

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

PRINTED: 10/05/2021  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                 |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>315435</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/11/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>FAMILY OF CARING HEALTHCARE AT MONTCLAIR</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>42 NORTH MOUNTAIN AVE<br/>MONTCLAIR, NJ 07042</b>                            |  |  |
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| F 000   | INITIAL COMMENTS<br><br>Standard Survey: 5/11/21<br><br>Census: 53<br><br>Sample Size: 17<br><br>A Recertification Survey was conducted to<br>determine compliance with 42 CFR Part 483,<br>Requirements for Long Term Care Facilities.<br>Deficiencies were cited for this survey.<br><br>A COVID-19 Focused Infection Control Survey<br>was conducted in conjunction with the<br>recertification survey. The facility was not found to<br>be in compliance with 42 CFR §483.80 infection<br>control regulations as it relates to the CMS and<br>Centers for Disease Control and Prevention<br>(CDC) recommended practices for COVID-19.  | F 000  |  |  |  |
| F 880<br>SS=D   | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>The facility must establish and maintain an<br>infection prevention and control program<br>designed to provide a safe, sanitary and<br>comfortable environment and to help prevent the<br>development and transmission of communicable<br>diseases and infections.<br><br>§483.80(a) Infection prevention and control<br>program.<br>The facility must establish an infection prevention<br>and control program (IPCP) that must include, at<br>a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying,<br>reporting, investigating, and controlling infections<br>and communicable diseases for all residents, | F 880  |  |  | 5/31/21  |

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

TITLE

(X6) DATE

Electronically Signed

05/21/2021

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.

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| F 880   | <p>Continued From page 1</p> <p>staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.<br/>Personnel must handle, store, process, and</p> |  |  | F 880   |  |  |                            |

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| F 880   | <p>Continued From page 2</p> <p>transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.<br/>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and review of facility documentation and The Centers for Disease Control and Prevention (CDC) guidance it was determined that the facility failed to a) follow accepted infection control practices regarding the use of Personal Protective Equipment (PPE) for residents on Transmission Based Precautions (TBP). The deficient practice was identified for 2 Certified Nursing Assistants (CNA) and 1 laboratory technician (LT) employed by an outside vendor and b) failed to clean resident rooms in a sequence that would decrease the possibility of spreading infection, ie. Covid-19. The deficient practice was observed for 1 housekeeper. The deficient practices are as follows:</p> <p>1. On 05/05/21 at 12:30 PM the surveyor observed a CNA deliver a lunch tray to a resident residing in a room designated as Person Under Investigation (PUI). Signage on the door to the room indicated the room was in the yellow zone and belonged to cohort 4. Additional signage indicated PPE to be worn in the room consisted of full PPE which included an N95 mask, face shield or goggles, gown, and gloves. The CNA entered the room wearing a surgical mask without donning a gown, N95 mask, eye protection or gloves. She put the meal tray on the over bed table, entered the bathroom and washed her hands. The surveyor interviewed the CNA as she exited the room. The surveyor</p> | F 880  | <p>1. CNA#1 was re-educated by the Director of Nursing on May 5, 2021 regarding appropriate PPE to be used in PUI (Persons Under Investigation) rooms. CNA#1 verbalized understanding of same.</p> <p>Lab Technician was re-educated by RN Unit Manager and Infection Preventionist on May 6, 2021, regarding proper use and disposal of PPE for each cohort. Lab Technician verbalized understanding of the re-education provided.</p> <p>The housekeeper identified on the second floor was re-educated by the Director of Nursing on May 10, 2021 regarding proper PPE donning, doffing, storage and disposal. Appropriate bins were placed in rooms. Housekeeper verbalized understanding of re-education provided.</p> <p>Housekeeper identified on the second floor was re-educated by the Infection Preventionist on May 10, 2021 regarding the proper sequencing of room cleaning in the cohorts (from clean to dirty). Housekeeper verbalized understanding of re-education provided.</p> <p>CNA identified in cohort 1 during meal pass was re-educated by the Infection Preventionist on May 10, 2021 that she was not to reach outside the cohort 1 to obtain meal trays from the food truck and to request assistance from staff to have</p> |                            |  |

