025, between 12:30 p.m., and 12:40 p.m., confirmed the emergency generator set deficiency.	K 0919		

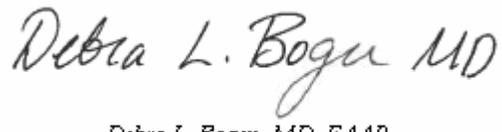


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