

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315513	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2023
NAME OF PROVIDER OR SUPPLIER THE SUBACUTE AT AUTUMN LAKE HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 113 SOUTH ROUTE 73 VOORHEES, NJ 08043		
(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	
K 000	INITIAL COMMENTS The nursing home building construction was stated to be in 2013, with no current major renovations or noted additions. It is a three story building Type V (111) construction and is fully sprinklered. The exterior 600 KW (diesel) generator does 100% of the building. The building has 12-smoke zones. The building has 2-elevator devices currently in operation. There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The generator outside the facility is stated to be tied to the fire alarm control panel, cross corridor door hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life. 100% of the building. The third floor C-wing is currently closed resident rooms: (301 to 331) due to lack of census. The facility has 124 certified beds. At the time of the survey the census was 66. The requirement at 42 CFR Subpart 483.90(a) is NOT MET as evidenced by:	K 000			
K 345 SS=F	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.	K 345		8/7/23	

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

TITLE

(X6) DATE

Electronically Signed

07/07/2023

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 345	<p>Continued From page 1</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and document review on 6/20/23, in the presence of the Maintenance Director (MD), the facility failed to ensure, that their fire alarm system documentation total initiating devices tallied correctly, in accordance with the requirements of NFPA 70 and 72.</p> <p>The deficient practice was identified for 4 of 4 inspection reports and was evidenced by the following:</p> <p>At 11:45 AM, the surveyor reviewed all related fire alarm documentation provided by the MD from the fire alarm vendor dated: 1/13/23, 6/3/22, 1/10/22, and 6/14/21. The documents indicated that the total items of initiating devices were different on each inspection report:</p> <p>1/13/23 Initiating devices, total items 192 6/3/22 Initiating devices, total items 188 1/10/22 Initiating devices, total items 187 6/14/21 Initiating devices, total items 186</p> <p>The Maintenance Director confirmed the finding's during document review and stated the Initiating devices did not tally correctly on each report.</p> <p>The Regional Administrator was informed of the findings at the Life Safety Code Exit conference on 6/21/23.</p> <p>NJAC 8:39-31.1(c) NJAC 8:39-31.2(e) NFPA 70, 72</p>	K 345	<p>The Maintenance Director has notified the fire alarm Company to ensure they are properly testing all initiating devices semi annually with the proper total amount of devices.</p> <p>None of the residents were affected by this deficient practice, however it does have the ability to affect all the residents of the facility.</p> <p>The maintenance director and his staff were inserviced on ensuring that the fire alarm company are testing all initiating devices upon inspection.</p> <p>The maintenance director will be checking the reports every quarter for the next year and reporting any findings to the Quarterly QAPI meeting for the next year.</p>		

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K 531 K 531 SS=E	Continued From page 2 Elevators CFR(s): NFPA 101 Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review on 6/21/23 in the presence of the Maintenance Director (MD), A).it was determined that the facility failed to ensure that there was documented evidence that all existing elevators; having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes conformed with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key.19.5.3, 9.4.2, 9.4.3). B). it was determined that the facility failed	K 531 K 531	A)The Maintenance Director was in serviced on service requirement ASME/ANSI A17.3, the monthly testing of the firefighters service monthly log. None of the residents were affected by this deficient practice, however it does have the ability to affect all the residents of the facility. The Maintenance director and maintenance staff have been inserviced on service requirement ASME/ANSI A17.3.	8/7/23	

