

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

PRINTED: 08/19/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315517 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/23/2021 |
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| NAME OF PROVIDER OR SUPPLIER PROMEDICA TOTAL REHAB + (MOORESTOWN) | STREET ADDRESS, CITY, STATE, ZIP CODE 212 MARTER AVENUE MOORESTOWN, NJ 08057 |
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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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| 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 08/20/2021 and Powerback Rehabilitation 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. | K 000 | | |
| K 291 SS=D | Powerback Rehabilitation is a three story Type II Protected building that was built in October 2014. The facility is divided into 15 smoke zones. 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 on 08/20/21, in the presence of facility management, it was determined that the facility failed to provide a battery backup emergency light in the main electrical room, above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in | K 291 | 1. No residents at the facility have been directly affected by the identified condition. 2. All residents may be impacted by the identified condition. Corrective actions directed by the facility Plant Operations Manager/designee will ensure no | 9/17/21 |

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

TITLE

(X6) DATE

Electronically Signed

09/09/2021

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 | <p>Continued From page 1 accordance with NFPA 101:2012 - 7.9, 19.2.9.1.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 08/20/21, during the building tour at 11:03 AM, in the presence of the facility Maintenance Director (MD), an inspection of the main electrical room, where the generator's transfer switch was located, was performed. The surveyor observed the main electrical room was not equipped with emergency lighting, independent of the building's electrical system and emergency generator. This finding was verified by the facility's MD at the time of the inspection.</p> <p>The Administrator was notified of the deficiency at the Life Safety Code exit conference on 08/20/21.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p> | K 291 | <p>residents are affected in the future.</p> <p>3. Plant Operations Manager scheduled electrical contractor to install battery back-up lighting in the main electrical room where the e-generator transfer-switch is located on 8/30/2021. Invoice for completed installation and picture of installed battery back-up lighting is available and on-file at the facility. Plant Operations Manager/designee will visually inspect working condition of the newly installed emergency battery back-up lighting system in the main electrical room upon completed installation to ensure functionality.</p> <p>4. Plant Operations Manager/designee will audit the working condition of the newly installed battery back-up lighting in the main electrical room weekly X 2 months and submit those findings to the facility Administrator. After 2 months, Plant Operations Manager/designee will visually inspect battery back-up lighting weekly and document findings in the facility electronic PM System. Any issues identified will be reviewed at the monthly QA&A for the next 2 months.</p> | | |