	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING 01		(X3) DATE SURVEY COMPLETED
		315516	B. WING		02/17/2023
NAME OF PROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
		685	SALINA ROAD		
			SEV	VELL, NJ 08080	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETIC
E 000	Initial Comments		E 000		
K 000	LLC on behalf of the I	care Management Solutions, New Jersey Department of The facility was found to be 2 CFR 483.73.	K 000		
	Healthcare Managem behalf of the New Jer Health Facility Survey 02/14/23 and was fou with the requirements Medicare/Medicaid at Safety from Fire, and National Fire Protection	42 CFR 483.90(a), Life the 2012 Edition of the on Association (NFPA) 101, C), Chapter 19 EXISTING			
K 222 SS=F	Sewell is a one-story 1987. It is composed construction. The faci zones. The generator	lity is divided into six smoke does approximately 50 % the Maintenance Director.	K 222		3/17/23
	equipped with a latch use of a tool or key from using one of the follow arrangements:	neans of egress shall not be or a lock that requires the om the egress side unless wing special locking R SECURITY THREAT			

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.

		MEDICAID SERVICES				IO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			TE SURVEY MPLETED
		315516	B. WING		0	2/17/2023
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ADVANCE	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL		685 SALINA ROAD SEWELL, NJ 08080		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
K 222	Continued From page	9 1	K 22	2		
		arrangements for the		-		
		s of the patient are used,				
	-	ce shall be permitted on				
		ions shall be made for the				
	•	pants by: remote control of				
	locks; keying of all locks or keys carried by staff at					
		h reliable means available				
	to the staff at all times	s. .6, 19.2.2.2.5.1, 19.2.2.2.6				
		CKING ARRANGEMENTS				
	Where special locking arrangements for the					
		atient are used, all of the				
	Clinical or Security Lo	ocking requirements are				
	being met. In addition					
		il safely so as to release				
		the device; the building is				
		vised automatic sprinkler d space is protected by a				
	complete smoke dete					
		at an attended location				
		ce); and both the sprinkler				
	and detection system	s are arranged to unlock the				
	doors upon activation					
	18.2.2.2.5.2, 19.2.2.2	-				
	DELAYED-EGRESS	LOCKING				
	-	yed-egress locking systems				
		e with 7.2.1.6.1 shall be				
		semblies serving low and				
	ordinary hazard conte	ents in buildings protected				
		roved, supervised automatic				
	•	or an approved, supervised				
	automatic sprinkler sy					
	18.2.2.2.4, 19.2.2.2.4	LED EGRESS LOCKING				
	ARRANGEMENTS					
	-	ress Door assemblies				
	installed in accordance					

Facility ID: NJ08007

If continuation sheet Page 2 of 22

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/25 FORM APPR OMB NO. 0938-	OVE
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		315516	B. WING		02/17/2023	3
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
				685 SALINA ROAD		
ADVANCE	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL		SEWELL, NJ 08080		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPL	ETION
K 222	Continued From page	e 2	K 222	2		
	permitted.					
	18.2.2.2.4, 19.2.2.2.4	Ļ				
		EXIT ACCESS LOCKING				
	ARRANGEMENTS					
	Elevator lobby exit ad	ccess door locking in				
	-	1.6.3 shall be permitted on				
		uildings protected throughout				
		ervised automatic fire				
		l an approved, supervised				
	automatic sprinkler s					
	18.2.2.2.4, 19.2.2.2.4	-				
		Γ is not met as evidenced				
	by:					
		ons, and interviews, the		Concern		
	facility failed to ensur	e exit doors were equipped				
	with a readily visible,	durable sign in letters not		K222		
	less than 1 in. (25 mr	n) high and not less than 1/8		SS=F		
	in. (3.2 mm) in stroke	width on a contrasting				
	background that read	l as follows PUSH UNTIL		Egress Door		
	ALARM SOUNDS DO	OOR CAN BE OPENED IN		Signage		
	15 SECONDS and lo	cated on the door leaf				
	adjacent to the release	se device in the direction of		Based on observations and interview		
		e with NFPA 101 (2012		facility failed to ensure exit doors w		
	, -	ode, section 7.2.1.6.1.(4).		equipped with a readily visible, dur		
		e had the potential to affect		sign in letters not less than 1 in. (2		
	all 103 residents.			high and not less than 1/8 in. (3.2 i		
				stroke width on a contrasting back	-	
	Findings include:			that read as follows PUSH UNTIL		
	A 1 ()			SOUNDS DOOR CAN BE OPENE		
		2/14/23 at 2:09 PM revealed		SECONDS and located on the doc		
		uble doors were 15-second		adjacent to the release device in the		
		nd was equipped with a sign		direction of egress in accordance		
		that read PUSH UNTIL		NFPA 101 (2012 edition) Life Safet		
		OOR CAN BE OPENED IN		Code, section 7.2.1.6.1.(4). This de		
		e lettering was 1/4 inch high		practice had the potential to affect		
	and less than 1/8-inc	n stroke wiath.		residents.		
	An observation or of	0/14/02 at 2:42 DM ray acted		How the corrective action will be		
		2/14/23 at 2:43 PM revealed		How the corrective action will be	atod by	
		ourtyard was a 15-second		accomplished for any resident affe	cied by	