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K 531	<p>Continued From page 3</p> <p>to ensure 1 of 2 elevator's were operating in optimal condition. This deficient practice was evidenced by the following:</p> <p>This deficient practice was identified for 2 of 2 elevators and was evidenced by the following:</p> <p>A). At 10:30 AM, the surveyor reviewed all LSC documentation provided by the MD. The monthly testing of the firefighters Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 was not provided.</p> <p>An interview was conducted with the MD, during the record review. He confirmed there was no current firefighter's monthly service log for 2 of 2 elevator devices. The Maintenance Director provided a tels "firefighter's emergency operation testing document" for the procedures on testing phase-1 and phase-2, but no monthly report was provided, indicating this procedure was currently being completed.</p> <p>B). At 10:45 AM, the surveyor reviewed all elevator documentation provided by the Maintenance Director dated 2/21/23. The annual elevator inspection for device #2 was a "temporary certificate of occupancy/compliance" and indicated the following conditions must be met no later than 6/8/23 or will be subject to fine or order to vacate. The comments stated on the report indicated 3.23 Cables are rusted and undersized, replace cables. As of the current date of 6/21/23 the conditions were not met. The elevator inspector was on-site and indicated</p>	K 531	<p>The maintenance director will be checking the monthly log for completion for the next 3 months and ever quarter for the next year and will report all his finding at the Quarterly QAPI.</p> <p>B) The maintenance director had the elevator company come out to make the necessary repairs to device #2. None of the residents were affected by this deficient practice, however it does have the ability to affect all the residents of the facility. The maintenance director and his staff have been inserviced to make sure that the elevator inspections are up to date and in compliance. The maintenance director will be checking monthly for the next 12 months to make sure that the elevator certificate is up to date and will report his findings by the quarterly QAPI meeting.</p>		

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K 531	Continued From page 4 during an interview at 11:45AM, that the current condition of the cables were still out of compliance and a "temporary certificate of occupancy/compliance" will be issued again until the repair will be completed. The Maintenance Director in an interview at 11:55AM, stated that he would ask the elevator inspector (on-site) to call the facility elevator vendor to comply with the above stated conditions for repair. The Regional Administrator was informed of the findings at the Life Safety Code exit conference on 6/21/23. NJAC 8:39-31.2(e) NFPA 101, 2012 Edition, Section 19.5.3 & 9.4.3 Fire Fighters Emergency Operations: 9.4.3.2	K 531			
K 918 SS=F	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 under load conditions include a complete	K 918		8/7/23	

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K 918	<p>Continued From page 5</p> <p>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 observation and interview on 6/21/23, in the presence of the Maintenance Director (MD), it was determined that the facility failed to ensure a remote manual stop station for one of one outside generators (600 KW), providing emergency power to 100% of the facility, was installed in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.</p> <p>At 1:05 PM, the surveyor and MD, observed the exterior 600 KW (kilowatt) diesel generator. The observation indicated that the autostop push button was located on the generator cabinet by the vents for the interior generator. There was no remote manual stop station observed outside the area of the generator location.</p> <p>An interview was conducted during the time of the</p>	K 918	<p>The maintenance director had certified electricians come out to install a remote manual stop station.</p> <p>None of the residents were affected by this deficient practice, however it does have the ability to affect all the residents of the facility.</p> <p>The maintenance director and his staff have been inserviced on the new remote manual stop station for the generator and it has been added to our emergency preparedness plan</p> <p>The Maintenance director will report quarterly if any new issues arise with the new manual stop station at the quarterly QAPI meeting.</p>		

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

PRINTED: 06/24/2024
FORM APPROVED
OMB NO. 0938-0391

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K 918	<p>Continued From page 6</p> <p>observation with the MD who stated and confirmed that the exterior generator did not have a REMOTE manual stop station to prevent inadvertent or unintentional operation that was located outside the area of the enclosure housing the prime mover for the current generator in service.</p> <p>The Regional Administrator was informed of the findings at the Life Safety Code exit conference on 6/21/23.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.</p>	K 918			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315513	Y1	MULTIPLE CONSTRUCTION A. Building 01 - POWERBACK B. Wing	Y2	DATE OF REVISIT 8/22/2023	Y3
NAME OF FACILITY THE SUBACUTE AT AUTUMN LAKE HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 113 SOUTH ROUTE 73 VOORHEES, NJ 08043		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0345	08/07/2023	LSC K0531	08/07/2023	LSC K0918	08/07/2023
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/23/2023	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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