

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

PRINTED: 06/23/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 03/23/2022
NAME OF PROVIDER OR SUPPLIER MORRISTOWN POST ACUTE REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960	
(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 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/23/2022. Morristown Post Acute Rehabilitation and Nursing Center was found to be in non-compliance 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. Morristown Post Acute Rehab and Nursing is a 5-story building with a basement that was built in 80's. It is composed of Type I(332) construction. The facility is divided into 15 smoke zones. The surveyor inspected the following four areas: 13 resident rooms, a Physical Therapy Rehab Gym, the Dining Room and the Main Lobby. Deficiencies were noted.	K 000		
K 351 SS=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	K 351		3/28/22

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

TITLE

(X6) DATE

Electronically Signed

04/08/2022

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 351	<p>Continued From page 1</p> <p>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)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and review of facility provided documentation on 3/23/2022, in the presence of facility management it was determined the facility failed to provide fire sprinkler coverage to 12 of 13 resident sleeping rooms in the renovated area, as required by National Fire Protection Association (NFPA) 13 for Installation of Sprinkler Systems.</p> <p>This deficient practice was evidence by the following:</p> <p>During the survey entrance, a request was made to the Administrator and Director of Maintenance (DOM) to provide a copy of the facility lay-out which identifies the various rooms and areas to be inspected.</p> <p>Starting at 10:21 AM, in the presence of facility's Regional Operations Administrator (ROA) and DOM, an inspection of the first floor renovated area and 13 resident rooms was performed. During the inspection, the surveyor observed inside 12 of 13 Resident sleeping room closets had gaps ranging from 1/4 of an inch up to 1/2 of an inch around the sprinkler heads in the following locations: Resident rooms #101, #102, #103, #104, #106, #107, #108, #109, #110, #111, #112 and #113.</p> <p>This condition could delay the activation of the fire sprinkler system in the event of a fire by allowing heat and hot gasses to pass by the sprinkler head</p>	K 351	<p>Attachments will also be emailed immediately to Laura Sagaard after this is posted in Aspen.</p> <p>I. CORRECTIVE ACTION The escutcheons were installed around the sprinkler heads in the locations: Resident Rooms #101, #102, #103, #104, #106, #107, #108, #109, #110, #111, #112 and #113.</p> <p>II. IDENTIFY AT RISK RESIDENTS All residents have the potential to be affected.</p> <p>III. SYSTEMIC CHANGE The Safety Officer and maintenance staff received education regarding the requirement to provide fire sprinkler coverage to resident sleeping rooms in a renovated area as required NFPA 13 for Installation of Sprinkler Systems. The Maintenance Director will ensure there are no gaps around the sprinkler heads in any newly renovated areas as required by NFPA 13 for Installation of Sprinkler Systems.</p> <p>IV. MONITOR CORRECTIVE ACTION</p>	

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K 351	Continued From page 2 into the concealed space above. The ROA and DOM confirmed the finding at the time of the observation. The surveyor informed the Administrator of the deficient practice at the Life Safety Code exit conference on 3/23/2022 at 1:10 PM. Fire Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.	K 351	The Maintenance Director will inspect the sprinkler heads monthly to ensure there are no gaps around the sprinkler heads. Any issues will be fixed immediately and reported to the Administrator. Documentation will be maintained of these audits on the Sprinkler Head Monthly Audit Tool. Results of these inspections will be reported by the Maintenance Director with concerns and occurrences to the QAPI meeting x 3 months to ensure compliance. The Maintenance Director will inspect the sprinkler heads in any newly renovated area to ensure there are no gaps around the sprinkler heads. Any issues will be fixed immediately and reported to the Administrator. Documentation will be maintained of these audits on the (Area specified as newly renovated) Sprinkler Head Monthly Audit Tool. Results of these inspections will be reported by the Maintenance Director with concerns and occurrences to the QAPI meeting.		
K 521 SS=D	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2	K 521		3/28/22	

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K 521	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview conducted on 3/23/2022 in the presence of facility management, it was determined that the facility failed to ensure that the facility's ventilation systems were properly maintained for 3 of 13 resident bathroom exhaust systems as per the National Fire Protection Association (NFPA) 90A.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the survey entrance a request was made to the Administrator and Director of Maintenance (DOM) to provide a copy of the facility lay-out which identifies the various rooms and areas to be inspected today.</p> <p>Starting at 10:21 AM, in the presence of facility's Regional Operations Administrator (ROA) and DOM an inspection of the first floor renovated area and 13 Resident rooms was performed. This inspection identified when the bathroom exhaust systems were tested (by placing a piece of single ply tissue paper across the grills to confirm ventilation is present) the exhaust did not function properly in 3 of 13 resident bathrooms in the following locations:</p> <ol style="list-style-type: none"> 1. At 11:09 AM, inside Resident room #107 bathroom, the exhaust system did not function properly when tested. At this time, the surveyor informed the ROA and DOM that the exhaust system did not function. 2. At 11:15 AM, inside Resident room #108 bathroom, the exhaust system did not function when tested. 	K 521	<p>I. CORRECTIVE ACTION The Director of Maintenance had determined the motor for bathrooms #107, #108, #109 had burnt up in his quarterly inspection and were not functioning properly. The parts for the motor were on order. The fan was subsequently repaired with the motor replaced. The exhaust fans are now in good working order.</p> <p>II. IDENTIFY AT RISK RESIDENTS All residents have the potential to be affected.</p> <p>III. SYSTEMIC CHANGE The Safety Officer and maintenance staff received education on proper maintenance of the facility's ventilation systems per NFPA 90A. The Maintenance Director will ensure the fans are in good working order in any newly renovated areas as required by NFPA 90A.</p> <p>IV. MONITOR CORRECTIVE ACTION The Maintenance Director will inspect the sprinkler heads monthly to ensure there are no gaps around the sprinkler heads. Any issues will be fixed immediately and reported to the Administrator. Documentation will be maintained of these audits on the Sprinkler Head Monthly Audit Tool. Results of these inspections will be reported by the Maintenance Director with concerns and</p>	

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K 521	<p>Continued From page 4</p> <p>3. At 11:21 AM, inside Resident room #109 bathroom, the exhaust system did not function when tested.</p> <p>These bathrooms had no windows with an area that would open. The bathrooms would rely on mechanical ventilation.</p> <p>The ROA and DOM confirmed the finding at the time of the observation.</p> <p>The surveyor informed the Administrator of the deficient practice at the Life Safety Code exit conference on 3/23/2022 at 1:10 PM.</p> <p>NFPA 90A. NJAC 8:39- 31.2 (e).</p>	K 521	<p>occurrences to the QAPI meeting x 3 months to ensure compliance.</p> <p>The Maintenance Director will inspect the sprinkler heads in any newly renovated area to ensure there are no gaps around the sprinkler heads. Any issues will be fixed immediately and reported to the Administrator. Documentation will be maintained of these audits on the (Area specified as newly renovated) Sprinkler Head Monthly Audit Tool. Results of these inspections will be reported by the Maintenance Director with concerns and occurrences to the QAPI meeting.</p>		