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| F 880   | <p>Continued From page 3</p> <p>pointed to the signage on the resident's door indicating a gown, gloves, eye protection, and N95 mask must be worn when entering the room. She replied, "I'm sorry. I just put the tray down and left." She stated she knew she should have donned full PPE and apologized again.</p> <p>On 05/05/21 at 12:35 PM the surveyor interviewed the unit Licensed Practical Nurse, LPN, who was nearby in the hallway. The LPN stated the resident was on TBP because of frequent medical appointments out of the facility. The LPN stated to the CNA that she should have donned full PPE to deliver the lunch tray into the PUI room.</p> <p>On 05/05/21 at 1:30 PM the Director of Nursing (DON) stated the CNA should have worn full PPE into the PUI room. The DON further stated the CNA was sent home because she hurt her back and was in pain. The DON stated that may be the reason the CNA did not follow the correct procedure for entry to the PUI room.</p> <p>On 5/10/21 at 1:37 AM the Infection Preventionist (IP) provided the surveyor with the Protocol for Personal Protective Equipment Use in Cohorts, dated February, 2021. The Protocol indicated upon entering a yellow cohort 4 PUI room, staff are to don full PPE with gowns, gloves, face shield or goggles and N95 mask.</p> <p>2. On 05/06/21 at 10:33 AM the surveyor observed a LT from an outside agency on the unit to collect laboratory specimens. The surveyor twice observed the LT don a gown in the hallway. The Registered Nurse Unit Manager (RNUM) twice intervened telling the LT gowns, whether clean or dirty, are not to be worn in the unit hallway. The LT donned a gown for the third time</p> | F 880  | <p>the meal trays passed through the barrier curtain to her inside the cohort. CNA verbalized understanding of the re-education provided.</p> <p>CNA identified in cohort 1 was re-educated by the Infection Preventionist on May 10, 2021 that she was to wear the appropriate PPE at all times while in cohort 1. CNA verbalized understanding of the re-education provided.</p> <p>2. Facility residents may have the potential to be affected by the concerns identified.</p> <p>3. Infection Preventionist re-educated nursing and housekeeping staff regarding the use of appropriate PPE in each cohort. This re-education included donning, doffing, storage and disposal of PPE.</p> <p>Current vendors have been provided with education/re-education regarding the facility's Infection Control policies and procedures including the proper use and disposal of PPE for each cohort. This education will be ongoing as changes are made to facility policies and procedures and/or vendors are changed or added.</p> <p>Infection Preventionist re-educated housekeeping staff regarding the proper sequencing for room cleaning within the cohorts.</p> <p>Infection Preventionist re-educated staff regarding need for full PPE while in cohort 1 and that upon removing PPE they must exit cohort 1 immediately.</p> <p>Infection Preventionist provided re-education to facility staff regarding providing assistance to staff in isolation</p> |                            |  |

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| F 880   | <p>Continued From page 4</p> <p>at the entrance to a PUI room. When he was done collecting a blood sample, he exited the room wearing the soiled isolation gown and walked to the center of the hallway.</p> <p>The surveyor approached the LT in the hallway and directed his attention to the signage on the door to the room he had just exited. Signage indicated staff was not to wear a gown into the hallway. Signage specified soiled gowns were to be taken off before exiting the isolation room. There was no bin in the room for disposal of soiled gowns. When asked by the surveyor, the LT stated he received education on donning and doffing PPE in school and from his employer. He stated he did not receive donning and doffing instruction from the nursing facility.</p> <p>The RNUM approached the LT with a plastic trash bag for disposal of the soiled gown. The RNUM tied up the bag and proceeded to an appropriate bin.</p> <p>On 05/06/21 at 10:50 AM the surveyor interviewed the RNUM. The RNUM stated the LT had been to the facility approximately 3 times previously. The RNUM stated he had instructed the LT multiple times in the past on the required PPE for each cohort.</p> <p>On 05/06/21 at 10:57 AM the surveyor interviewed the IP. The IP stated new technicians from outside vendors are educated on facility policies and procedures before having contact with residents. The IP stated that although the LT had been to the facility previously, the IP had not instructed the LT on procedures for donning and doffing PPE.</p> <p>The CDC guidance, Preparing for COVID-19 in</p> | F 880  | <p>cohorts during meal times by passing trays to the staff member inside the isolation rooms or cohorts.</p> <p>As part of the facility's Directed Plan of Correction a Root Cause Analysis was required to be completed. The following root cause/contributory factors were identified with re-education provided by the Director of Nursing, Infection Preventionist, Regional Educator, Unit Managers and Regional Nurse.</p> <p>Topline staff viewed Nursing Home Preventionist Training Course Module 1 - Infection Prevention and Control Program (<a href="https://www.train.org/main/course/1081350/">https://www.train.org/main/course/1081350/</a>). This includes Administrator, Director of Nursing, Unit Managers, Infection Preventionist, Regional Educator and Regional Nurse.</p> <p>Frontline staff viewed CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! (<a href="https://youtu.be/7srwrF9MGdw">https://youtu.be/7srwrF9MGdw</a>)</p> <p>Facility staff including topline staff, Infection Preventionist and housekeeping staff viewed Nursing Home Infection Preventionist Training Course Module 11b - Environmental Cleaning and Disinfection</p> <p>Facility staff including topline staff and Infection Preventionist viewed Nursing Home Infection Preventionist Training Course Module 6B - Principles of Transmission Based Precautions</p> <p>CNA#1 did not wear all proper PPE for PUI unit. When interviewed she stated: "I'm sorry. I just put the tray down and left". She acknowledged that she was aware that she did not don all needed PPE and apologized stating that she was not feeling well. She did leave work that</p> |  |  |

