PHCA Webinar
January 2020

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PA Department of Health

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Overview

- CMS Emergency Preparedness Update
- ABHR Placement
- Life Safety Code Update
- Long Term Care Update

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CMS Emergency Preparedness

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CMS Emergency Preparedness

- CMS Letter QSO19-All Emergency Preparedness – Updates to Appendix Z of the State Operations Manual (February 1, 2019)
  - Updates to add emerging infectious diseases to the definition of all-hazards approach, new Home Health Agency citations and clarifications under alternate source of power and emergency standby systems

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CMS Emergency Preparedness

- All-Hazards Approach: An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and, interruptions in the normal supply of essentials, such as water and food. Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others. All facilities must develop an all-hazards emergency preparedness program and plan.

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CMS Emergency Preparedness

- **E-0004** – Applies to all facility types with the exception of transplant centers
- In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:

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- Natural disasters
- Man-made disasters,
- Facility-based disasters that include but are not limited to: Care-related emergencies;
- Equipment and utility failures, including but not limited to power, water, gas, etc.;
- Interruptions in communication, including cyber-attacks;
- Loss of all or portion of a facility; and
- Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).
- *EIDs such as Influenza, Ebola, Zika Virus and others. These EIDs may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures.*

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CMS Emergency Preparedness

- **E-0015**
- It is up to each individual facility, based on its risk assessment, to determine the most appropriate alternate energy sources to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, and alarm systems, and sewage and waste disposal.
- *Facilities are not required to upgrade their alternate energy source or electrical systems, but after review of their risk assessment may find it prudent to make modifications. Regardless of the* alternate sources of energy a facility chooses to utilize, it must be in accordance with local and state laws, *manufacturer requirements*, as well as *applicable* LSC requirements *(for example, hospitals are required to have an essential electric system with a generator that complies with NFPA 99 – Health Care Facilities Code and associate reference documents).*

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- Facilities must establish policies and procedures that determine how required heating and cooling of their facility will be maintained during an emergency situation, as necessary, if there were a loss of the primary power source. *Facilities are not required to heat and cool the entire building evenly, but must ensure safe temperatures are maintained in those areas deemed necessary to protect patients, other people who are in the facility, and for provisions stored in the facility during the course of an emergency, as determined by the facility risk assessment. If unable to meet the temperature needs, a facility should have a relocation/evacuation plan (that may include internal relocation, relocation to other buildings on the campus or full evacuation). The relocation/evacuation should take place in a timely manner so as not to expose patients and residents to unsafe temperatures.*
- *Note: For LTC under 483.10(i)(6), there are additional requirements for facilities who were initially certified after October 1, 1990 who must maintain a temperature range of 71 to 81 °F.*

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- *If a facility risk assessment determines the best way to maintain temperatures, emergency lighting, fire detection and extinguishing systems and sewage and waste disposal would be through the use of a portable and mobile generator, rather than a permanent generator, then the LSC provisions such as generator testing, maintenance, etc. outlined under the NFPA guidelines requirements would not be applicable, except for NFPA 70 National Electrical Code.*

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- *Per NFPA 70, portable and mobile generators should:*
- *Have all wiring to each unit installed in accordance with the requirements of any of the wiring methods in Chapter 3.*
- *Be designed and located so as to minimize the hazards that might cause complete failure due to flooding, fires, icing, and vandalism.*
- *Be located so that adequate ventilation is provided.*
- *Be located or protected so that sparks cannot reach adjacent combustible material.*
- *Be operated, tested and maintained in accordance with manufacturer, local and/or State requirements.*

- *For requirements regarding permanently installed generators, please refer to existing Life Safety Code and NFPA guidance.*

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- *Extension cords or other temporary wiring devices may not be used to connect electrical devices in the facility to a portable and mobile generator due to the potential for shock, fire, and tripping hazards when using such devices.*
- *The type of protection needed for the fuel stored by the facility for use by the portable and mobile generator will depend on the amount of fuel stored and the location of the storage, as per the appropriate NFPA standard.*
- *If a facility, has a permanent generator to maintain emergency power, LSC and NFPA 110 provisions such as generator location, testing, fuel storage and maintenance, etc. will apply and the facility may be subject to LSC surveys to ensure compliance is met. Please also refer to Tag E0041 Emergency and Standby Power Systems for additional requirements for LTC facilities, CAHs and Hospitals.*

