STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315271	A. BUILDING **01** B. WING _____	**05/31/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEYS POINT REHABILITATION AND NURSING CENTER	**201 FIFTH AVENUE** **CARNEYS POINT, NJ 08069**

(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 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.	E 000		
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 05/27/22 and 05/31/22 and Carneys Point Rehabilitation and Nursing 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 Occupancies. Carneys Point Rehabilitation and Nursing Center is a single story, Type V Protected building that was built in January 1989. The facility is divided into 7 smoke zones.	K 000		
K 293 SS=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:	K 293		6/30/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/17/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315271	A. BUILDING **01** B. WING _____	**05/31/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEYS POINT REHABILITATION AND NURSING CENTER	**201 FIFTH AVENUE** **CARNEYS POINT, NJ 08069**

(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	Continued From page 1 Based on observations on 05/27/22 and 05/31/22, it was determined that the facility failed to ensure that illuminated exit signs were in five locations to clearly identify the exit access path to reach an exit discharge door. This deficient practice was identified for 5 of 5 exit signs observed and was evidenced by the following: Reference: NFPA. Life Safety Code 2012 7.10.1.5.1 Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants. NFPA Life Safety Code 2012 7.10.5.2.1 Continuous Illumination. Every sign required to be illuminated by 7.10.6.3, 7.10.7, and 7.10.8.1 shall be continuously illuminated as required under the provisions of section 7.8, unless otherwise provided in 7.10.5.2.2. On 05/27/22 during the survey entrance at 9:05 AM, a request was made to the Maintenance and Environmental Services Director (MESD) to provide a copy of the facility lay-out, which identifies the various rooms and smoke compartments. On 05/27/22 and 05/31/22, in the presence of facility's MESD, a tour of the building was conducted. During the tour, the surveyor observed the following locations that failed to to have an illuminated exit sign to clearly identify the exit access route: On 5/27/22: 1. At 10:36 AM, one exit sign in the [redacted]	K 293	The MESD had new fixtures installed for the non-working exit and directional signs that were not illuminating. The new exit signs were installed. All residents within the facility have the potential to be impacted by this deficient practice. The MESD/Designee will inspect all exit and directional signs weekly for 4 weeks and then monthly to ensure they are in proper working order for 1 year. Findings of said audit will be presented at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315271	A. BUILDING **01** B. WING _____	**05/31/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEYS POINT REHABILITATION AND NURSING CENTER	**201 FIFTH AVENUE** **CARNEYS POINT, NJ 08069**

(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	Continued From page 2 corridor, leading to the resident outside smoking area, was not illuminated. 2. At 11:08 AM, one exit sign in the corridor above the double smoke doors, by resident room #[redacted], was not illuminated. 3. At 11:15 AM, one exit sign in the corridor next to the [redacted] nursing station, was not illuminated. 4. At 12:02 PM, one exit sign in the corridor above the double smoke doors, by resident rooms [redacted] and [redacted], was not illuminated. On 5/31/22: 5. At 10:11 AM, one exit sign in the corridor by the [redacted] nursing station, was not illuminated. The findings were verified and confirmed by the MESD during the observations. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 05/31/22 at 12:25 PM. NJAC 8:39 -31.1 (c) NFPA Life Safety Code 101	K 293		
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.	K 351		6/30/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315271	A. BUILDING **01** B. WING _____	**05/31/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEYS POINT REHABILITATION AND NURSING CENTER	**201 FIFTH AVENUE** **CARNEYS POINT, NJ 08069**

(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 351	Continued From page 3 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: Based on observation and interview on 05/27/22 and 05/31/22, it was determined that the facility failed to provide proper fire sprinkler coverage to all areas of the facility, as required by National Fire Protection Association (NFPA) 13 for Installation of Sprinkler Systems. The New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy. This deficient practice was identified in 1 of 4 observed resident shower rooms and was evidenced by the following: On 05/27/22, during the survey entrance at 9:15 AM, a request was made to the Maintenance and Environmental Services Director (MESD) to provide a copy of the facility lay-out, which identifies the various rooms and smoke compartments. A review of the facility provided lay-out identified there were four resident shower rooms in the facility. On 05/27/22 and 05/31/22, in the presence of facility's MESD, a tour of the building was conducted. Along the tour, the surveyor observed	K 351	A sprinkler company installed additional sprinkler heads to ensure proper sprinkler coverage in the [redacted] shower room. All residents on [redacted] have the potential to be impacted by this deficient practice. The MESD/Designee will inspect all areas of the Facility to ensure there is proper Sprinkler coverage and then every 6 months for 1 year. Findings of said audit will be presented at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315271	A. BUILDING **01** B. WING _____	**05/31/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEYS POINT REHABILITATION AND NURSING CENTER	**201 FIFTH AVENUE** **CARNEYS POINT, NJ 08069**