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| F 880   | <p>Continued From page 5</p> <p>Nursing Homes, updated November 20, 2020, indicated a trash can should be placed near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room.</p> <p>On 05/10/21 at 12:28 PM the surveyor interviewed the DON. The DON stated there should have been bins in the rooms for dirty gowns. The DON stated the bins were taken out of the rooms to be cleaned and were not returned to the rooms. She stated the correct procedure for gown disposal is for staff to bring a plastic trash bag in with them for use when removing the dirty gown prior to exiting the room. The gown is tied up in the plastic bag and the bag is placed into the bin for soiled gowns.</p> <p>On 05/11/21 at 8:40 AM the Administrator provided the surveyor with the Vendor Requirements for Resident Encounters policy and procedure, last reviewed 5/21. The facility policy was "to establish guidelines regarding vendor requirements for any resident encounters. Instructional signage throughout the facility and reinforcement of infection control precautions" is a core principle.</p> <p>3. 05/05/21 at 9:41 AM the surveyor asked the Unit Manager/Registered Nurse (UM/RN) on the [REDACTED] floor what kind of cohorts were on the unit and what the definition of those cohorts were. The UM/RN gave the following description for the rooms on the [REDACTED] floor:</p> | F 880  | <p>day (May 5, 2021) as she was unwell with back pain.</p> <p>The Lab Technician did not follow proper Infection Control practices for PPE wearing and disposal. The technician did state he had been previously educated but said the education was provided by his employer. The RN Unit Manager did verify that the technician had been previously educated and had been re-educated that day (May 6, 2021). The Lab Technician was reported to his employer for failure to follow proper infection control practices.</p> <p>The housekeeper identified on the second floor did not follow proper sequencing for room cleaning by cleaning PUI rooms before clean rooms. When interviewed she did acknowledge that she knew the correct sequence but said she got nervous and tried to hurry because the state surveyors were in facility.</p> <p>Housekeeper identified on the second floor also stated that although she knew and had been educated regarding hanging of her reusable gown, she became very nervous and doubtful of herself when being questioned by the state surveyor.</p> <p>CNA acknowledged that during meal pass in cohort 1 she did not have assistance to retrieve meal trays from the food truck. Therefore she decided to reach out of the unit and get them herself instead of trying to get assistance. She said she did not want to wait and let the food get cold and acknowledged that she was aware that she was not following proper infection control practices. She also said that she "forgot" herself when she was being</p> |                            |  |

