

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

PRINTED: 10/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315229	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2021
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NAME OF PROVIDER OR SUPPLIER PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
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(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
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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 07/06/21 and the Phoenix Center for Rehabilitation & Pediatrics 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 Occupancy The Phoenix Center for Rehabilitation & Pediatrics is a 4-story building that was built in 80's. It is composed of Type II construction. The facility is divided into 17 smoke zones.	K 000		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to provide a battery backup emergency light above the generator transfer switch to provide automatic illumination in the event of electrical power interruption. This deficient practice was evidenced by the following: On 7/6/21 at 11:48 AM, the surveyor observed, in the presence of the facility's Maintenance Director, 1 of 2 rooms containing the emergency	K 291	On 7/6/2021, Director of Maintenance installed a battery backup emergency light above the generator transfer switch inside the treatment room on the first floor. On 7/6/2021, Director of Maintenance reviewed all rooms containing emergency generator transfer switch to ensure all rooms had back up emergency light above the generator transfer switch. No negative findings found.	7/19/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/26/2021
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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 291	Continued From page 1 generator's transfer switch was not equipped with a battery backup emergency light above the generator transfer switch. This deficit was observed in the Treatment Room located on the [REDACTED] This finding was confirmed by the facility's Maintenance Director in an interview at 12:00 PM. The facility's Administrator was informed of this finding during the facility's Life Safety Code survey exit at 1:35 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1 NFPA 70:2011	K 291	On 7/19/2021 all maintenance staff were in serviced by Director of Maintenance on Emergency Backup Light for Rooms with Generator Switch. Director of Maintenance/designee will perform monthly audits on Battery Operated Emergency Lights for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of Maintenance and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Maintenance and will be ongoing until 100 percent compliant attained.	
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. 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	K 351		8/5/21

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K 351	<p>Continued From page 2</p> <p>by: Based on observation and interview on 07/06/21, it was determined that the facility failed to provide complete sprinkler coverage in all parts of the building.</p> <p>This deficient practice was evidenced by the following:</p> <p>Sections of the facility's stairwells were not equipped with automatic sprinkler heads. This was observed in 2 of 2 stairwells. At 12:15 PM, the surveyor's observation of the [REDACTED] stairwell, in the presence of the facility's Maintenance Director, revealed that 3 of 5 landing ceilings were not equipped with an automatic sprinkler head. The [REDACTED] floor landing ceilings did not have have an automatic sprinkler head. At 12:25 PM, the surveyor's observation of the [REDACTED] stairwell revealed that 2 of 4 landing ceilings were not equipped with an automatic sprinkler head. The [REDACTED] floor landing ceilings did not have an automatic sprinkler head. Both findings were verified by the facility's Maintenance Director in interviews during the observation.</p> <p>The facility's Administrator was informed of these findings during the life Safety Code survey exit conference at 1:35 PM.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.3.5.1</p>	K 351	<p>On 7/6/2021, Director of Maintenance reached out to receive quote on installation of automatic sprinkler head for the 5 landing ceilings. Site was inspected, quote was received and approved.</p> <p>On 7/6/2021, Director of Maintenance reviewed all automatic sprinkler heads for all stairwells. No other unmentioned stairwell with negative finding found.</p> <p>On 7/19/2021 all maintenance staff were in serviced by Director of Maintenance on Automatic Sprinkler Head for Stairwell Policy.</p> <p>Installation was completed on 8/5/201.</p> <p>Director of Maintenance/designee will perform monthly audits on Automatic Sprinkler Head for Stairwells the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of Maintenance and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Maintenance and will be ongoing until 100 percent compliant attained.</p>		