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- **E-0018**
- *We also recommend facilities ensure they follow their evacuation procedures as outlined under this section during disasters and emergencies. Facilities are required follow all state/local mandates or requirements under most CoPs/CfCs. If your local community, region, or state declares a state of emergency and is requiring a mandatory evacuation of the area, facilities should abide by these laws and mandates.*

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- **E-0037**
- *Facilities may contract with individuals providing services who also provide services in multiple surrounding areas. For instance, an ICF/IID may contract a nutritionist who also provides services in other locations. Given that these contracted individuals may provide services at multiple facilities, it may not be feasible for them to receive formal training for each of the facilities for emergency preparedness programs. The expectation is that each individual knows the facility's emergency program and their role during emergencies, however the delivery of such training is left to the facility to determine.*

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- **E-0037**
- *Facilities in which these individuals provide services may develop some type of training documentation-i.e. the facility's emergency plan, important contact information, and the facility's expectation for those individuals during an emergency etc. which documents that the individual received the information/training. Furthermore, if a surveyor asks one of these individuals what their role is during a disaster, or any relevant questions, then the expectation is that the individual can describe the emergency plans/their role.*

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- **E-0039**
- Finally, an actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirement and exempts the facility for engaging *in a community-based full-scale exercise or individual, facility-based mock disaster drill* for one year following the actual event; and facilit*ies* must be able to demonstrate this through written documentation. *If a facility activates its emergency plan twice in one year, then the facility would be exempt from both exercises (community-based full-scale exercise and the secondary exercise-individual, facility-based mock disaster drill, table top exercise) for one year following the actual events.*

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CMS Emergency Preparedness

- **E-0041**
- *If a Hospital, CAH or LTC facility determines that the use of a portable and mobile generator would be the best way to accommodate for additional electrical loads necessary to meet subsistence needs required by emergency preparedness plans, policies and procedures, then NFPA requirements on emergency and standby power systems such as generator installation, location, inspection and testing, and fuel would not be applicable to the portable generator and associated distribution system, except for NFPA 70 - National Electrical Code. (See E-0015 for Interpretive Guidance on portable generators.)*

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CMS Emergency Preparedness

- **E-0041**
- NFPA 110 contains minimum requirements and considerations for the installation and environmental conditions that may have an effect on Emergency Power Supply System (EPSS) equipment, including, building type, classification of occupancy, hazard of contents, and geographic location. NFPA 110 requires that EPSS equipment, including generators, to be designed and located to minimize damage (e.g., flooding). *The NFPA 110 generator location requirements apply to EPSS (e.g. generators) that are permanently attached and do not apply to portable and mobile generators used to provide or supplement emergency power to Hospitals, CAHs and LTC facilities. (See E0015 for Interpretive Guidance on portable generators.)*

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CMS Emergency Preparedness

- Final Rule CMS-3346-F Omnibus Burden Reduction
- Changes yet again to CMS emergency preparedness requirements
- The changes went into effect 11/29/2019
- No formal guidance from CMS to state agencies at this time on the changes

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CMS Emergency Preparedness

- Emergency Plan – Eliminates the requirement that the emergency plan include documentation of efforts to contact local, tribal, regional, state and federal emergency preparedness officials, and a facility's participation in collaborative and cooperative planning efforts

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CMS Emergency Preparedness

- Training – With the exception of nursing homes, the staff training requirement will be every other year, rather than annually
- Nursing homes must continue to do annual training

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CMS Emergency Preparedness

- Testing – Inpatient Facilities – Increases the flexibility for the testing requirement so that one of the two annually required testing exercises may be an exercise of the facility's choice

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CMS Emergency Preparedness

- Testing – Inpatient Facilities
- Participate in an annual full-scale exercise that is community-based
- When a community-based effort is not available, conduct an annual individual facility-based functional exercise

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CMS Emergency Preparedness

- Testing – Inpatient Facilities
- Conduct an additional annual exercise that may include, but not limited to the following:
  - Second full scale exercise that is community-based or individual facility based
  - Mock disaster drill
  - Tabletop exercise led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario

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CMS Emergency Preparedness

- Testing – Outpatient Facilities – Decreasing the requirement for facilities to conduct two testing exercises per year to one testing exercise annually

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- Testing – Outpatient Facilities
- Participate in full-scale exercise that is community-based every two years
- When a community-based exercise is not available, conduct a facility-based functional exercise every 2 years

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CMS Emergency Preparedness

- Testing – Outpatient Facilities
- In alternate years from the community-based or functional exercise, conduct an additional exercise that includes but not limited to the following:
  - Full-scale exercise that is community-based or facility-based
  - Mock disaster drill
  - Tabletop exercise as detailed on the Inpatient slide

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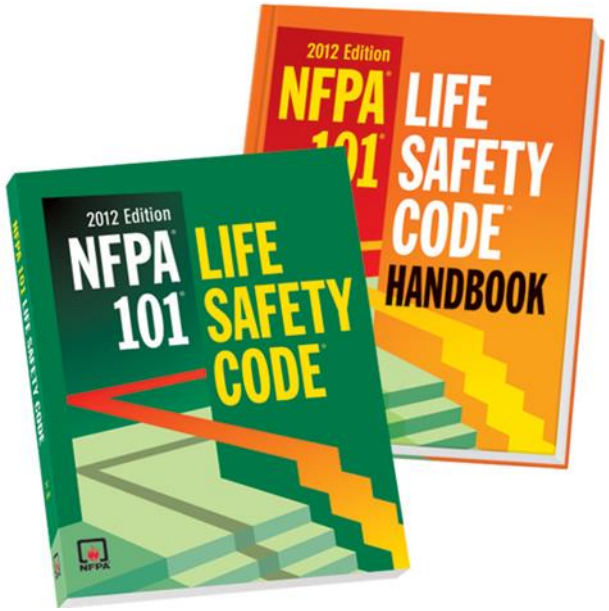
ABHR - LSC

- CMS adopted the 2012 LSC and Health Care Facilities Code (HCFC) with an effective date of July 5, 2016
  - Hospitals
  - Ambulatory Surgical Facilities (ASF's)
  - Nursing Homes



*The HCFC is also known as NFPA 99

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ABHR - LSC

- Where installed in a corridor, the corridor shall be 6 ft in width
- Maximum individual dispenser fluid capacity:
  - 1.2 L for dispensers in rooms and corridors
  - 2.0 L for dispensers in suites of rooms
- Where aerosol containers are used, maximum capacity shall be 18 oz and limited to Level 1 aerosol per NFPA 30B
- Dispensers must be at least 4 ft apart

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ABHR - LSC

- Not more than 10 gallons of ABHR solution or 1,135 oz of Level 1 aerosols, or a combination of solution and aerosols, shall be used outside of a storage cabinet in a single smoke compartment, with exception of the following:
  - One dispenser per room and located in that room shall not be included in the aggregate total

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ABHR - LSC

Emergency Escape Plan

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ABHR - LSC

- Storage greater than 5 gallons in a single smoke compartment must comply with NFPA 30 (rated storage cabinet)
- Dispensers cannot be installed one inch above, below or to the side of an ignition source
- Dispensers cannot be installed over carpet unless the smoke compartment is fully sprinklered
- ABHR solution shall not exceed 95% alcohol content by volume

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ABHR - LSC

- The dispenser shall not release its contents except when the dispenser is activated, manual or touch-free activation
- Activation shall only occur when an object is placed within 4 inches of the sensing device
- An object placed within the activation zone shall not cause more than one activation
- The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions

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ABHR - LSC

- The dispenser shall be designed, constructed and operated in a manner that ensures that accidental or malicious activation of the device is minimized
- The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed

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ABHR - LSC

- Doing the math…
- 1.2 L dispensers
- 10 gallons per smoke compartment in use and in storage = 31, 1.2 L dispensers
  - Remember that one dispenser per room does not count towards the total
  - Also note that rooms have 4 walls and a door
  - Storage within a fire-rated cabinet does not count towards the aggregate total (5 gallons or more must be stored in such a cabinet)