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| F 880   | <p>Continued From page 6</p> <p>Cohort 4/Yellow, were residents who went out for dialysis and new admissions, they were placed at the end of the hallways and were on contact/droplet precautions.</p> <p>Cohort 3/Green, were residents who were recovering from Covid-19, within 90 days and were not on contact/droplet precautions.</p> <p>Cohort 2/Green, were Covid negative, not exposed, and vaccinated for Covid-19, not on contact/droplet precautions.</p> <p>Cohort 1/Red, were residents who were Covid-19 positive and were on contact/droplet precautions.</p> <p>On 5/6/21 at 9:46 AM the surveyor observed the housekeeper on the [REDACTED] floor don a gown, a face shield, and gloves. The housekeeper was wearing an N95 mask. The housekeeper entered the room of a resident in cohort 4, on contact/droplet precautions. There was a sign on the door that read "Contact Precautions" and another sign that read "Droplet Precautions." The housekeeper cleaned the room, removed her gown in the doorway of the room and placed it in a clear plastic bag. She removed her gloves and face shield, held the bag that contained the dirty gown and while pushing the housekeeping cart, carried the bag to the shower room and placed it in a garbage bin labeled for dirty isolation gowns then used alcohol based hand rub. She went to the janitors closet and changed the mop head, mop water, rinsed the bucket with bleach and refilled it with clean water and bleach.</p> <p>The housekeeper then went to another room of a resident in cohort 4, on contact/droplet precautions. There was a sign on the door that read "Contact Precautions" and another sign that read "Droplet Precautions." She donned a gown, face shield and gloves in the doorway, she was already wearing an N95 mask. She then cleaned</p> | F 880  | <p>questioned by a physician about a patient and removed PPE and did not exit cohort 1 timely.</p> <p>4. The Director of Nursing will conduct visual observations three times weekly for the next twelve weeks within the cohorts to verify staff are following Infection Control Policy and Procedures for proper PPE donning, doffing, storage and disposal. The Director of Nursing will also verify by observation that once PPE is removed the staff member exits the cohort timely. Areas of concern will be addressed.</p> <p>Unit Managers will visually observe vendors on their units once weekly for the next twelve weeks to verify that the vendors are properly donning, doffing and disposing of PPE. Areas of concern will be addressed.</p> <p>Director of Environmental Services will visually observe housekeepers to verify room cleaning is properly sequenced in the cohorts. These observations will be conducted twice a week for the next twelve weeks. Areas of concern will be addressed.</p> <p>Unit Managers will visually observe meal pass in the isolation units to verify Infection Control practices are being adhered to in regards to passing of the meal trays. These visual observations will be conducted three times per week for the next twelve weeks. Areas of concern will be addressed.</p> <p>Results if these observations will be reviewed at the monthly Quality Assurance and Performance Improvement meetings for the next three</p> |                            |  |

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| F 880   | <p>Continued From page 7</p> <p>the room. When she was done she put the used gown in a clear plastic bag and put it on her cart, she removed her gloves and face shield, held the bag that contained the dirty gown while pushing the housekeeping cart to the shower room, left the cart in the hallway while she threw the gown in the garbage bin labeled for dirty isolation gowns then used alcohol based hand rub. She went to the janitors closet and changed the mop head, mop water, rinsed the bucket with bleach and refilled it with clean water and bleach.</p> <p>On 5/6/21 at 11:25 AM the surveyor observed the housekeeper wheel the housekeeping cart to a room labeled cohort 2. The housekeeper left the housekeeping cart outside the room while she did surface cleaning in the room and mopped the floor. The housekeeper was wearing gloves and N95 mask. When she was done she brought the housekeeping cart to the janitors closet and emptied and sanitized the bucket and changed the mop head.</p> <p>On 5/10/21 at 1:15 PM the surveyor interviewed the Infection Preventionist (IP) and asked if the housekeeper should have cleaned the rooms of residents on Contact/Droplet Precautions in cohort 4 first before cleaning the room of a resident in cohort 2. The IP said "No, she should not have done that. She should have done the clean rooms first, not the isolation rooms." Additionally, the surveyor asked the IP if the housekeeper should have been putting the used isolation gown in a bag to carry it down the hallway and place it in the bin for used gowns. The IP said she should not have done that. There should have been receptacles in the resident's rooms to discard the used isolation gowns.</p> <p>On 5/10/21 at 1:45 PM the surveyor asked the</p> | F 880  | months with follow up provided as needed.  |                            |  |



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

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| F 880   | <p>Continued From page 8</p> <p>Director of Nursing, the Infection Preventionist, and the Administrator for a policy and procedure that addressed the cleaning sequence for the unit where there were Covid-19 positive and Persons Under Investigation cohorts. They did not have a policy to address that particular issue.</p> <p>On 5/11/21 at 11:30 AM the surveyor asked the IP for the facility's policy and procedure for the disposal of Personal Protective Equipment (PPE). The IP said the facility did not have a policy and procedure for that particular issue but she could provide the donning and doffing procedure from the Center for Disease Control and Prevention (CDC) that she used to educate the staff. The surveyor reviewed the document. Under doffing, number 2. read; Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. Number 3. read; HCP [Health Care Professional] may now exit patient room.</p> <p>4. On 5/10/21 at 12:33 PM the surveyor observed the UM/RN bring the meal cart to the outside of cohort 1 for Covid-19 positive residents. Cohort 1 was sectioned off by a sheet of opaque plastic that was attached to the ceiling and went down to the floor with a zipper for entry and exit. The UM/RN called out for the Certified Nursing Assistant (CNA) and left the area. The surveyor observed the CNA on cohort 1 unzipped the plastic that separated the Covid positive unit (Cohort 1) from the rest of the unit, and reach into the enclosed meal cart to retrieve the lunch tray while wearing a gown, face shield, and an N95</p> | F 880  |  |                            |  |

