STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315083	A. BUILDING **01** B. WING _____	**06/10/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT JERSEY CITY	**198 STEVENS AVE** **JERSEY CITY, NJ 07305**

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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 06/04/21 & 06/08/21 and Alaris Health at Jersey City 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. Alaris Health at Jersey City is a 3 story building that was built in the 20's and 30's. It is composed of Type I construction. The facility is divided into 12 smoke zones.	K 000		
K 225 SS=D	Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/08/21,	K 225	K225 SS=D	7/12/21

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

Electronically Signed | 06/21/2021

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K 225	Continued From page 1 it was determined that the facility failed to ensure that smoke proof enclosures were protected against the transfer of smoke, fumes and fire from other parts of the building. This deficient practice was evidenced by the following: A tour of the facility's [redacted] floor revealed that 1 of 5 exit enclosures was breached by a faulty door. At 12:30 PM, the surveyor observed, in the presence of the facility's Maintenance Director, the door separating the mechanical room from the rear exit vestibule was ajar and failed to latch into its doorframe. This was caused by the door's faulty latching hardware and bent doorframe, thus creating an approximate 2-inch gap between the door and doorframe when in the closed position. This finding was verified by the Maintenance Director in an interview during the observation who also stated that he was unaware of this condition. The surveyor informed the facility's Administrator of this finding during the Life Safety Code survey exit conference at 1:00 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.2	K 225	Corrective action taken: The Director of Maintenance (DOM) and his staff replaced the old door and installed the new door on 7/12/21. Identification of residents that may be affected by the same practice: All residents may be affected by the same practice. Systemic Measure put into place to ensure that the deficient practice will not recur: On 6/8/21 the DOM, conducted an audit of all doors in the building and found no other door to be in a similar issue as the gas room door. The DOM also conducted an inservice for this staff to help them identify any other similar situations with doors not closing and there is a gap between the door and the floor. How will the corrective action will be monitored to ensure deficient practice is being corrected and will not recur: We will monitor this issue thorough the Alaris Health at Jersey City environmental health and safety committee who participants will continue to meet monthly, review , and tour the building for issues to resolve. the DOM, will review all doors in the building on a monthly basis to see if any defects occur in the closing of the doors. The maintenance staff will also check daily for door gaps on their daily rounds. These daily reports will be reviewed by the DOM for any door issues. THE DOM will report on these audits to the administrator for review and monitoring. The DOM will report to the Quarterly Quality Assurance (QAA) Committee meetings for any doors	

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K 225	Continued From page 2	K 225	that did not close properly or and had any gaps. Any doors having these issues will addressed by the DOM and this staff will repair or replace the doors. The DOM will report on these issues for one year.	
K 345 SS=C	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/04/21, it was determined that the facility failed to ensure that their building's fire alarm system was maintained in a normal and trouble-free mode. This deficient practice was evidenced by the following: At 12:50 PM. the surveyor observed, in the presence of the facility's Maintenance Director, the fire alarm display panel in the "trouble" mode as noted by the lit yellow indicator and an intermittent audible beep. This was verified by the Maintenance Director in an interview during the observation. He stated the problem started the previous evening and he suspected that the origin of the fire alarm system's trouble was a smoke detection device(s) in the building's rehab area, however, he was unable to determine. The	K 345	F345 SS=C Corrective action taken: On 6/4/21 The Director of Maintenance (DOM) immediately contacted the smoke detector Vendor to correct the trouble situation on the fire panel. The smoke detector and fire panel vendor arrived later that day and corrected the trouble system and restored the symptom to normal. Identification of residents that may be affected by the same practice: All residents may be affected by the same practice. Systemic Measure put into place to ensure that the deficient practice will not recur:	6/21/21

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K 345	Continued From page 3 facility was unable to provide any additional information. The surveyor informed the facility's Administrator of this finding during the Life Safety Code survey exit conference on 06/08/21 at 1:00 PM. NJAC 8:39-31.2(e) NFPA 70,72	K 345	On 6/8/21 the DOM, started a communication log book for the maintenance staff to log in the day and time the fire panel system went into trouble and the time and date when the maintenance staff called the vendor to repair the trouble and the time and day when the vendor arrived to repair the trouble. The DOM also conducted an re-inservice for this staff to remind them to communicate when the fire panel gets into to trouble and to notify the DOM. How will the corrective action will be monitored to ensure deficient practice is being corrected and will not recur: We will monitor this issue thorough the Alaris Health at Jersey City environmental health and safety committee who participants will continue to meet monthly, review , and tour the building for issues to resolve. the DOM, will review the communication log book on a monthly basis to track any trends in the areas in trouble and the times the panel goes into trouble. THE DOM will report on this review of the log book and its findings monthly to the administrator for review and monitoring. The DOM will report to the Quarterly Quality Assurance (QAA) Committee meetings for times that the fire panel goes into trouble and how long it takes the vendor to restore the panel to normal functioning. The DOM will report on these issues for two quarters.	

