

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315530</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/28/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>FLORHAM PARK REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>190 PARK AVENUE FLORHAM PARK, NJ 07932</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 DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments	E 000			
	This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.				
F 000	INITIAL COMMENTS	F 000			
	Initial survey for Medicare certification: 05/28/2024				
	Census: 3				
	Sample Size: 3				
	THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES.				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	INITIAL COMMENTS  A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/28/2024, and Florham Park Rehabilitation Healthcare Center was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy  The facility is a three-story building that was built in January 1994. It is composed of Type II protected construction. The facility (Long Term Care Nursing) is located on the first and second floors and is divided into 6-smoke zones. The facility has a 200 KW Diesel Emergency Generator that supplies emergency electrical power to, Emergency Lighting, Illuminated Exit Signs, Red Emergency Electrical Outlets, Kitchen Walk-In boxes (Freezer and Refrigerator) and Fire Alarm and Detection system panel.	K 000			
K 131 SS=D	Multiple Occupancies CFR(s): NFPA 101  Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:  o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access.	K 131			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/19/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 131	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8.</li> <li>o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</li> </ul> <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/28/2024, in the presence of facility management, it was determined that the facility failed to provide a two-hour fire resistance-rated elements and assemblies in accordance with NFPA 101, 2012 Edition, Section 19.1.3.3 between the Long Term Care (LTC) Nursing part of the facility and the Old Chapel (Assisted Living dining room). This deficient practice had the potential to affect 3 residents and was evidenced by the following:</p> <p>An observation at 12:28 PM of the 2nd floor corridor double-doors (1-1/2 hour fire rated) separating the Long-Term Care unit and the Old Chapel Assisted Living Dining Room revealed that there was a 1-1/8 inch gap along the bottom edges of both doors, exceeding the 3/4 inch limit.</p> <p>In an interview at the time of observation, the facility's <b>U.S. FOIA (b)(6)</b> confirmed the findings and stated the room was</p>	K 131			

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K 131	Continued From page 2 the Old Assisted Living dining room.  The <b>NJ Exec Order 26.4b1</b> informed of the deficient practice during the Life Safety Code survey exit at approximately 1:58 PM.	K 131			
K 293 SS=D	NJAC 8:39-31.1(c), 31.2(e) Exit Signage CFR(s): NFPA 101  Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/28/2024 in the presence of facility management, it was determined that the facility failed to provide one (1) illuminated exit sign to clearly identify the exit access path to reach an exit discharge door in accordance with NFPA 101:1012 edition, Sections 7.10.1.5.1 and 7.10.5.2.1. This deficient practice had the potential to affect 3 residents and was evidenced by the following:  An observation at 12:22 PM revealed one (1) location on the 1st. floor corridor near Resident rooms <b>U.S. FOIA (b)(6)</b> that failed to have illuminated exit sign to clearly identify the exit access route for residents, visitors and staff to	K 293			

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K 293	Continued From page 3 reach an exit.  In an interview at the time of observation, the <b>U.S. FOIA (b)(6)</b> confirmed the findings.  The <b>NJ Exec Order 26.4b1</b> were informed of the deficient practice during the Life Safety Code survey exit at approximately 1:58 PM.	K 293			
K 311 SS=E	NJAC 8:39 -31.1 (c), 31.2(e) Vertical Openings - Enclosure CFR(s): NFPA 101  Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observations and review of facility documentation on 05/28/2024, in the presence of facility management it was determined that the facility failed to ensure that 3 of 6 exit access doors leading into stairwells were capable of maintaining the 2 hour fire rated construction in accordance with NFPA 101:2012 edition. This deficient practice had the potential to affect the 3 residents and was evidenced by the following,	K 311			