Facility ID: NJ08007

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/25/2023 FORM APPROVED OMB NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED
		315516	B. WING		02/17/2023
NAME OF PI	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CODE	
ADVANCE	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL		685 SALINA ROAD SEWELL, NJ 08080	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
K 222	delay egress door and sign that read PUSH DOOR CAN BE OPE At the time of the obs Director confirmed the signage on the front e	d was not equipped with a UNTIL ALARM SOUNDS NED IN 15 SECONDS. ervations, the Maintenance at the measurement of the entrance doors was smaller e exit door leading to the nage.	K 22	 deficient practice. The Maintenance Director replaced the signage on the front entrance double doors and courtyard door to the requiresize. No other residents were affected with deficient practice. How we identified other residents/area that could potentially be affected. All residents have the potential to be affected by this deficient practice. Therefore, this applies to all residents (current and future). Measures to ensure were/will be put i place to assist this area of concern. The Maintenance Department staff was serviced on the proper measurement the signage to ensure they are being for the safety of residents, staff and visitors. The Maintenance Director or designed check all exit for delayed –egress lock arrangements as part of his rounds da for 90 days and thereafter and will ensuthat the egress signage meets the required size. How the concern will be monitored antitle of person responsible for monitories. 	red this as nto as in of met e will king aily sure
				Findings or results of daily inspection be discussed with Administrator for	will
	7(02-99) Previous Versions Obs	olete Event ID: C6TY2		Eacility ID: NJ08007	inuation sheet Page 4 of 22

Event ID: C6TY21

Facility ID: NJ08007

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/25/20 FORM APPROVE OMB NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		315516	B. WING		02/17/2023
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	·
ADVANCE	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL		685 SALINA ROAD SEWELL, NJ 08080	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETIO
K 222	Continued From page	9 4	к 22:	2 immediate resolution and this will be discussed in monthly QAPI and will part of quarterly Quality Assurance Program. Dates when concern will be complet	be a
K 293 SS=E	Exit Signage CFR(s): NFPA 101		K 29	March 17, 2023 3	3/17/23
	also served by the en 19.2.10.1 (Indicate N/A in one-s with less than 30 occu travel is obvious.) This REQUIREMENT by: Based on observation failed to ensure an ex and clearly identifiabl an approved sign that direction of exit access plainly legible letters,	with continuous illumination mergency lighting system. story existing occupancies upants where the line of exit is not met as evidenced n and interviews, the facility kit that was obviously e as an exit, was marked by t was readily visible from any as and read as follows in or other appropriate		Concern K293 SS=E Exit Signage	
	wording: EXIT in according Safety Code (2012 E	ordance with NFPA 101 Life dition) Sections 7.10.1.2.1 icient practice had the		Based on observation and interview facility failed to ensure an exit that w obviously and clearly identifiable as exit, was marked by an approved sig was readily visible from any direction	vas an gn that
		/14/23 at 2:01 PM revealed ocated in Therapy, was not sign.		exit access and read as follows in p legible letters, or other appropriate wording: EXIT in accordance with N 101 Life Safety Code (2012 Edition)	FPA

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/25/2023 FORM APPROVED OMB NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		315516	B. WING		02/17/2023
	ROVIDER OR SUPPLIER	ITATION CENTER AT SEWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 685 Salina Road Sewell, NJ 08080	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
K 293	the Maintenance Dire was missing at the Th he was aware the exi sign, but he had not b During an interview o Administrator stated t	t the time of the observation, ector confirmed an EXIT sign herapy exit door. He stated t door did not have an EXIT been able to take care of it. n 02/14/23 at 5:15 PM, the that during the day, the ients in the Therapy room	K 29	 Sections 7.10.1.2.1 and 7.10.3.1 Thi deficient practice had the potential to affect 10 residents. How the corrective action will be accomplished for any resident affect deficient practice. The missing exit sign over the Thera Room was immediately corrected. E sign was hung visibly from direction exit access in an event of emergence. Rehabilitation Department was in seregarding the exit access. No other residents were affected by deficient practice. How we identified other residents/are that could potentially be affected. All residents have the potential to be affected by this deficient practice. Measures to ensure were/will be put place to assist this area of concern. Maintenance staff was in-serviced regarding exit signage used as signs continuous illumination, also served emergency lighting system. The Maintenance Director or designaround daily X 90 days to ensure all required exit signs are in place. Corporate Maintenance Director will 	ed by py xit of the y. rviced this eas into s with by the ee will
	7(02-99) Previous Versions Obs	solete Event ID: C6T		Facility ID: NJ08007 If co	ntinuation sheet Page 6 of 22

Event ID: C6TY21

Facility ID: NJ08007

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/25/20 FORM APPROVI OMB NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED
		315516	B. WING		02/17/2023
	ROVIDER OR SUPPLIER	ITATION CENTER AT SEWELL	6	TREET ADDRESS, CITY, STATE, ZIP CODE 85 SALINA ROAD IEWELL, NJ 08080	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETIO
K 293 K 345 SS=F	CFR(s): NFPA 101 Fire Alarm System - T A fire alarm system is accordance with an a with the requirements Electric Code, and NI and Signaling Code. acceptance, maintena available. 9.6.1.3, 9.6.1.5, NFP/ This REQUIREMENT by: Based on record rev failed to ensure syste equipment for the fire on a semi-annual bas sensitivity test was co	Festing and Maintenance Festing and Maintenance tested and maintained in pproved program complying of NFPA 70, National FPA 72, National Fire Alarm Records of system ance and testing are readily A 70, NFPA 72 is not met as evidenced iew and interview, the facility	К 293	Monthly X 3 months to check that the signs are visible and illuminated. How the concern will be monitored an title of person responsible for monitor The Maintenance Director's and Corporate Maintenance findings will b discussed with the administrator for immediate resolution. This will be bro and discussed in monthly QAPI and the will be a part of quarterly Quality Assurance Program. Dates when concern will be complete March 17, 2023 Concern K345 SS=F Fire Alarm System – Testing and Maintenance	id ing. ie ught nis

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				OMB NO. 0938-03
		(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
	315516	B. WING		02/17/2023
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ADVANCED SUBACUTE REHABILITAT	TION CENTER AT SEWELL		685 SALINA ROAD SEWELL, NJ 08080	
PREFIX (EACH DEFICIENCY MU	IENT OF DEFICIENCIES IST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETIC
K 345 Continued From page 7 (2010 edition), Table 14.4 14.4.4.3.2. This deficient potential to affect 103 res Findings include: A review of fire inspection Binder," dated January 2 2023 and provided by the revealed the fire alarm sy inspected on 11/15/22 an tested on a semi-annual smoke detection inspecti 11/15/22, but this inspect smoke detection sensitivi During an interview on 02 Maintenance Director cor system was not tested an semi-annual basis and a sensitivity test was not co NJAC 8:39-31.1(c), 31.2(NFPA 70, 72	practice had the sidents. In reports from the "State 019 through January Maintenance Director, ystem was tested and that 11/05/21 and was not basis. The most recent on was completed on tion did not include a ity test. 2/14/23 at 4:00 PM, the infirmed the fire alarm the inspected on a smoke detector completed.	K 34	 Based on record review and intervie facility failed to ensure systems and associated equipment for the fire al system were tested on a semi-annu- basis and a smoke detection sensit test was completed for all 242 phote electric smoke detectors in accorda with NFPA 72 National Fire Alarm a Signaling Code (2010 edition), Tabl 14.4.3.2 and Section 14.4.4.3.2. Th deficient practice had the potential ta affect 103 residents. How the corrective action will be accomplished for any resident affect deficient practice. The fire alarm and smoke detector sensitivity test have been scheduled 3/16/23. No other residents were affected of deficient practice How we identified other residents/a that could potentially be affected. All residents have the potential to b affected by this deficient practice. Measures to ensure were/will be pu- place to assist this area of concern. The Maintenance Director was in-so- regarding the importance of Fire Alar Testing and maintenance. 	arm arm ial ivity o ince nd e is to ted by d for this reas e it into erviced

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/25/202 FORM APPROVE OMB NO. 0938-039
ATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		315516	B. WING		02/17/2023
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	•
		ITATION CENTER AT SEWELL		685 SALINA ROAD	
	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL		SEWELL, NJ 08080	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
K 345	Continued From page	≥8	К 34	 schedule the bi-annual fire system a smoke detector sensitivity test on a consistent basis. Administrator or designee will check 6 months X 1 year to ensure the bi-annual fire system and smoke detectest is done per regulation. How the concern will be monitored a title of person responsible for monitorial title of person responsible for monitorial bi-annual testing schedule for the fir system and smoke detectors and re the QAPI Committee times 3 month 	c every ctor and oring. tor the re eport to s.
	CFR(s): NFPA 101 Sprinkler System - M Automatic sprinkler a inspected, tested, and with NFPA 25, Standa Testing, and Maintain Protection Systems. I maintenance, inspect	re location and readily stem last checked	K 353	March 24, 2023	3/31/23

