

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

PRINTED: 06/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002	
(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 321 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/24/2021 and Aristacare at Cherry Hill 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>Aristacare at Cherry Hill is a two story (2), Type I Fire resistant building that was built in May 1987. The facility is divided into 6 smoke zones.</p> <p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p>	K 321		12/20/21

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

TITLE

(X6) DATE

Electronically Signed

12/20/2021

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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K 321	<p>Continued From page 1</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 11/24/2021, it was determined that the facility failed to ensure that fire rated doors to hazardous areas were self-closing and separated by smoke resisting partitions in accordance with NFPA 101, 2012 Edition, Section 19.3.2.1, 19.3.2.1.3, 19.3.2.1.5, 19.3.6.3.5, 19.3.6.4, 8.3, 8.3.5.1, 8.4, 8.5.6.2 and 8.7.</p> <p>This deficient practiced was evidenced by the following:</p> <p>During the tour of the building, in the presence of the facility's Director of Maintenance (DOM) at 10:10 AM, an inspection of the 2nd floor storage room, across from resident room 201 was performed. The surveyor observed the one hour fire rated corridor door leading into the room had no means to self-close the door into its frame.</p> <p>Inside the room, the surveyor observed the</p>	K 321	<p>An observer noted that the door closure of the PPE storage room is not in compliance; All residents could be affected by this occurrence.</p> <p>A door closure has been ordered and installed since this incident. The DOM will file the invoice associated with the door closure to ensure compliance.</p> <p>The DOM will perform audits on all fire rated doors self-close into their frames and that will be presented to QAPI x 3 months then annually or as needed.</p>		

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K 321	<p>Continued From page 2 following combustible items:</p> <ol style="list-style-type: none"> Thirty one (31) large, clear plastic bags filled with cloth disposable gowns. Seventeen (17) cardboard boxes filled with Personal Protective Equipment (PPE) gowns. Eight (8) cardboard boxes of paper PPE masks. Ten (10) cardboard boxes filled with cloth lab coats. Ten (10) boxes of foam disposable plates. Approximately sixty (60) various-sized cardboard boxes filled with various combustible products. <p>The surveyor counted the 2 feet by 2 feet ceiling tiles in the room and the room is 560 square feet. The room was larger than 50 square feet.</p> <p>This condition would allow fire, smoke, and poisonous gases to pass from the storage room into the exit corridor, in the event of a fire.</p> <p>The facility's DOM was informed of these findings during the Life Safety Code survey exit conference on 11/24/2021.</p> <p>NJAC 8:39-31.2 (e). Life Safety Code 101.</p>	K 321			
K 521 SS=E	<p>HVAC CFR(s): NFPA 101</p>	K 521		1/27/22	

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K 521	<p>Continued From page 3</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview conducted on 11/24/2021, it was determined that the facility failed to ensure that the facility's ventilation systems were being properly maintained for 8 of 8 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 a tour of the building starting at 8:46 AM, in the presence of the facility's Director of Maintenance (DOM), an inspection inside of eight (8) resident bathrooms 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 8 of 8 resident bathrooms in the following locations:</p> <ol style="list-style-type: none"> At 9:20 AM, inside the [REDACTED] floor resident unisex bathroom, the exhaust system did not function properly when tested. At 9:42 AM, inside resident room [REDACTED]'s 	K 521	<p>A surveyor observed that the bathroom exhaust systems were not functioning properly; All residents could be affected by this occurrence.</p> <p>The DOM is in contact with ADT to have them come out for repairs for the broken wires and ducts the 3rd week of January. Once repaired DOM will file all invoice associated with this issue to ensure facility compliance.</p> <p>Bathroom exhaust vents were repair by Raynor Electric on 01/27/2022, the DOM will perform random audits for the proper functioning of these units and it will be presented to QAPI x 3 months then annually or as needed. The facility is forwarding the invoice of the completed work to the following email address to ensure completion.</p> <p>Carol.Schenker@doh.nj.gov</p>		

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K 521	<p>Continued From page 4</p> <p>bathroom, the exhaust system did not function properly when tested.</p> <p>3. At 9:52 AM, inside the [REDACTED] floor resident unisex bathroom, the exhaust system did not function properly when tested.</p> <p>4. At 10:00 AM, inside the second floor resident unisex bathroom (near the nursing station), the exhaust system did not function properly when tested.</p> <p>5. At 10:10 AM, inside resident room [REDACTED]'s bathroom, the exhaust system did not function properly when tested.</p> <p>6. At 11:29 AM, inside resident room [REDACTED] bathroom, the exhaust system did not function properly when tested.</p> <p>7. At 11:46 AM, inside resident room [REDACTED] bathroom, the exhaust system did not function properly when tested.</p> <p>8. At 11:31 AM, inside resident room [REDACTED] bathroom, the exhaust system did not function properly when tested.</p> <p>During the tour, the DOM confirmed that each of the bathroom exhaust systems were not functioning properly. The surveyor noted that all the bathrooms had no windows with an area that would open, and the bathrooms relied on mechanical ventilation.</p> <p>The facility's DOM was informed of these findings during the Life Safety Code survey exit conference on 11/24/2021.</p>	K 521			

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K 521	Continued From page 5 NFPA 90A. NJAC 8:39- 31.2 (e).	K 521			
K 912 SS=D	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. 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 observations and interview on 11/24/2021, it was determined that the facility failed to ensure that 1 of 7 electrical outlets located next to a water source were equipped with Ground-Fault Circuit Interrupter (GFCI) protection. This deficient practice was evidenced by the following: Starting at 8:46 AM, during the building tour, in the presence of the facility Director of Maintenance (DOM), the surveyor conducted an inspection inside five (5) resident bathrooms, two (2) resident unisex bathrooms, and common areas on two (2) floors. The surveyor observed duplex electrical outlets and GFCI outlets located (within 4 feet of a sink) in wet locations. At the time of the observations,	K 912	A surveyor observed that a GFCI outlet did not function properly; All residents could be affected by this occurrence. Since this occurrence, the outlet has been replaced and is functioning properly. The DOM will perform an audit of the building to ensure that all GFCI are functioning properly, the DOM will then report findings to QAPI x 3 months then annually or as needed.	12/20/21	

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K 912	<p>Continued From page 6</p> <p>the surveyor asked the DOM, were the duplex outlets connected to GFCI outlets or a GFCI breaker. The DOM responded, "Yes."</p> <p>At 10:00 AM, the surveyor observed inside the second floor unisex resident bathroom near the nursing station, one GFCI electrical outlet 10 inches to the right of the sink. The surveyor used a GFCI tester to de-energize one (1) GFCI electrical outlet; during the test, it did not de-energize as required. The DOM confirmed that the GFCI outlet did not function properly.</p> <p>The facility's DOM was informed of these findings during the Life Safety Code survey exit conference on 11/24/2021.</p> <p>NJAC 8:39 -31.2 (e) NFPA 99</p>	K 912			