STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. BUILDING **01** B. WING _____	**10/03/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACKENSACK MERIDIAN HEALTH PROSPECT HEIGHTS CARE C	**336 PROSPECT AVE** **HACKENSACK, NJ 07601**

(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 A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 09/28 and 29/2022 Hackensack Meridian Health Prospect Heights 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. Hackensack Meridian Health Prospect Heights is a seven story, Type I Fire Resistant building that was built in January 1999. The facility is divided into 20 smoke zones.	K 000		
K 291 SS=E	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 09/28, 29/2022 in the presence of facility management, it was determined that the facility failed provide a fully functioning battery backup emergency light above 1 of 1 emergency generator, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following: During the survey entrance 09/28/2022 (day one	K 291	The facility is at risk for this practice. Environmental rounds were completed and no other issues were identified. The maintenance team will install a new battery-powered emergency light as response to this issue. Maintenance team will assess that the lights turn on during weekly generating testing. The results will be recorded on a maintenance weekly log book. Findings will be addressed by the	11/22/22

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

Electronically Signed | 10/24/2022

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 of survey) at 09:37 AM, a request was made to the Director of Maintenance (DOM) if the facility had an emergency generator. The DOM said, yes we have one. On 09/29/2022 (day two of survey) during the building tour with the facility DOM at approximately 11:16 AM an inspection inside the Generator room where the emergency generator is located was performed. The surveyor observed that the room had a battery back up emergency light mounted on a wall. A request was made to the DOM to push the test button on the emergency light. During this test of the battery back up emergency light for the emergency generator, the light did not function properly. This finding was verified by the facility's DOM at the time of inspection. The Administrator was notified of the deficiency at the Life Safety Code exit conference on 09/29/2022 at approximately 1:30 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	Maintenance Director immediately and reported to the QAPI committee monthly performance meeting.	
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6	K 311		11/22/22

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K 311	Continued From page 2 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observations on 09/28, 29/2022 in the presence of facility Management it was determined that the facility failed to ensure that 10 of 16 exit access stairwell doors tested were capable of maintaining the 1-1/2 hour fire rated construction. This is evidenced by the following, On 09/28/2022 starting at 9:57 AM and continued on 9/29/2022, a tour of the building in the presence of the DOM was performed. Along the two day tour when the surveyor performed a closure test of the sixteen (16) 1-1/2 hour fire rated doors leading into the stairwells, ten (10) fire rated doors did not positive latch into their frame as required by code to maintain the fire rated construction in the following location, On 09/28/2022, 1. At 10:20 AM, on the [redacted]. floor the exit access door leading into stairwell [redacted]. 2. At 10:27 AM, on the [redacted]. floor the exit access door leading into stairwell [redacted]. 3. At 10:49 AM, on the [redacted]. floor the exit access door leading into stairwell [redacted] 4. At 10:53 AM, on the [redacted] floor the exit access door leading into stairwell [redacted]. 5. At 11:19 AM, on the [redacted]. floor the exit access door leading into stairwell [redacted]. 6. At 11:25 AM, on the [redacted]. floor the exit access door leading into stairwell [redacted]. 7. At 11:41 AM, on the [redacted]. floor the exit access door leading into stairwell [redacted]. 8. At 11:47 AM, on the [redacted]. floor the exit access	K 311	The facility is at risk for this practice. Environmental rounds were completed and found no other concerns. The maintenance team changed all of the latched door hardware to positively latch in their frame. Maintenance team will assess that the latching mechanisms are fully functional on a weekly basis for a month and monthly thereafter for two quarters. The results will be recorded on a maintenance weekly/monthly log book. Findings will be addressed by the Maintenance Director immediately and reported to the QAPI committee monthly performance meeting.	

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K 311	Continued From page 3 door leading into stairwell [redacted]. 9. At 12:01 PM, on the [redacted]. floor the exit access door leading into stairwell [redacted]. 10. At 12:10 PM, on the [redacted]. floor the exit access door leading into stairwell [redacted]. These ten (10) exit access stairwell doors had no means to to positive latch the doors into their frames. The surveyor observed that the latching mechanisms were removed from the door knob hardware. The stairwell doors would need to positive latch into its frame to maintain the fire rated construction to prevent fire, smoke and poisonous gases to enter the exit stairwell in the event of a fire. The DOM confirmed the findings at the time of observations. The Administrator was notified of the deficiency at the Life Safety Code exit conference on 09/20/2022 at approximately 12:57 PM. Fire Safety Hazard. NJAC 8:39- 31.2(e)	K 311		
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	K 351		12/15/22

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K 351	Continued From page 4 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 by: Based on observations and interview on 09/28, 29/2022, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the facility, as required by National Fire Protection Association (NFPA) 13 for Installation of Sprinkler Systems. The evidence includes the following, During the survey entrance 09/28/2022 (day one of survey) at 09:37 AM, a request was made to the Director of Maintenance (DOM) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments. On 09/28/2022 starting at 9:57 AM and continued on 9/29/2022, in the presence of the DOM a tour of the building was conducted. Along the tour the surveyor observed that the facility failed to provide proper fire sprinkler protection in the following location: On 09/28/2022, 1. At 12:05 PM, on the [redacted] floor the surveyor observed inside the Nourishment room one fire sprinkler head with no evidence of an escheon cap. This left a 1/2 inch gap between the sprinkler head and the ceiling tile.	K 351	The facility is at risk for this practice. Environmental rounds were conducted and no other issues were noted. 1.) The maintenance team replaced the missing escheon cap in the nourishment room. 2.) The facility will work with an outside contractor to add the appropriate sprinkler protection inside the air handler room. Maintenance team will assess that the escheon plates are properly in place. All areas will be monitored for proper sprinkler coverage On a monthly basis by the Maintenance F+Director or designee. The results will be recorded on a maintenance weekly/monthly log book. Outside vendors inspection report will be reviewed on a quaeterly basis as well. All recommendations will be followed up on immediatley to rectify any deficent practices that may identified. All findings will be addressed by the Maintenance Director immediately and reported to the QAPI committee monthly performance meeting.	

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K 351	Continued From page 5 This would allow fire (heat) to by pass and not activate the sprinkler head. On 9/29/2022, 2) At 10:28 AM, on the basement level the surveyor observed inside an adjacent room behind the commercial laundry room washing machines no evidence of fire sprinkler protection inside the nine (9) feet deep by twelve feet six inch (12'-6") wide air handler room. At this time the surveyor asked the DOM, do you see a sprinkler inside the room. The DOM looked inside and said, no. The DOM confirmed the findings at the time of observations. The Administrator was notified of the deficiency at the Life Safety Code exit conference on 09/29/2022 at approximately 1:30 PM. Fire Safety Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.	K 351		
K 912 SS=E	Electrical Systems - Receptacles CFR(s): NFPA 101 Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced	K 912		11/22/22

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K 912	Continued From page 6 by: Based on observation on 09/28, 29/2022, in the presence of facility management, it was determined that the facility failed to ensure that 1 of 12 electrical outlets/ power strips located next to a water source was equipped with proper working Ground-Fault Circuit Interrupter (GFCI) protection. This deficient practice was evidenced by the following: During the survey entrance 09/28/2022 (day one of survey) at 09:37 AM, a request was made to the Director of Maintenance (DOM) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments. On 09/28/2022 starting at 9:57 AM and continued on 9/29/2022, a tour of the building in the presence of the DOM was performed. Along the two day tour the surveyor tested twelve (12) electrical outlets/ power strips located in wet locations with a Ground-Fault Circuit Interrupter (GFCI) tester to de-energize the outlets. On 9/29/2022 at 11:58 AM, an inspection inside the Residents Beauty Salon was performed. The surveyor observed there were three (3) hair washing sinks along one wall. The surveyor also observed a 24 duplex electrical power strip running along the same wall directly behind the three hair washing sinks. When the surveyor used a GFCI tester to de-energize four (4) of the 24 duplex electrical outlets in the power strip the 24 duplex electrical power strip did not de-energize, as required by code . The DOM confirmed the findings at the time of	K 912	The facility is at risk for this practice. Environmental rounds were conducted and no other issues were noted. The maintenance team will install a new GFCI breaker in response to this issue. Maintenance team will assess that the GFCI breaker is functional on a weekly basis for a month and monthly thereafter for two quarters. The results will be recorded on a maintenance weekly/monthly log book. Findings will be addressed by the Maintenance Director immediately and reported to the QAPI committee monthly performance meeting.	

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K 912	Continued From page 7 observation. The Administrator was notified of the deficiency at the Life Safety Code exit conference on 09/29/2022 at approximately 1:30 PM. NJAC 8:39 -31.2 (e) NFPA 99	K 912		
K 918 SS=E	Electrical Systems - Essential Electric Syste 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 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	K 918		12/15/22

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K 918	Continued From page 8 separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 09/28, 29/2022 in the presence of the facility management, it was determined that the facility failed to ensure a remote manual stop station for 1 of 1 emergency generator was installed in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. The deficient practice could affect all residents and was evidenced by the following: During the survey entrance 09/28/2022 (day one of survey) at 09:37 AM, a request was made to the Director of Maintenance (DOM) if the facility had an emergency generator. The DOM said, yes we have one. On 09/29/2022 (day two of survey) during the building tour with the facility DOM at approximately 11:16 AM an inspection inside the Generator room where the emergency generator is located was performed. At this time the surveyor asked the DOM, where is the remote emergency shut off for the generator. The DOM told the surveyor, There is no remote emergency shut off for the generator. The surveyor observed that the emergency shut off was located on the generator's control panel. The DOM confirmed the findings at the time of observations.	K 918	The facility is at risk for this practice. Environmental rounds were conducted and no other issues were noted. The facility will work with the outside contractor to relocate the current emergency stop button of the generator surface to a remote location. On a monthly basis the Maintenance Director or designee will test the emergency stop button to ensure its functionality. The results will be recorded on a maintenance monthly log book. The Maintenance Director will report any findings and will be immediately addressed and reported to the QAPI committee monthly for the next three months.	

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K 918	Continued From page 9 The Administrator was notified of the deficiency at the Life Safety Code exit conference on 09/29/2022 at approximately 1:30 PM. NJAC 8:39-31.2(e), 31.2(g) NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.	K 918		