Event ID: C6TY21

Facility ID: NJ08007

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		· · ·	OMPLETED
		315516	B. WING			02/17/2023
IAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	CODE		
DVANCE	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL		685 SALINA ROAD SEWELL, NJ 08080		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIC DATE
K 353	Continued From page	9	K 35	3		
	any non-required or p system. 9.7.5, 9.7.7, 9.7.8, an This REQUIREMENT by: Based on record revi failed to ensure defici during the inspection, the water based sprin or repaired by qualifie a qualified contractor Standard for the Insp Maintenance of Wate Systems (2011 Editio 4.1.4.2. This deficient affect 103 residents. Findings include: A review of water-bas inspections from the January 2019 through by the Maintenance D inspection conducted company on 01/31/23 uncorrected deficience accelerator. Cannot g During an interview o	is not met as evidenced iew and interview, the facility encies or impairments found test, and maintenance of ikler system were corrected ed maintenance personnel or in accordance with NFPA 25 ection, Testing, and r-Based Fire Protection n) Section 4.1.4.1 and transed Fire Protection n) Section 4.1.4.1 and transet Fire Protection transet Fire Protection n) Section 4.1.4.1 and transet Fire Protection transet F		Concern K353 SS=F Sprinkler System – Mainter Testing Based on record review an facility failed to ensure defi impairments found during fi test, and maintenance of the sprinkler system were corre repaired by qualified mainter personnel or a qualified co accordance with NFPA 25 the Inspection, Testing, an of WaterBased Fire Protect (2011 Edition) Section 4.1. This deficient practice had affect 103 residents. How the corrective action of accomplished for any reside deficient practice. Maintenance Director scher for the replacement of the accelerator was replaced of	nd interview, the iciencies or the inspection, he water-based rected or tenance ontractor in Standard for d Maintenance ction Systems 4.1 and 4.1.4.2. the potential to will be dent affected by	
	NJAC 8:39-31.1(c), 3 NFPA 13, 25	1.2(e)		No residents were affected deficient practice.	d by this	

Event ID: C6TY21

Facility ID: NJ08007

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/25/202 FORM APPROVE OMB NO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	E CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED
		315516	B. WING		02/17/2023
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	
ADVANCE	ED SUBACUTE REHABIL	ITATION CENTER AT SEWELL		85 SALINA ROAD SEWELL, NJ 08080	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
K 353	Continued From page	¥ 10	К 353	 How we identified other residents/areas that could potentially be affected. All residents have the potential to be affected by this deficient practice. Measures to ensure were/will be put implace to assist this area of concern. Maintenance Director was in-serviced to review all fire system inspections to ensure any deficiencies sited are corrected immediately. Corporate Maintenance Director will review quarterly x one year. Findings we be discussed with the Administrator for immediate resolution. How the concern will be monitored and title of person responsible for monitoring. The Maintenance Director will discuss findings in monthly QAPI and this will be part of Quarterly Quality Assurance Program. Dates when concern will be completed 	to o rill g. e a
K 355 SS=F	Portable Fire Extingui CFR(s): NFPA 101	ishers	K 355	3/31/23	3/17/23
		shers are selected, installed, ained in accordance with			

Facility ID: NJ08007

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
	315516	B. WING		02/17/2023	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ADVANCED SUBACUTE REHA	BILITATION CENTER AT SEWELL		685 SALINA ROAD SEWELL, NJ 08080		
PREFIX (EACH DEFICI	Y STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
by: Based on observa failed to ensure fir for the protection of and the occupance regardless of the p suppression syste 10 Standard for P4 Edition) Section 5 the potential to aff Findings include: An observation on the kitchen did noi of a Class A fire e protection, plus ar fire extinguisher, of During an interview the Maintenance I and/or C fire extin	 12, NFPA 10 INT is not met as evidenced ation and interview, the facility e extinguishers were provided of both the building structure y hazards contained therein oresence of any fixed fire ms in accordance with NFPA ortable Fire Extinguishers (2010 4.2. This deficient practice had ect all 103 residents. 02/14/23 at 3:10 PM revealed have a standard complement xtinguisher for building additional Class B or Class C r both. w at the time of the observation, Director confirmed a Class A, B, guisher was not present in the he did not know it was a 	K 35		shers both pancy ess of ression 10 shers to cted by hen. ately vith this	

Facility ID: NJ08007

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/25/2023 MAPPROVED D. 0938-0391
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED		
		315516	B. WING			02	17/2023
	ROVIDER OR SUPPLIER D SUBACUTE REHABIL	ITATION CENTER AT SEWELL		68	IREET ADDRESS, CITY, STATE, ZIP CODE 85 SALINA ROAD EWELL, NJ 08080	1 02	11/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
K 355	Continued From page	e 12	ĸ	355			
					Measures to ensure were/will be put in place to assist this area of concern.	to	
					The Maintenance Director was in-servi regarding the Portable Fire Extinguishe Classification and purpose in accordan with NFPA 10, Standard for Portable Fi Extinguishers.	ers Ice	
					Administrator or designee will review th fire extinguishers to ensure weekly X 9 days to ensure the appropriate fire extinguishers are hung.		
					How the concern will be monitored and title of person responsible for monitorin		
					The Maintenance Director will monitor fire extinguishers weekly X 90 days an report findings to the administrator in morning meeting and issues discussed will be a part of Quarterly QA Program	d	
					Dates when concern will be completed		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101		ĸ	363	March 17, 2023		3/17/23
	required enclosures of hazardous areas resist and are made of 1 3/4 wood or other materia at least 20 minutes. D	idor openings in other than of vertical openings, exits, or st the passage of smoke 4 inch solid-bonded core al capable of resisting fire for Doors in fully sprinklered a are only required to resist					

Facility ID: NJ08007

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/25/202 FORM APPROVE OMB NO. 0938-039
STATEMENT C	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		315516	B. WING		02/17/2023
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
ADVANCE	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL		685 SALINA ROAD SEWELL, NJ 08080	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE COMPLETION D THE APPROPRIATE DATE
K 363	to rooms containing f materials have positive latches are prohibited requirements do not a do not contain flamm Clearance between b covering is not exceet complying with 7.2.1. with a device capable when a force of 5 lbf impediment to the clo devices that release of pulled are permitted. of unlimited height ar meeting 19.3.6.3.6 ar shall be labeled and of materials in complian smoke compartment window assemblies a sprinklered compartm restrictions in area or frames in window asse 19.3.6.3, 42 CFR Par and 485 Show in REMARKS of protection ratings, au etc. This REQUIREMENT by: Based on observation failed to ensure corrice into the frame withou provided with a mean closed in accordance	e. Corridor doors and doors lammable or combustible ve latching hardware. Roller d by CMS regulation. These apply to auxiliary spaces that able or combustible material. oottom of door and floor ding 1 inch. Powered doors 9 are permissible if provided e of keeping the door closed is applied. There is no osing of the doors. Hold open when the door is pushed or Nonrated protective plates e permitted. Dour frames made of steel or other ce with 8.3, unless the is sprinklered. Fixed fire are allowed per 8.3. In ments there are no fire resistance of glass or	K 3	63 Concern K363 SS=E Corridor Doors	
	. ,	I the potential to affect 62		Based on observations and facility failed to ensure co	

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		ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 04/25/2 FORM APPRO OMB NO. 0938-0	VED
		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BU			TRUCTION	(X3) DATE SURVEY COMPLETED	
	315516		B. WING			02/17/2023	
	ROVIDER OR SUPPLIER	ITATION CENTER AT SEWELL		685 SAL	ADDRESS, CITY, STATE, ZIP CODE . INA ROAD . L, NJ 08080		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	
K 363	Continued From page	e 14	К 3	63			
	the door to Room An observation on 02 the door to Room An observation on 02 the door to Room During an interview a the Maintenance Director did not latch when clo During an interview o Maintenance Director through twice a week did not latch. He state located at the nurse s a door that does not I in the binder. The Ma	n 02/14/23 at 2:26 PM, the stated he does a walk and did not notice the doors ed a maintenance binder is stations and if the staff finds atch they write the location intenance Director went on had not informed him of any latch.		imp mea acc Coo defi affe How acc defi Mai Cor was clos No defi How that All r affe Mea plac The with edit mus obs	sed and latched into the frame with bediment and were provided with a ans for keeping the door closed in bordance with NFPA 101 Life Safet de (2012 edition) section 19.3.6.3. icient practice had the potential to ect 62 residents. We the corrective action will be complished for any resident affected icient practice. intenance Director adjusted ridor doors and action , and action . The scorrected immediately, the doors sed and latched into the frame. other residents were affected with icient practice. We identified other residents/are to could potentially be affected. residents have the potential to be acted by this deficient practice. asures to ensure were/will be put i ce to assist this area of concern. Me Maintenance Director was in-sern in NFPA 101 Life Safety Code (201 tion) section 19.3.6.3. Corridor doo st latch into the frame properly with structions.	y This d by is this as nto viced 2 prs hout the	

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/25/202 M APPROVE D. 0938-039
	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING		CONSTRUCTION		E SURVEY PLETED
		315516	B. WING			02	/17/2023
	ROVIDER OR SUPPLIER	ITATION CENTER AT SEWELL		68	REET ADDRESS, CITY, STATE, ZIP CODE 5 SALINA ROAD EWELL, NJ 08080		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
K 363	Continued From page	e 15	К 36	63	Corporato Maintananao Diractor Will rou	und	
					Corporate Maintenance Director will rou monthly to test corridor doors to ensure doors latch to the frame when closed.		
					How the concern will be monitored and title of person responsible for monitoring	-	
					The Maintenance Director will monitor the corridor doors and report findings to the administrator for resolution and will discuss in morning meeting. This will be part of quarterly Quality Assurance Program.	1	
					Dates when concern will be completed.		
K 741 SS=D	0 0		K 74	41	March 17, 2023		3/24/23
	include not less than (1) Smoking shall be ward, or compartment combustible gases, of and in any other haze area shall be posted SMOKING or shall be international symbol f (2) In health care occup prohibited and signs major entrances, sect that prohibits smoking (3) Smoking by patient responsible shall be p	shall be adopted and shall the following provisions: prohibited in any room, t where flammable liquids, r oxygen is used or stored ardous location, and such with signs that read NO e posted with the for no smoking. upancies where smoking is are prominently placed at all ondary signs with language g shall not be required. hts classified as not					