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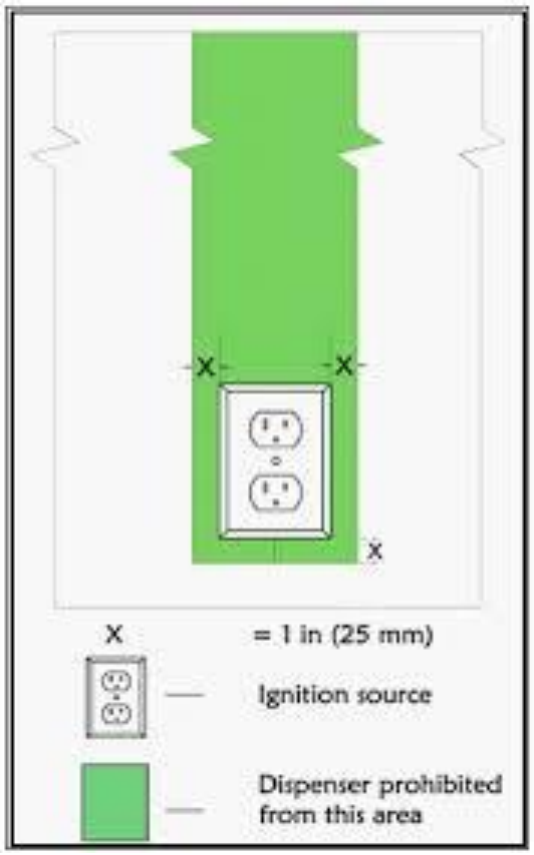
ABHR - LSC



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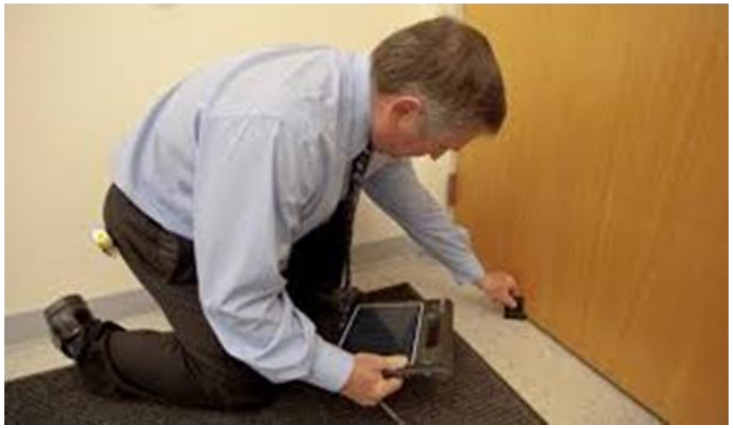
Fire Door Maintenance

- Inspection and testing requirements for fire-rated door assemblies in accordance with NFPA 80
- This is an item that will be part of the survey process beginning November 1, 2016

Fire Door Maintenance



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Fire Door Maintenance

- Fire-rated door assemblies:
  - Applies to new and existing installations
  - Inspected and tested not less than annually
  - Written record shall be signed and kept for inspection by the AHJ – This is a comprehensive document
  - Functional testing by knowledgeable individuals
  - Repairs shall be made “without delay”

Fire Door Maintenance

- Fire-rated door assemblies – Swinging doors
  - Prior to testing, a visual inspection of both sides must be performed, to include the following:
    - No holes or breaks in surfaces of door or frame
    - Glazing, vision light frames and glazing beads
    - No visible signs of damage to the door, frame, hinges, and hardware
    - No parts are missing or broken
    - Door clearances are appropriate
    - Self-closing device operating properly

Fire Door Maintenance

- Fire-rated door assemblies – Swinging doors
  - –Visual inspection continued:
    - If installed, the coordinator is working
    - Latching hardware operates
    - No auxiliary hardware installed that would interfere with proper door operation
    - No field modifications that would void the label
    - Gasketing and edge seals, if required, are inspected

Fire Door Maintenance

- Similar requirements for horizontal sliding, vertically sliding and rolling doors
- Recommend that facilities begin preparing for the door testing and inspection requirements – do not wait to get cited first

Fire Extinguishers

- 2010 NFPA 10 – Inspection, Maintenance, and Recharging of Portable Fire Extinguishers
- Persons performing maintenance and recharging of extinguishers must be certified
  - The test shall at a minimum be based upon knowledge of NFPA 10
  - Persons passing the test must be issued a document or certificate made available to the AHJ stating that the person was certified based upon NFPA 10 principles
  - This does ***not*** apply to individuals performing the monthly inspections

Sprinkler Systems

- Key change from the 1999 edition to the 2010 edition of NFPA 13 with regard to privacy curtains
- Section 8.6.5.2.2.1 – Privacy curtains shall not be considered obstructions where:
  - The curtains are supported by fabric mesh of ceiling track
  - Openings in the mesh are equal to 70 percent or greater
  - The mesh extends to a minimum of ***22*** inches down from the ceiling