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K 311	<p>Continued From page 4</p> <p>Observations beginning at 10:24 AM in the presence of the <b>U.S. FOIA (b)(6)</b> revealed there were three (3) designated exit stairwells ("A", "B" and "C") in the facility that residents, visitors and staff would use in the event of an emergency to exit the building. The following conditions were observed:</p> <p>1) At approximately 11:06 AM, the 1st. floor "B" stairwell door closed into its frame but did not positive latch into its frame. A test was performed two additional times with the same results.</p> <p>A review of an emergency evacuation diagram posted in the corridor identified the stairwell as the primary and secondary egress path to reach an exit discharge door.</p> <p>2) At approximately 12:08 PM, the 2nd. floor "A" stairwell door closed into its frame but did not positive latch into its frame. A test was performed one additional time with the same results.</p> <p>A review of an emergency evacuation diagram posted in the corridor identified the stairwell as the primary exit to reach an exit discharge door.</p> <p>3) At approximately 12:32 PM, the 2nd. floor "C" stairwell closed into its frame but did not positive latch into its frame.</p> <p>A test was performed one additional time with the same results.</p> <p>A review of an emergency evacuation diagram posted in the corridor identified the stairwell as the primary exit to reach an exit discharge door.</p>	K 311			

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K 311	Continued From page 5 The three (3) stairwell doors require positive latching into their frames to maintain the 2 hour fire rated construction to prevent fire, smoke and poisonous gases to enter the exit stairwell in the event of a fire.  The facility <b>US FOIA (b)(6)</b> confirmed the finding at the time of the observation.  The <b>U.S. FOIA (b)(6)</b> was informed of the deficient practices during the Life Safety Code survey exit at approximately 1:48 PM.	K 311			
K 351 SS=E	NJAC 8:39- 31.1(c), 31.2(e) Sprinkler System - Installation CFR(s): NFPA 101  Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by:	K 351			

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K 351	<p>Continued From page 6</p> <p>Based on observation and interview on 05/28/2024, in the presence of facility management it was determined that the facility failed to install fire sprinkler protection inside stairwells at the top landing , bottom landing and every other floor in between as required by CMS regulation §483.90(a) physical environment to all areas in accordance with the requirements of NFPA 101 2012 Edition, Section 19.3.5.1, 9.7, 9.7.1.1 and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems 2012 Edition. This deficient practice had the potential to affect 3 residents and was evidenced by the following:</p> <p>A review of the facility provided lay-out identified the facility is a three-story (3)building with the Nursing Facility having Common areas and 53 Resident sleeping rooms on the 1st. and 2nd. floors of the building.</p> <p>The facility has four (4) exit stairwells in the facility that Residents, Visitors and Staff could use in the event of an emergency/fire to reach an exit discharge door.</p> <p>An observation at 11:20 AM revealed inside stairwell "D" 8'-6" by 16'- 6" lower landing area had no evidence of fire sprinkler coverage.</p> <p>The <b>NJ Fire Code</b> confirmed the finding at the time of observation and stated there was no fire sprinkler protection to the area as required.</p> <p>The <b>U.S. FOIA (b)(6)</b> were informed of the deficient practice during the Life Safety Code survey exit at approximately 1:58 PM.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p>	K 351			



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K 351	Continued From page 7	K 351			
K 911	Electrical Systems - Other	K 911			
SS=D	CFR(s): NFPA 101  Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems 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 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation on 05/28/2024, in the presence of facility management, it was determined that the facility failed to ensure that 1 of 11 electrical outlets located next to a water source (with-in 6 feet) was equipped with Ground-Fault Circuit Interrupter (GFCI) protection in accordance with National Fire Protection Association (NFPA) 101:2012 edition Section 9.1.2 and NFPA 70 Section 210.8 . This deficient practice was evidenced by the following:  An observation at 10:28 AM, revealed eleven (11) electrical outlets in wet (with-in 6 feet of a sink) locations with one (1) Duplex Electrical outlet in the 1st floor Training Room that failed to de-energize when tested.  The facility <b>U.S. FOIA (b)(6)</b> confirmed the finding at the time of the observation.  The <b>NJ Exec Order 26.4b1</b> was informed of the deficient practice during the Life Safety Code survey exit at approximately 1:48 PM.				

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K 911	Continued From page 8  NJAC 8:39 -31.2 (e) NFPA 99: -6.3.2.1, NFPA 70: -210.8	K 911			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315530	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING B. Wing	DATE OF REVISIT 7/15/2024
NAME OF FACILITY FLORHAM PARK REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 190 PARK AVENUE FLORHAM PARK, NJ 07932	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0131	06/12/2024	LSC K0293	05/29/2024	LSC K0311	06/17/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. #	Completed
LSC K0351	06/07/2024	LSC K0911	05/29/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/28/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			