

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

PRINTED: 10/06/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315425	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2021
NAME OF PROVIDER OR SUPPLIER FOOTHILL ACRES REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844	
(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 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 on 07/13/21, it was determined that the facility failed to provide emergency lighting in 1 of 1 rooms with an emergency generator (Mechanical/Electric Room)	K 291	Recertification Survey: July 15, 2021 Plan of Correction: K291 NFPA 101 Life Safety Code Standard SS=D	8/5/21

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

TITLE

(X6) DATE

Electronically Signed

07/26/2021

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 291	Continued From page 1 in accordance with NFPA 101:2012 - 7.9, 19.2.9.1 as evidenced by the following: On 07/13/21 at 10:50 AM, the surveyor observed in the presence of the Maintenance Director, that the facility's basement electrical room that contained the 3 emergency generator transfer switch's, was not equipped with emergency lighting independent of the building's electrical system and emergency generator. This finding was verified by the facility's Maintenance Director during the observation. The facility's Administrator was informed of this finding during the Life Safety Code survey exit conference on 07/13/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.9	K 291	Date of Completion: August 05, 2021 Corrective Action(s): There was no harm to the residents due to the deficient practice. Identifying Other Residents: All residents were effected by deficient practice. Measures Put Into Place: The Maintenance Dept received a quote from a licensed contractor to provide the facility's basement electrical room that contained the 3-emergency generator transfer switch's, to install emergency lighting independent of the building's electrical system and emergency generator. This work was completed, please see attached invoice. Work completed on August 5, 2021 Monitoring Measures: The Maintenance Director or designee will conduct checks of the emergency lighting to ensure they are functioning properly weekly for the first 4 weeks with a target of 100% compliance. If target is met, random checks will occur once every two weeks, for the following two months with results presented to the QA Committee for review monthly for 3 months to ensure desired outcomes are met and sustained.	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 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	K 321		7/23/21

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K 321	Continued From page 3 2-large wood composite wardrobe closets, 20 plus resident chairs with cushions and 4 overbed tables. The room was greater than 50 square feet in size and did not have an auto-closing device installed to properly confine fire and smoke products and to properly defend occupants in place. The facility's Administrator was informed of this finding during the Life Safety Code survey exit conference on 07/13/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 8.4	K 321	427. In a root cause analysis, it was discovered the Maintenance Director was unaware of this requirement when using a vacant resident room for storage. Maintenance Director and staff were educated on this requirement and will refrain from using vacant resident rooms for storage. Please see attached pictures of work done. Monitoring Measures: The Maintenance Director or designee will check to ensure auto-closing mechanism is working per guidelines weekly for the first 4 weeks with a target of 100% compliance. If target is met, random checks will occur once every two weeks, for the following two months with results presented to the QA Committee for review monthly for 3 months to ensure desired outcomes are met and sustained.		
K 918 SS=D	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test	K 918		7/23/21	

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K 918	<p>Continued From page 4</p> <p>under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on documentation review and interview from 07/12/21 to 07/13/21 in the presence of the facility's Maintenance Director, it was determined that the facility failed to certify the time needed by their generator to transfer power to the building was within the required 10 second time frame in accordance with NFPA 99 for emergency electrical generator systems.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the generator records for the previous 12 months revealed that there was no documented certification that the generator would start and transfer power to the building within 10 seconds, when the load test was conducted on the following dates:</p>	K 918	<p>Recertification Survey: July15, 2021 Plan of Correction: K918 NFPA 101 Life Safety Code Standard SS=D Date of Completion: July 23, 2021 Corrective Action(s): There was no harm to the residents due to the deficient practice. Identifying Other Residents: All residents were affected by deficient practice. Measures Put Into Place: The Maintenance Director had a new spreadsheet created which included a column to document and record that the generator would start and transfer power to the building within 10 seconds when the load test was conducted. This new</p>		

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K 918	Continued From page 5 06/04/21, 05/21/21, 04/16/21, 03/05/21, 02/12/21, 01/01/21, 12/11/21, 11/06/21, 10/09/21, 09/04/21, 08/21/21 and 07/24/21. The Maintenance Director confirmed there was no column and no data as to the transfer time on the current log. The Administrator was informed of the finding at the Life Safety Code exit conference on 07/13/21. NJAC 8:39-31.2(e), 31.2(g) NFPA 99	K 918	spreadsheet was utilized on the last load test conducted on July 23, 2021 Monitoring Measures: The Maintenance Director or designee will report to the Administrator weekly for the first 4 weeks that he is utilizing the new spreadsheet with a target of 100% compliance. If target is met, random checks will occur once every two weeks, for the following two months with results presented to the QA Committee for review monthly for 3 months to ensure desired outcomes are met and sustained.		