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| F 880   | <p>Continued From page 9</p> <p>mask covered by a surgical mask. She reached into the cart and got a tray, delivered it to the far room on the left, came out with the isolation gown on, used hand sanitizer, while wearing the same PPE, retrieve another lunch tray from the meal cart outside of cohort 1, deliver it to the near room on the left wearing the same PPE, came out and used hand sanitizer, took off the gown in the hallway inside of cohort 1 and stood there talking to the physician for 1-2 minutes, she then came out wearing only the N95 mask and surgical mask. During this observation the IP was present and observed the CNA as well. At that time the surveyor spoke with the IP and the CNA and asked about the protocol on cohort 1 with respect to PPE use and meal delivery. The IP said the entire Covid positive side, beyond the plastic was considered dirty and the staff should have been wearing full PPE (gown, eye protection, N95 mask) when they were past the plastic in cohort 1 (Covid Positive) side. The staff were to wear the same PPE in that hallway and in and out of the rooms. The IP said the UM/RN should have been there to hand the trays over to the CNA so she didn't have to reach into the meal cart from the Covid positive side. The CNA said there was usually someone on the clean side to hand her the trays but there was no one there so she had no choice but to reach into the the meal cart to get the trays.</p> <p>On 5/10/21 at 1:10 PM the surveyor asked the IP for the facility's policy and procedure that addressed passing meal trays between cohorts.</p> <p>On 5/11/21 at 8:30 AM the facility provided a policy and procedure titled "Tray Service for Isolation Rooms." That policy and procedure did not address passing meal trays between cohorts.</p> | F 880  |  |                            |  |

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| F 880   | Continued From page 10<br>NJAC 8:39-19.4(a)1   | F 880  |  |                            |  |

New Jersey Department of Health

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| S 000   | Initial Comments<br><br>THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.   | S 000   |  |  |
| S2240   | 8:39-31.6(d) Mandatory Physical Environment<br><br>(d) There shall be a procedure for investigating and reporting fires. All fires shall be reported to the Department immediately by phone and followed up in writing within 72 hours. In addition, a written report of the investigation by the fire department containing all pertinent information shall be forwarded to the Department as soon as it becomes available.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interviews on 05/06/21, it was determined that the facility failed to report a fire by phone and/or writing to the New Jersey Department of Health (NJDOH), and provide a report of investigation by the facility and fire department as evidenced by the following: | S2240   | 1. Facility reported the concern identified to the Complaints department on 07/06/2021.<br><br>2. Facility residents may have the potential to be affected by the concerns identified. | 7/6/21   |

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

TITLE

(X6) DATE

Electronically Signed

05/21/21

New Jersey Department of Health

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| S2240   | Continued From page 1<br><br>An interview with the facility's Maintenance Director at 12:38 PM revealed that a fire occurred in one of two of the elevator rooms. He stated that the fire occurred on January 12, 2021 and was immediately extinguished by the building's automatic sprinkler system. The MD stated that the local fire department arrived immediately after the fire, and the automatic sprinkler system's contracted vendor replaced the spent automatic sprinkler head. During the course of the building tour from 11:00 AM to 2:00 PM, the surveyor observed that the elevator was not operable and noted the condition of the elevator room indicated that a fire had occurred. The surveyor inquired about whether the fire was reported to the NJDOH. The MD stated that he did not know. At 1:25 PM, the facility's Administrator stated in an interview that the fire was not reported to the NJDOH. This was confirmed by the surveyor on 05/10/21 via the NJDOH's Aspens Complaints/Incidents Tracking System which did not contain anything reported by this facility. No additional information was provided by the facility. | S2240   | 3. Maintenance Director and Licensed Nursing Home Administrator were re-educated by the Vice President of Clinical Services regarding New Jersey Department of Health reporting requirements.<br><br>4. The Licensed Nursing Home Administrator will review maintenance concerns with the Maintenance Director twice weekly for the next twelve weeks to verify potential issues that may require reporting to the New Jersey Department of Health have been addressed/reported as required. Results of these reviews will be discussed at the monthly Quality Assurance Performance Improvement meeting for the next three months with follow up provided as needed. |  |