Sprinkler Systems

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Sprinkler Systems

- Note that a minimum ½ diagonal mesh opening is considered meeting 70% or greater
- Section 19.3.5.11 of 2012 LSC states:
  - Newly introduced cubicle curtains in sprinklered areas shall be installed in accordance with NFPA 13
- Is the 18 inch rule now the 22 inch rule?
- No, the 18 inch rule still applies to other obstructions

Sprinkler Systems

- Internal inspection of piping added to the 2011 edition of NFPA 25
- With the July 5, 2016 adoption of the 2012 LSC, facilities need to have this new inspection requirement completed prior to July 5, 2021
- Inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material

Sprinkler Systems

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Sprinkler Systems

- Alternative nondestructive examination methods shall be permitted – must be approved by the AHJ
- Tubercules or slime, if found, must be tested for indications of microbiologically influenced corrosion
- If the presence of sufficient foreign material is found to obstruct pipe or sprinklers, obstruction investigation must be conducted – note that most piping systems may contain some material or evidence of corrosion but not sufficient to trigger obstruction investigation

Sprinkler Systems

- NFPA 25, 2011 Edition, Sections 5.3 and 8.3
- The 2011 Edition of NFPA 25 changed to permit monthly testing of sprinkler system electric motor-driven pump assemblies
- The previous requirement was weekly, and there are facilities that have not updated to the reduced timeframe
- The 2011 Edition also changed to permit semiannual testing of vane-type and pressure switch type waterflow alarm devices
- Previously, the requirement was quarterly and the main driver of the quarterly sprinkler inspection and testing requirement
- This can be updated to reflect the reduction to semi-annual

Generators

- NFPA 110, 2010 Edition, Section 8.4.2.3
- The facility's diesel generator does not maintain the minimum exhaust gas temperatures as recommended by the manufacturer nor does it reach at least 30% of the kW nameplate rating during the 30 minute monthly generator exercises
- There must then be an annual load bank exercise
- The 2010 edition permits this run to be 1.5 hours
- Previously, the requirement was 2 hours and many continue to adhere to the old standard

Long Term Care Update

- This update contained massive changes to the health survey requirements, to include new deficiency tags and a new survey process
- Many have missed the changes in Physical Environment to resident rooms
- Update on the CMS proposed rule change that clarifies this newer requirement

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Long Term Care Update

- F462
- §483.90(e) Bathroom Facilities Each resident room must be equipped with or located near toilet and bathing facilities. For facilities that receive approval of construction from State and local authorities or are newly certified after November 28, 2016, each residential room must have its own bathroom equipped with at least a commode and sink.

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Long Term Care Update

- F457
- §483.90 (d)(1) Bedrooms must-
- §483.90(d)(1)(i) Accommodate no more than four residents;. For facilities that receive approval of construction or reconstruction plans by State and local authorities or are newly certified after November 28, 2016, bedrooms must accommodate no more than two residents.

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Long Term Care Update

- CMS interpretive guidance for Health Tag F911
- GUIDANCE: §483.90(e)(1)(i)
- "Reconstruction" means the facility undergoes reconfiguration of the space such that the space is not permitted to be occupied, or the entire building or an entire occupancy within the building, such as a wing of the building, is modified. The requirement applies to the reconstructed area, so that where reconstruction involves a limited area within a building, we would not expect the entire building to upgrade to the new requirements of no more than two residents per room.

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Long Term Care Update

- CMS interpretive guidance for Health Tag F911
- When a facility undergoes a change of ownership under §489.18 and the new owner does not accept assignment of the existing provider agreement and requires a "new initial certification" for a new provider agreement that would be effective after November 28, 2016, the facility would be expected to be upgraded to meet these new requirements of each bedroom accommodating not more than two residents. This would also apply when the provider agreement was terminated by CMS and another provider is working to reopen the facility.

- For facilities that receive approval of construction or reconstruction plans from State and local authorities or are newly certified after November 28, 2016 each resident room must meet the new requirements of no more than two residents per room.