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE JP CODE ISS SALINA ROAD SEWELL, NJ 08080 OWING (MID) PRETRY TRG SUMMARY STATEMENT OF DEFICIENCIES INC. OPPORTUNE READDRESS, CITY, STATE JP CODE ISS SALINA ROAD SEWELL, NJ 08080 (MID) PRETRY TRG SUMMARY STATEMENT OF DEFICIENCIES ILCACT DEPICENCY MUST BE PRECEDED BY TULL TRG ID PRETRY ILCACT COMPECTIVE ACTION SHOULD INC. OPPORTUNE ISS SALINA ROAD SEWELL, NJ 08080 (MID) PRETRY TRG SUMMARY STATEMENT OF DEFICIENCIES ILCACT DEPICENCY MUST BE PRECEDED BY TULL TRG ID PRETRY ILCACT COMPECTIVE ACTION SHOULD INC. OPPORTUNE ISS SALINA ROAD SEWELL, NJ 08080 OPPORTUNE ISS SALINA ROAD SEWELL, NJ 08080 (K 741 Continued From page 16 (S) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. K 741 K 741 (B) Metal containers with a self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. K 741 Concern K741 SS=D SINKing Regulations I JB Sefey Code (2012 Edition) seeding 19.7.4 (5) (6). This deficient practice had the potential to affect one resident who utilized the smoking area. Based on observation and interview, the facility failed to ensure an ashtray of noncombustible material and safe design and a metal container with a self-closing cover device, but it was being used for trash and not to empty the ashtray into. Based on observation and interview, the facility failed to ensure an ashtray of noncombustible material and safe design and a metal container with a self-closing	TATEMENT (S FOR MEDICARE & DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
INME OF PROVIDER OR SUPPLER Image: control of the supervision of the supervisi			215516			
ADVANCED SUBACUTE REHABILITATION CENTER AT SEVELL BES SALINA ROAD SEVEL. NJ 08080 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION) D PREFX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 741 Continued From page 16 where the patient is under direct supervision. (6) Astrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. 18.7.4, 19.7.4 K 741 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a shtray of noncombustible material and safe design and a metal container with a self-closing over device into which an ashtray could be emptied were readily available to the smoking area in accordance with NFPA 101 LIFe Safety Code (2012 Edition) section 19.7.4 (5) (6). This deficient practice had the potential to affection resident who utilized the smoking area. Findings include: Based on observation and interview, the facility failed to ensure an ashtray of noncombustible material and safe design and a metal container with a self-closing cover device, into twich an ashtray of concombustible material. The smoking area had a freestanding plastic cigarete but receptacle and did not have an ashtray of noncombustible material. The smoking area had a freestanding plastic cigarete but receptacle and did not have an ashtray of noncombustible material a			515516			02/17/2023
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL SEWELL, NJ 08080 VAID TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) REGULTION WIST BE REACTOR STOLED BY PLUL REGULTION WIST DE REFICIENCIES IN REGULTION VISTS DE REFICIENCE IN THE REGULTION VISTS DE REFICIENCE IN VISTS DEFICIENCY PROVIDERS PLAN OF CORRECTION (CONSERVENT ACTION SIGURD ENDING CROSS-REFIENCED TO THE APPROPRIATE DEFICIENCY CONCERN INFORMATION INFORMATI	NAME OF FI	ROVIDER OR SUFFLIER				
PREFX TxG IEACH DEFICENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTFYING INFORMATION) PREFX TxG IEACH ORRECTIVE ACTION SHOULD BE OROSARCTWE ACTION SHOULD BE DEFICIENCY) COMMENTION DEFICIENCY K 741 Continued From page 16 where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 K 741 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure an ashtray of noncombustible material and safe design and a metal container with a self-closing cover device into which an ashtray could be emptied where readily available to the smoking area in accordance with NFPA 101 Life Safety Code (2012 Edition) section 19.7.4 (5) (6). This deficient practice had the potential to affect one resident who utilized the smoking area. Based on observation and interview, the