

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

PRINTED: 06/24/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2020
NAME OF PROVIDER OR SUPPLIER ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL			STREET ADDRESS, CITY, STATE, ZIP CODE 685 SALINA ROAD SEWELL, NJ 08080		
(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	
F 000	INITIAL COMMENTS DATE: 11/30/2020 CENSUS: 89 SAMPLE: 27 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 908 SS=E	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation and interview, in the presence of facility's Maintenance Director and Laundry Director, it was determined that the facility failed to maintain 4 of 4 commercial clothes dryer drums in a safe operating condition. This deficient practice was evidenced by the following: On 11/25/2020 at 11:52 AM, the surveyor observed that only 1 of 4 commercial clothes dryers were in operation. Commercial dryers #1, #2 and #4 were out of order and the #3 dryer was the only currently working unit. The surveyor observed that all of the dryers (#1, #2, #3 and #4) had a coating of an unknown brown plastic-like substance embedded into the rotating steel drum along with 30 plus clothes labels that were stuck to the rotating drum blocking many of the vent holes. The substance covering the vent holes	F 908	HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: -Based on observation, interview, and record, it was determined that the facility failed to maintain 4 of 4 commercial clothes dryer drums in a safe operating condition. -Dryer drums and vents were immediately cleaned on 11/30/2020. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: -Post cleaning of the dryer drums and vents on 11/30/2020, dryers #1, #2, and #4 which were previously tagged as out of service. Laundry staff were re-educated	12/11/20	

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

TITLE

(X6) DATE

Electronically Signed

12/11/2020

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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F 908	<p>Continued From page 1</p> <p>could cause a delay in the heating process and cause an unsafe and ineffective operating condition.</p> <p>At the time of observation, the surveyor interviewed the Maintenance Director and the Laundry Director. Both Directors confirmed the surveyors above observation of the dryers' drums, including dryer #3 which was operational. The directors also confirmed that the #1, #2, and #4 commercial dryers were not in operation and stated that they were not functioning due to maintenance issues. Upon request, the facility could not provide a policy and procedure or drum cleaning log to the surveyor at the time of survey.</p> <p>If particles built-up in the vents of the rotating drums, it could cause a risk of fire. If vents became clogged, it could reduce air-flow and create excessive heat build-up that could spark a fire.</p> <p>The Administrator was notified of the deficiency at the life safety code exit conference on 11/25/2020 at 12:10 P.M.</p> <p>NJAC 8:39-31.2(e) NJAC 8:39-31.4(b)</p>	F 908	<p>on 11/30/2020 by the Director of Environmental Services regarding dryers #1, #2 and #4 being out of service. The Director of Environmental Services re-educated laundry staff on 11/30/2020 regarding proper cleaning of dryer drums and vents.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: -Dryer drums are to be cleaned daily and vents inspected to verify that are clear of debris. Laundry staff were re-educated on this process and the completion of a daily cleaning log by the Director of Environmental Services on 12/3/2020.</p> <p>HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR I.E.; WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: -The Director of Environmental Services will randomly inspect dryer drums and vents and audit the daily cleaning log for completion three times per week for the next twelve weeks. Areas of concern will be addressed. Dryers #1, and #2 were repaired and placed back in service. Dryer #4 has been discarded and removed from the facility. Results of the inspections completed weekly by the Director of Environmental Services will be reviewed at the monthly Quality Assurance Performance Improvement meeting monthly for the next three months. Follow</p>		

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F 908	Continued From page 2	F 908	up will be provided as needed.		