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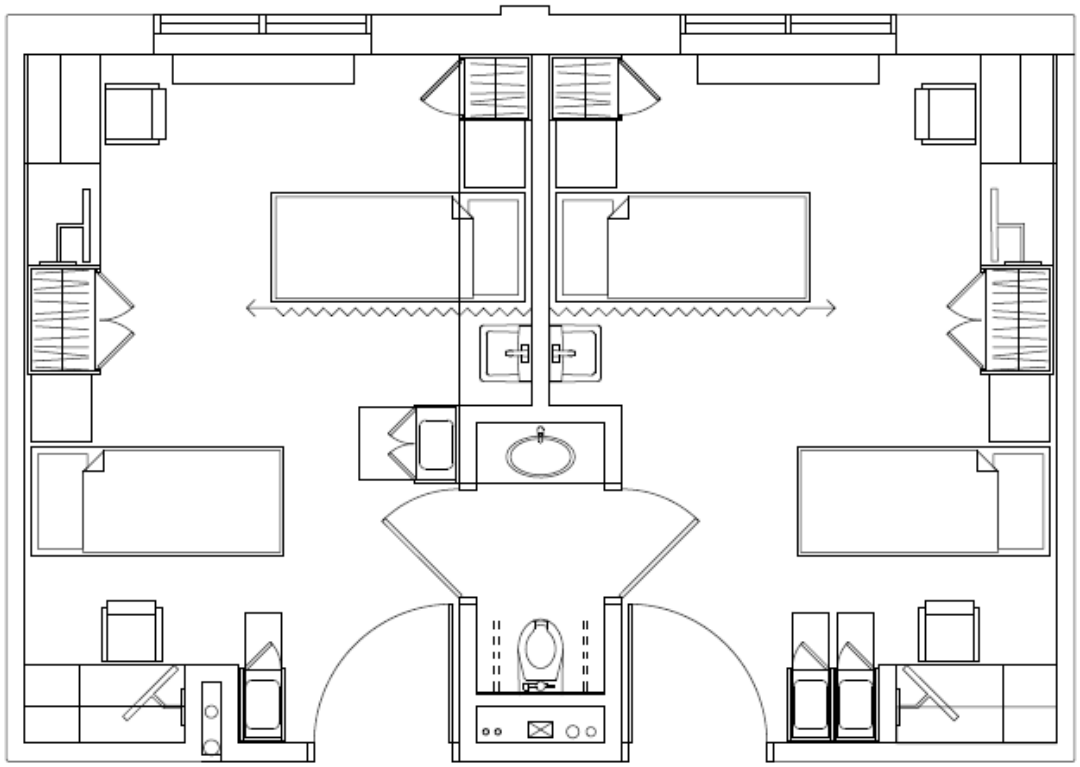
Long Term Care Update



EXISTING UNIT

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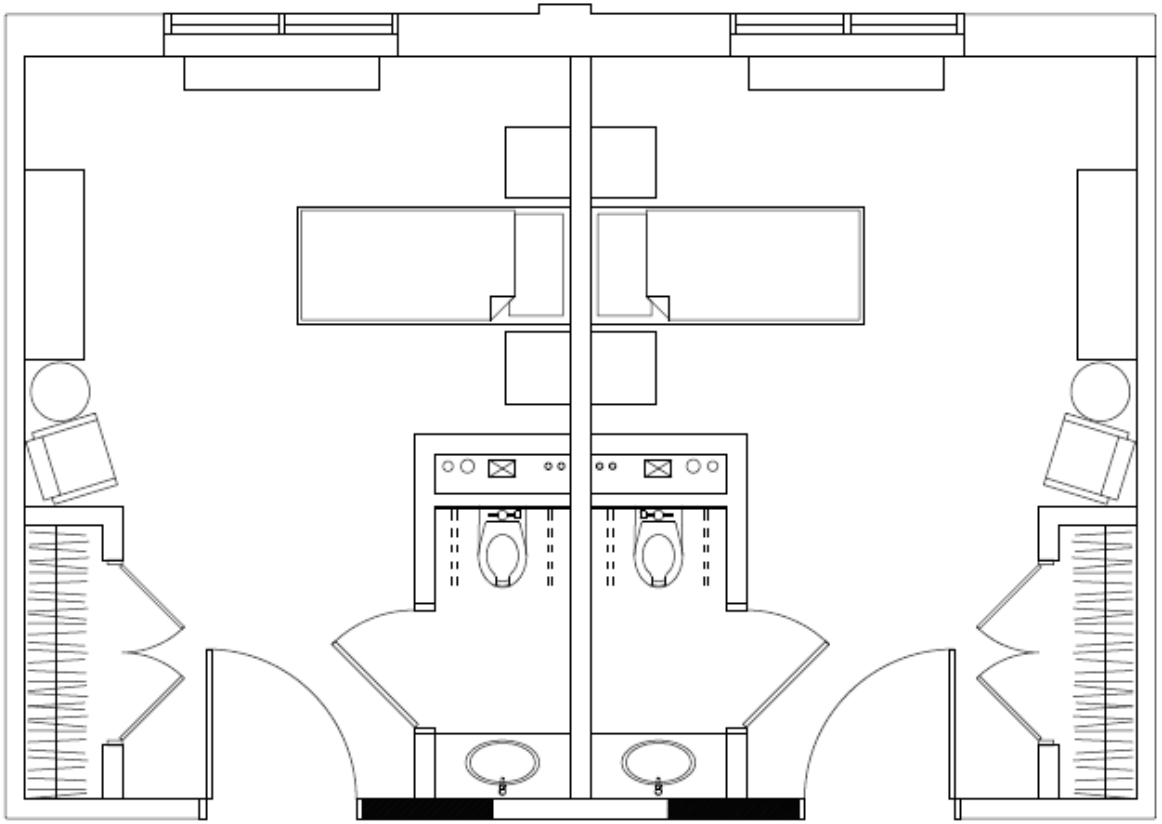
Long Term Care Update