(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 351	Continued From page 4 that the facility failed to provide proper fire sprinkler protection in the following location: 1. On 05/27/22 at 11:01 AM, the surveyor observed, inside the [redacted] shower room, that one shower stall that measured four feet, six inches wide by seven feet, nine inches deep did not have full fire sprinkler coverage. At this time, the surveyor asked the MESD to look at the location of the fire sprinkler in the room and asked, if the sprinkler would reach around the wall and into the shower stall. The MESD looked at the sprinkler and said, "No, the location of the fire sprinkler in the shower room would not reach into the first shower stall." The findings were verified and confirmed by the MESD during the observations. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 05/31/22 at 12:25 PM. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.	K 351		
K 374 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors	K 374		6/30/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315271	A. BUILDING **01** B. WING _____	**05/31/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEYS POINT REHABILITATION AND NURSING CENTER	**201 FIFTH AVENUE** **CARNEYS POINT, NJ 08069**

(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 374	Continued From page 5 are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 05/27/22 and 05/31/22, it was determined that the facility failed to maintain smoke barrier doors to resist the transfer of smoke when completely closed for fire protection. This deficient practice was identified for 1 of 6 smoke barrier doors tested and was evidenced by the following: Reference: 8.5.4.1, Doors in smoke barriers shall close the opening, leaving only the minimum clearance necessary for proper operation, and shall be without louvers or grills. The clearance under the bottom of a new door shall be a maximum of 3/4 of an inch. On 05/27/22 during the survey entrance at 9:15 AM, a request was made to the Maintenance and Environmental Services Director (MESD) to provide a copy of the facility lay-out, which identifies the various rooms and smoke compartments. A review of the facility provided lay-out identified there are six sets of double smoke barrier doors in the facility. Starting on 05/27/22 and on 05/31/22, in the	K 374	The warped/bent door plate was immediately bent back to ensure a tight seal was achieved when the doors are closed. All residents on A wing have the potential to be impacted by this deficient practice. The MESD/Designee will inspect all fire/smoke doors in the building to ensure proper closure weekly for 3 months and then monthly for 1 year. Findings of said audit will be presented at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315271	A. BUILDING **01** B. WING _____	**05/31/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEYS POINT REHABILITATION AND NURSING CENTER	**201 FIFTH AVENUE** **CARNEYS POINT, NJ 08069**

(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 374	Continued From page 6 presence of facility's MESD, a tour of the building was conducted. Along the tour the surveyor observed and tested six sets of double smoke barrier doors in the corridors with the following results: On 05/31/22 at 10:25 AM, manual testing of the facility's smoke barrier doors, next to the A-Wing activities room, was performed. When both doors were allowed to self-close into their frame, the surveyor observed a gap greater than 1/8 of an inch between the meeting edges. One door was warped/bent and left a 3/4 of an inch gap near the bottom between the edges. This would allow the transfer of smoke, fire, and poisonous gases to pass from one smoke compartment to another, in the event of a fire. The findings were verified and confirmed by the MESD during the observations. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 05/31/22 at 12:25 PM.	K 374		
K 912 SS=E	N.J.A.C. 8:39-31.1(c), 31.2(e) Electrical Systems - Receptacles CFR(s): NFPA 101 Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover.	K 912		6/30/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315271	A. BUILDING **01** B. WING _____	**05/31/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEYS POINT REHABILITATION AND NURSING CENTER	**201 FIFTH AVENUE** **CARNEYS POINT, NJ 08069**

(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 912	Continued From page 7 If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation on 05/27/22 and 05/31/22, in the presence of facility management, it was determined that the facility failed to ensure that 1 of 5 electrical outlets located next to a water source was equipped with proper working Ground-Fault Circuit Interrupter (GFCI) protection. This deficient practice was evidenced by the following: During the building tour on 05/31/22 at 10:52 AM, in the presence of the facility's Regional Administrator (RA) and Director of Maintenance (DOM), an inspection of the salon was performed. The surveyor observed one duplex electrical outlet, with a red cover plate, 27 inches to the left of the hair washing sink. When the surveyor used a GFCI tester to de-energize the duplex electrical outlet, one duplex electrical outlet had not de-energized, as required by code. The duplex electrical outlet was also identified as having an "Open Ground". The findings were verified and confirmed by the MESD during the observations. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 05/31/22 at 12:25 PM. NJAC 8:39 -31.2 (e) NFPA 99	K 912	The duplex electrical outlet was immediately changed to a GFCI All residents within the facility have the potential to be impacted by this deficient practice. All maintenance staff were in serviced on proper receptacle code as per NFPA 99. The MESD/Designee will inspect the facility every 6 months for a year to ensure that all electrical outlets are installed as per the NFPA 99 code. Findings of said audit will be presented at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315271	A. BUILDING **01** B. WING _____	**05/31/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEYS POINT REHABILITATION AND NURSING CENTER	**201 FIFTH AVENUE** **CARNEYS POINT, NJ 08069**

(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