facility failed to ensure an ashtray of noncombustible material. An observation on 02/14/23 at 2:20 PM revealed the smoking area had a freestanding plastic cigarette but receptacle and did not have an ashtray of noncombustible material. The smoking area had a metal container with a self-closing cover device, but twas being used for trash and not to empty the ashtray into. Based on observation and interview, the facility failed to ensure an ashtray of noncombustible material and affect on resident who utilized the smoking area. During an interview at the time of the observation, the Maintenance Director confirmed three was not an anshtray of noncombustible material and How the corr	ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL					
 where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtray combustible to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure an ashtray of noncombustible material and safe design and a metal container with a self-closing cover device into which an ashtray could be emptided were readily available to the smoking area in accordance with NFPA 101 Life Safety Code (2012 Edition) section 19.7.4 (5) (6) This deficient practice had the potential to affect one resident who utilized the smoking area. Findings include: An observation on 02/14/23 at 2:20 PM revealed the smoking area had a freestanding plastic cigarette butt receptacle and did not have an ashtray of noncombustible material. The smoking area had a freestanding plastic cigarette butt receptacle and did not have an ashtray of noncombustible material. The smoking area had a freestanding plastic cigarette butt receptacle and did not have an ashtray of noncombustible material. The smoking area in accordance with NFPA 101 Life Safety Code (2012 Edition) section 19.7.4 (5)(6). This deficient practice had the potential to affect one resident who utilized the smoking area. During an interview at the time of the observation, the Maintenance Director confirmed there was not an ashtray of noncombustible material and and 	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	BE COMPLETION
device was being used for trash. and a metal container with a self-closing cover device was placed in the smoking area on 3/6/23. NJAC 8:39-31.2(e) area on 3/6/23.	K 741	where the patient is u (5) Ashtrays of nonco design shall be provid smoking is permitted. (6) Metal containers of devices into which as be readily available to permitted. 18.7.4, 19.7.4 This REQUIREMENT by: Based on observation failed to ensure an as material and safe des with a self-closing cor ashtray could be emp the smoking area in a Life Safety Code (20) (6). This deficient pra- affect one resident with Findings include: An observation on 02 the smoking area had cigarette butt recepta ashtray of noncombu area had a metal con cover device, but it w not to empty the asht During an interview a the Maintenance Dire not an ashtray of non- the metal container w device was being use	under direct supervision. ombustible material and safe ded in all areas where with self-closing cover shtrays can be emptied shall o all areas where smoking is T is not met as evidenced on and interview, the facility shtray of noncombustible sign and a metal container ver device into which an otied were readily available to accordance with NFPA 101 12 Edition) section 19.7.4 (5) actice had the potential to ho utilized the smoking area.	K 741	Concern K741 SS=D Smoking Regulations Based on observation and interview, t facility failed to ensure an ashtray of noncombustible material and safe des and a metal container with a self-closi cover device into which an ashtray col be emptied were readily available to th smoking area in accordance with NFP 101 Life Safety Code (2012 Edition) section 19.7.4 (5)(6). This deficient practice had the potential to affect one resident who utilized the smoking area How the corrective action will be accomplished for any resident affected deficient practice. Noncombustible material and safe des and a metal container with a self-closi cover device was placed in the smoking	ign ng uld ne A A a. d by sign ng

