

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 01 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	
E 000	Initial Comments	E 000			
K 000	INITIAL COMMENTS	K 000			
K 345 SS=D	<p>LIFE SAFETY CODE 101:2012</p> <p>THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.</p> <p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review from 11/24/20 to 11/25/20, it was determined that the facility failed to maintain the building's fire alarm system in normal operating condition in accordance with NFPA 70/72.</p> <p>This deficient practice was evidenced by the following: On 11/24/2020 at 9:00 AM and again on 11/25/2020 at 9:45 AM, the surveyor observed</p>	K 345	<p>HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: -Based on observation, interview, and document review from 11/24/2020 to 11/25/2020, it was determined that the facility failed to maintain the building's fire alarm system in normal operating condition in accordance with NFPA 70/72. -The fire alarm technical trouble mode</p>	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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K 345	<p>Continued From page 1</p> <p>the red main fire alarm panel in trouble mode. The annunciator panel indicated system trouble in the 001 and 004 modes. The panel screen indicated trouble 001 TROUBLE Database Incompatible and 004 TROUBLE CH1 Communications. The yellow trouble light was activated.</p> <p>Review of the facility's most recent semi-annual document from the fire alarm vendor indicated that on 09/03/2020, the fire alarm system was left in trouble condition [REDACTED], Maintenance Notified (result of construction which is ongoing) and as of 11/25/2020 the main fire alarm panel was still in trouble mode in the above 001 and 004 areas as indicated by the panel annunciator screen.</p> <p>During an interview with the facility's Maintenance Director on 11/24/2020 at 11:15 AM, the Maintenance Director stated that the fire alarm panel was in trouble mode and that it may be due to the recent ongoing demolition and construction projects. The Maintenance Director stated he notified the facility's Fire Alarm Vendor and that they would respond as soon as possible.</p> <p>The Administrator was notified of the deficiency at the Life Safety Exit conference at 12:30 PM. on 11/25/20.</p> <p>NJAC 8:39-31.2(e) NFPA 70/72</p>	K 345	<p>was repaired on 11/27/2020.</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: -The fire alarm panel has been reprogrammed and if it should go into a technical trouble mode again it will sound the alarm immediately and notify the entire building. The Director of Maintenance will check the fire alarm panel daily to verify it is not in a trouble mode.</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: -Fire alarm panel will be inspected daily to verify that it is not in trouble mode. Director of Maintenance will confirm this process is completed daily and a daily log has been implemented and went into effect on 11/27/2020.</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: -Director of Maintenance will inspect the fire alarm panel daily and audit the log daily for the next twelve weeks. Areas of concern will be addressed. Fire alarm company has fixed the trouble mode and it is running in normal state. Results of these audits will be reviewed at the</p>		

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K 345	Continued From page 2	K 345	Quality Assurance Performance Improvement meetings monthly for the next three months. Follow up will be provided as needed.		