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K 362	Continued From page 4	K 362		
K 362 SS=E	Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/08/21, it was determined that the facility failed to ensure that corridor walls were protected against the transfer of smoke, fire and fumes. This deficient practice was evidenced by the following: During a tour of the [redacted]-Wing, in the presence of the facility's Maintenance Director at 10:30 AM, the surveyor observed 5 of 31 doors missing from corridor walls. Also, the glass partition separating the nurses station from the corridor was missing	K 362	k 362 SS=E Corrective action taken: on 6/8/21, The Director of Maintenance (DOM) immediately installed plywood in the partitions fitting the description measured that was needed. the DOM then Covered the plywood with metal diamond plate fitting the measurement. The DOM installed 5 doors fitting the measurements need of the missing doors. We have taken pictures to verify the repairs and the installations.	7/12/21

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K 362	Continued From page 5 two sections of glass of approximately 3x4-feet and 1x3-feet, respectively. The Maintenance Director confirmed the above findings in an interview during the tour and stated that this section of the building was restricted and unoccupied. This was verified by the surveyor during the observation. Also, the surveyor noted that these room were used for storage. The surveyor verbally informed the facility's Administrator of the above finding during the Life Safety Code survey exit conference at 1:00 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.3.6.2, 19.3.6.2.7	K 362	Identification of residents that may be affected by the same practice: All residents may be affected by the same practice. Systemic Measure put into place to ensure that the deficient practice will not recur: On 6/8/21 the DOM, conducted an audit of all doors in the building and found no other doors to be missing in the building. The DOM also conducted an inservice for his staff to help them identify any other similar situations with doors that are missing or partitions missing so as to maintain the integrity of all areas in the building to be protected against the transfer of smoke, fire, and fumes. The DOM will audit the building monthly for any similar situations with missing doors and or missing partitions. How will the corrective action will be monitored to ensure deficient practice is being corrected and will not recur: We will monitor this issue thorough the Alaris Health at Jersey City environmental health and safety committee who participants will continue to meet monthly, review , and tour the building for issues to resolve. The DOM, will review all doors and similar partitions in the building on a monthly basis to see if any defects occur which could impede the building from the transfer of smoke, fire, and fumes. The maintenance staff will also check daily for similar issues and report any findings to the DOM for action. These daily and monthly reports will be reviewed by the	

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K 362	Continued From page 6	K 362	DOM for any similar issues. THE DOM will report on these audits to the administrator for review and monitoring. The DOM will report to the Quarterly Quality Assurance (QAA) Committee meetings for any similar issues. Any doors missing or partitions missing will be addressed by the DOM and this staff will repair or replace the issue. The DOM will report on these issues for one year.	
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other	K 363		7/12/21

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K 363	Continued From page 7 materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/08/21, it was determined that the facility failed to ensure that doors in corridor walls were resistant to the transfer of smoke, fire, and fumes. This deficient practice was evidenced by the following: During a tour of the B-Wing in the presence of the facility's Maintenance Director from 10:30 AM, the surveyor observed 20 of 31 doors with 2-inch to 2-1/2-inch diameter openings due to missing door hardware. Also, at 12:00 PM, the door to the [redacted]-Wing linen closet was observed in the same condition. These doors were not equipped with latching hardware to ensure that they closed securely in the doorframes to prevent smoke, fire, and fumes from passing through. The Maintenance Director confirmed the above finding in an interview during the tour and stated that this section of the building was restricted and unoccupied. This was verified by the surveyor during the observation. Also, the surveyor noted that these room were used for storage.	K 363	K 363 SS=E Corridor Doors: Corrective action taken: on 6/8/21 ; The Director of Maintenance (DOM) immediately ordered 21 door knobs . On 7/1/21 the door knob parts arrived and the Maintenance staff installed on the 21 doors. The Director of Maintenance on 6/8/21 conducted an audit and found no other door in the facility had a similar issue. Identification of residents that may be affected by the same practice: All residents may be affected by the same practice. Systemic Measure put into place to ensure that the deficient practice will not recur: On 6/8/21 the DOM, conducted an audit of all doors in the building and found no other door to be in a similar issue with a missing doorknob. The DOM also conducted an inservice for this staff to help them identify and report on any other	

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K 363	Continued From page 8 The surveyor verbally informed the facility's Administrator of the above finding during the life safety Code survey exit conference at 1:00 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.3.6.3	K 363	similar situations with doors that are missing door knobs, poorly latching hardware, and that the clearance of the door from the floor is not more than one inch. How will the corrective action will be monitored to ensure deficient practice is being corrected and will not recur: We will monitor this issue thorough the Alaris Health at Jersey City environmental health and safety committee who participants will continue to meet monthly, review , and tour the building for issues to resolve. the DOM, will review all doors in the building on a monthly basis to see if any defects occur such as missing door knobs or poorly latched hardware and that there is a clearance from he door to the floor of not more than one inch The maintenance staff will also check daily for door issues on their daily rounds. These daily reports will be reviewed by he DOM for any door issues. THE DOM will report on these audits monthly to the administrator for review and monitoring. The DOM will report to the Quarterly Quality Assurance (QAA) Committee meetings for any door issues such as described above. Any doors having these issues will addressed by the DOM and this staff will repair or replace the doors. The DOM will report on these issues for one year.	