Event ID: C6TY21

Facility ID: NJ08007

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		315516	B. WING		02/17/2023
NAME OF PF	OVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE	
ADVANCE	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL		685 SALINA ROAD SEWELL, NJ 08080	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
K 741	Continued From page	e 17	K 741		
				 The one resident was reeducated regarding safety disposal of cigarette butts to a noncombustible material we self-closing cover and he will be supervised by staff when smoking. No other residents were affected by the deficient practice. How we identified other residents/are that could potentially be affected. All residents have the potential to be affected by this deficient practice. Measures to ensure were/will be put if place to assist this area of concern. The maintenance Director was in-serr regarding fire safety (Smoking Regulations)in accordance NFPA 101 Life Safety Code (2012 Edsection. Ashtrays of noncombustible material safe design shall be provided in all ar where smoking is permitted. The Maintenance Director or designe review the smoking area during round daily X 90 days to ensure the non-combustible ashtray remains in p and used properly. Staff were in serviced the used of Noncombustible Ashtray in the smoking area. 	ith his as as nto viced with ition) and eas e will ds blace
				How the concern will be monitored ar	nd

Event ID: C6TY21

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/25/202 M APPROVEI D. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION		E SURVEY PLETED
		315516	B. WING _			02/	/17/2023
NAME OF PI	ROVIDER OR SUPPLIER			S	REET ADDRESS, CITY, STATE, ZIP CODE		
ADVANCE	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL			85 SALINA ROAD EWELL, NJ 08080		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 741	Continued From page	e 18	K	741	title of person responsible for monitorin The Maintenance Director will monitor noncombustible ashtray. Findings will discussed with the administrator in morning meeting for immediate resolut This will be a part of quarterly Quality	the be	
K 918 SS=F	Electrical Systems - E CFR(s): NFPA 101	Essential Electric Syste	KS	918	Assurance. Dates when concern will be completed March 24, 2023	:	3/31/23
	Maintenance and Tes The generator or oth and associated equip service within 10 seco criterion is not met du process shall be prov capability for the life s Maintenance and test transfer switches are with NFPA 110. Generator sets are in under load 30 minute day intervals, and exe months for 4 continue under load conditions simulated cold start a transfer of all EES loa competent personnel stored energy power accordance with NFP	er alternate power source oment is capable of supplying onds. If the 10-second uring the monthly test, a rided to annually confirm this safety and critical branches. ting of the generator and performed in accordance spected weekly, exercised as 12 times a year in 20-40 ercised once every 36 bus hours. Scheduled test include a complete and automatic or manual ads, and are conducted by . Maintenance and testing of sources (Type 3 EES) are in PA 111. Main and feeder aspected annually, and a					

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	S FOR MEDICARE &	MEDICAID SERVICES			<u>OMB N</u>	<u>O. 0938-03</u>
	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		315516	B. WING		02	2/17/2023
NAME OF P	ROVIDER OR SUPPLIER	•	-	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
ADVANCE	ED SUBACUTE REHABIL	ITATION CENTER AT SEWELL		685 SALINA ROAD SEWELL, NJ 08080		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE
K 918	Continued From page	e 19	K 918	3		
	components is establ					
		ments. Written records of				
	maintenance and tes	ting are maintained and				
	1	S electrical panels and				
		eadily identifiable, and				
		I power circuits. Minimizing				
	source is a design co	age of the emergency power				
	installations.					
		FPA 99), NFPA 110, NFPA				
	111, 700.10 (NFPA 70					
	This REQUIREMENT	is not met as evidenced				
	by:					
		n, record review, and		Concern		
	-	failed to ensure the 200 KW		1604.0		
		rgency generator had a station of a type to prevent		K918 SS=F		
		ntional operation located		Electrical Systems Essential Electrical	ectrical	
		ising the prime mover, where		System		
		here on the premises where				
		cated outside the building in		Based on observation, record revie	ew, and	
	accordance with NFI			interview, the facility failed to ensu		
		d by Power Systems (2010		200 KW (kilowatt) diesel emergene		
		5.6. This deficient practice		generator had a remote manual st		
	nad the potential to a	ffect all 103 residents.		station of a type to prevent inadver unintentional operation located our		
	Findings include:			room housing the prime mover, wh		
	i mango molado.			installed, or elsewhere on the pren		
	A review of the gener	ator reports located in the		where the prime mover is located		
		January 2019 through		the building in accordance with NF		
		ovided by the Maintenance		Standard for Emergency and Stan		
		e generator was inspected		Power Systems (2010 Edition) See		
		1, and 10/14/21 and there on of installation of a remote		5.6.5.6. This deficient practice had		
	manual stop station.			potential to affect all 103 residents		
				How the corrective action will be		
	An observation on 02	2/14/23 at 3:04 PM revealed		accomplished for any resident affe	cted by	
		nergency generator, located		deficient practice.		
	outside of the building	g, did not have a remote				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 04/25/2023 APPROVED 0: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	315516		B. WING			02/	17/2023
	ROVIDER OR SUPPLIER	ITATION CENTER AT SEWELL		68	REET ADDRESS, CITY, STATE, ZIP CODE 35 Salina Road EWELL, NJ 08080	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
K 918	manual stop station. During an interview a the Maintenance Dire generator did not hav	t the time of the observation,	KS	918	A site visit was scheduled by the Maintenance Director with facility⊡s generator company on 3/6/23 and a proposal was generated and approved Facility awaiting parts and equipment to complete job. No residents were affected by this deficient practice. How we identified other residents/area that could potentially be affected. All residents have the potential to be affected by this deficient practice. Measures to ensure were/will be put in place to assist this area of concern. The Maintenance Director will ensure to installation of the remote manual stop station. Maintenance Director was in-serviced regarding Essential Electrical System requirement NJAC 8:39-31.2(e). Administrator or designee will check maintenance binder every 3 months x year to ensure the Generator has a functioning remote manual stop station required. NJAC 8:39-31.2(e). How the concern will be monitored and title of person responsible for monitorin Administrator will discuss findings in da morning meeting and this will be a part Quarterly Assurance.	o s to he 1 as ig.	

Event ID: C6TY21

Facility ID: NJ08007

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	02 04/25/2023 1 APPROVED 0. 0938-0391	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		315516	B. WING	B. WING			17/2023	
NAME OF PF	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	-		
ADVANCE	D SUBACUTE REHABIL	ITATION CENTER AT SEWELL			5 SALINA ROAD EWELL, NJ 08080			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	:	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
K 918	Continued From page	21	К 9	18				
					Dates when concern will be completed.			
					March 31, 2023			

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