PROPOSED SINGLE OCCUPANCY UNITS

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Long Term Care Update

- CMS issued a proposed rule change in the Federal Register on July 18, 2019
- Comments closed on September 16, 2019
- For Physical Environment, there are two significant proposed changes

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Long Term Care Update

- Revision to the requirements that newly constructed, reconstructed or newly certified facilities accommodate no more than two residents in a bedroom and equip each resident room with its own bathroom with commode and sink

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Long Term Care Update

- CMS proposed to only apply this requirement to newly constructed and newly certified facilities that have never been a nursing home before
- This potential change would create a lot more flexibility in renovations of existing nursing homes

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Long Term Care Update

- The second CMS proposed change is to permit existing nursing homes to continue to use the 2001 Fire Safety Evaluation System (FSES) mandatory values when determining compliance for containment, extinguishment and people movement requirements

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Long Term Care Update

- This proposal would allow older facilities who may not meet the FSES requirements in the recently adopted 2012 Life Safety Code (LSC) to remain in compliance with the older FSES without incurring substantial expenses to change their construction types, while maintaining resident and staff safety.

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Long Term Care Update

- Note that this is still a proposed CMS rule change
- Until such time that it becomes final, the current requirements apply and not the proposed changes
- CMS must review all comments received, respond to the comments and post a final determination

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Long Term Care Update

- There has been a recent trend towards dialysis services within a nursing home
- CMS issues two letters of guidance on this topic:
  - QSO-18-22-ESRD
  - QSO-18-24-ESRD

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- In-Center Dialysis – may involve either:
  - Transporting the resident to and from an off-site certified ESRD facility for dialysis treatments; or
  - Transporting the resident to a location within or proximate to the nursing home building which is separately certified as an ESRD facility providing in-center dialysis

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- Home Dialysis in a Nursing Home – The resident receives dialysis treatments in the nursing home. These dialysis treatments are administered and supervised by personnel who meet the criteria for qualifications, training, and competency verification as stated in this guidance and are provided under the auspices of a written agreement between the nursing home and the ESRD facility.

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- The review of dialysis services in a nursing home should be considered an extension of the ESRD core survey and as such will require additional survey time.
- The ESRD survey tasks for review of dialysis in a nursing home involves the following activities: (1) survey tasks at the ESRD facility prior to the on-site visit at the nursing home,

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Long Term Care Update

- (2) survey tasks conducted at the nursing home, and (3) survey tasks conducted at the ESRD facility after the on-site nursing home visit.

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Long Term Care Update

- **Important Note**:
  - If your facility plans on providing this service, **contact plan review**
  - The companies wanting to provide the dialysis services are not the best at providing nursing homes with good guidance on steps for approval
  - They will tell you that it is CMS approved, no real construction is occurring, they have done it elsewhere, etc.

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Questions?

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