STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315053	A. BUILDING **01** B. WING _____	**08/26/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE ACRES CONVALESCENT CENTER	**51 MADISON AVE** **MADISON, NJ 07940**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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 An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 08/25/22. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 08/26/22. The facility was found not to be in compliance with the requirements of 42 CFR 483.90.	K 000		
K 311 SS=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 observation and interview with the facility staff, the facility failed to ensure that one of six stairway exit doors were in accordance with NFPA 101 (2012 edition) section 8.6 to 8.5 to 8.5.4.4. to 7.1. to 7.1.3.2.1.(1). This deficient practice would affect 49 residents in three smoke compartments on three floors.	K 311	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. - Door was replaced with a Fire rated door, with a identification tag. -Maintenance Director completed an audit	8/29/22

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/29/2022

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K 311	Continued From page 1 Findings include: Observation of the stairway door on the [redacted] floor near bedroom [redacted] on 08/25/22 at 3:05 PM revealed the door lacked a fire rating identification. There was no evidence of a tag on the side or top of the door and no evidence a tag had been removed or painted over. The stairway door communicates as an exit stairway between all 3 floors. Interview with the Regional Facilities Director at the time of the observation verified the lack of fire rating identification on the stairway door and said the door has been in place for years. NJAC 8:39-31.1(c). 31.2(e)	K 311	to ensure all doors requiring fire ratings are in compliance. How the facility will identify other residents having the potential to be affected by the same deficient practice. -All residents have the potential to be effected. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. -Facilities maintenance director will ensure on any further change that it will meet the NFPA 101, section section 8.6 to 8.5to 8.5.4.4. to 7.1. to 7.1.3.2.1.(1). -Maintenance Dept/Designee Will do monthly audits x 3 and Quarterly thereafter. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the system change. -The administrator will perform inspections on a quarterly basis. -All findings will be reported to QAPI committee quarterly for review to determine frequency of future audits	
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and	K 341		9/1/22

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	315053	A. BUILDING **01** B. WING _____	**08/26/2022**

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PINE ACRES CONVALESCENT CENTER	**51 MADISON AVE** **MADISON, NJ 07940**

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K 341	Continued From page 2 components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observations and interview with facility staff, the facility failed to ensure alarm pull stations located near three of nine exits were located within five feet of the exit in accordance with NFPA 72 (2010 edition) section 17.14.6. The deficient practice had the potential to affect 45 residents on three floors. Findings include: Observation on 08/25/22 at 2:30 PM revealed the alarm pull station on the third floor near bedroom [redacted] was 21 feet from the stairway exit door. Observation on 08/25/22 at 3:10 PM revealed the alarm pull station on the [redacted] floor near bedroom [redacted] was 23 feet from the stairway exit door. Observation on 08/26/22 at 8:35 AM revealed the alarm pull station on the [redacted] floor near bedroom	K 341	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. -All fire alarm pull stations identified that were out of compliance, were moved within 5 feet of the exit Corridor. How the facility will identify other residents having the potential to be affected by the same deficient practice. -All residents have the potential to be affected. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. -Facilities maintenance director will ensure on any further change that it will	

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K 341	Continued From page 3 [redacted] was 13 feet from the stairway exit door. Interview with the Regional Facilities Director, who was present at the time of each observation, confirmed the location of the fire alarm pull station. He/she stated a pull station was available in the stairwell on the landing near the stairway lower level. NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72	K 341	meet the NFPA 101, section 17.14.6. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the system change. -Facilities Administrator/ maintenance director will ensure on any further change that it will meet the NFPA 101, section 17.14.6.	
K 541 SS=F	Rubbish Chutes, Incinerators, and Laundry Chu CFR(s): NFPA 101 Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.) (4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use.	K 541		9/23/22

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PINE ACRES CONVALESCENT CENTER	**51 MADISON AVE** **MADISON, NJ 07940**

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K 541	Continued From page 4 19.5.4, 9.5, 8.4, NFPA 82 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure that one of one laundry chutes had a full enclosure in accordance with NFPA 82 (2009 edition) section 5.2.3.1.1. This deficient practice had the potential to affect all 87 residents. Findings include: Observation of the laundry chute on 08/26/22 at 8:45 AM, revealed the laundry chute connects to the [redacted], and [redacted] floors. On the second and third floors, the laundry chute door is in the corridor. The laundry chute is inside a corridor closet. The laundry chute had no bottom or door that closed with the alarm activation or self-closed and latched. Interview with the Regional Facilities Director at the time of the observation confirmed the lack of laundry chute door. NJAC 8:39-31.2(e) NFPA 82	K 541	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. -Facility installed a fire rated access panel/door to ensure a full enclosure for the identified laundry chute. How the facility will identify other residents having the potential to be affected by the same deficient practice. -All residents have the potential to be affected. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. -Facilities maintenance director will do a monthly audit x 3 and will follow up with quarterly audits thereafter. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the system change. -Facilities Administrator/ maintenance director will ensure on any further change that it will meet the NFPA 101, section 5.2.3.1.1. -Facility Administrator/designee will complete quarterly audits. -All findings will be reported to QAPI	

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K 541	Continued From page 5	K 541	committee quarterly for review to determine frequency of future audits	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315053	A. Building 01 - MAIN BUILDING 01 B. Wing	10/25/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE ACRES CONVALESCENT CENTER	51 MADISON AVE MADISON, NJ 07940

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 Reg. # NFPA 101 LSC K0311	Correction Completed 08/29/2022	ID Prefix Reg. # NFPA 101 LSC K0341	Correction Completed 09/01/2022	ID Prefix Reg. # NFPA 101 LSC K0541	Correction Completed 09/23/2022
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
8/26/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO