

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

PRINTED: 12/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315381	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2021
NAME OF PROVIDER OR SUPPLIER SUMMER HILL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 111 ROUTE 516 OLD BRIDGE, NJ 08857		
(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			
K 000	INITIAL COMMENTS	K 000			
K 211 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 04/12/21 . Summer Hill Nursing Home 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 Occupancies.</p> <p>Summer Hill Nursing Home is a one story building that was built in 90's. It is composed of Type I construction. The facility is divided into five smoke zones.</p> <p>Means of Egress - General CFR(s): NFPA 101</p> <p>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: Based on observation and interview on 4/12/21, it was determined that the facility failed to ensure</p>	K 211	<p>Corrective action All of the emergency egress were</p>	5/14/21	

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

TITLE

(X6) DATE

Electronically Signed

04/29/2021

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.

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

PRINTED: 12/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315381	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2021
NAME OF PROVIDER OR SUPPLIER SUMMER HILL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 111 ROUTE 516 OLD BRIDGE, NJ 08857		
(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	
K 211	<p>Continued From page 1</p> <p>that all means of egress were free of impediments and readily accessible at all times for 1 of 1 outdoor courtyard areas.</p> <p>This deficient practice was evidenced by the following:</p> <p>During an exterior tour of the building at 12:45 PM, the facility's Maintenance Director (MD) stated in an interview that the exit from the courtyard was through an adjacent dining room. The surveyor traced this exit by entering the dining room from the courtyard through the side entrance door identified by the MD. The surveyor observed two large round dining tables with three chairs positioned directly in the path of egress between the entrance door and dining room's exterior exit door. One table was positioned within 3-feet of the exit door. This exit was blocked and did not provide a clear means of egress.</p> <p>The surveyor noted that exiting the courtyard through the gate provided a more direct and immediate means of egress from the courtyard. However, further observation revealed that the gate was locked with a linked chain connected to two (2) padlocks located on the outside of the gate. An interview with the MD during the observation revealed that facility staff had a key for one lock and the local fire official had the key for the other lock. To readily access this exit would require unlocking one of the locks which were only accessible from the outside of the gate, thus requiring the extra time it would take for staff to access and unlock their lock, or waiting for the the local fire official to arrive to unlock the other lock.</p> <p>The path (means of egress) leading to the the</p>	K 211	<p>reviewed , the emergency exit in the dining room was cleared of all obstacles , all the tables and chairs were moved to the other side of the room and are not in the way of the exit. The double lock on the patio door was removed and only 1 lock is on the inside with all staff knowing the combination number to open the lock. The path leading to the exit door will be paved and the gravel removed .The pathway was cleared of the dead vegetation , and the hose on the floor was removed to a different location.</p> <p>Identification of at risk residents</p> <p>All the residents at the facility were potentially at risk for this deficient practice.</p> <p>Systematic Changes</p> <p>The Administrator in- serviced the Maintenance director regarding ensuring that all the emergency egress have a clear and unobstructed path out. The Maintenance director was made aware that all exits must be clear of any type of obstruction at all times. The Maintenance director will check all exits daily during his rounds</p> <p>QA</p> <p>A monthly audit will be done by the Qapi team to ensure that all egress are cleared of obstruction and there is a clear way out of the exit</p>		

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

PRINTED: 12/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315381	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2021
NAME OF PROVIDER OR SUPPLIER SUMMER HILL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 111 ROUTE 516 OLD BRIDGE, NJ 08857		
(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	
K 211	Continued From page 2 gate consisted of loose gravel and dead vegetation dispersed across the path. The path was approximately eight feet long and tapered to a cleared width of only two feet. On the other side of the gate, the surveyor observed a garden hose connected to a soaker hose on the ground and across the threshold of the gate thus creating a trip hazard. This path was not suitable for evacuating residents and staff during an emergency. These findings were confirmed by the facility's MD during the observation who also stated that this condition had been in existence for four or five years. The surveyor verbally informed the facility's Administrator of these findings during the Life Safety Code exit conference at 2:00 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.1, 19.2.2.2.6 (2), 19.2.3.4/5, 7.1.10.1	K 211			
K 293 SS=D	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:	K 293		5/3/21	

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

PRINTED: 12/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315381	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2021
NAME OF PROVIDER OR SUPPLIER SUMMER HILL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 111 ROUTE 516 OLD BRIDGE, NJ 08857		
(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	
K 293	<p>Continued From page 3</p> <p>Based on observation and interview on 4/12/21, it was determined that the facility failed to provide a directional exit sign for the building's 1 of 1 courtyard areas as evidenced by the following:</p> <p>During an exterior tour of the building, at 12:45 PM the surveyor observed that the most direct exit from the courtyard was through a gate that was not identified. There was no exit sign on the gate, or in the immediate area. The facility's Maintenance Director (MD) stated in an interview during the observation that the residents and staff would not exit through the gate during an emergency, but instead would re-enter the building and exit through an adjacent dining room that had an exit door directly to the outside. The surveyor noted that entrance to the dining room from the courtyard was not provided with an exit sign indicating the direction of travel. This finding was acknowledge and confirmed by the MD in an interview during the surveyor's observation.</p> <p>The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code survey exit conference at 2:00 PM.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 7.10.2</p>	K 293	<p>Corrective action</p> <p>The Maintenance director posted the correct signage at the emergency egress near the dining room</p> <p>Identification of at risk residents</p> <p>All residents were potentially at risk for this deficient practice</p> <p>Systematic changes</p> <p>An Audit was done on all emergency exits in the building and the Maintenance Director made sure that all the emergency exits have the correct signage , and the maintenance director will check all exit doors on his daily rounds</p> <p>QA</p> <p>An audit was conducted of all emergency exits to ensure that there is correct signage. The Qapi team will review this with the maintenance director every quarter to ensure that the facility is in compliance</p>		