STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08007	A. BUILDING: _____ B. WING _____	05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER A	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) COMPLETE DATE
S 000	Initial Comments TYPE OF SURVEY: New Construction Project with Add-a-Bed: The facility is requesting to increase their total licensed bed count by eight (8) beds from 139 to 147 licensed beds. In addition, Survey inspected the new 500 wing that was newly constructed and configured following demolition of their 500, 600, and 700 wings of their single-story long-term care building. Areas inspected included external construction and the following internal areas of the 500 wing: 25 new resident beds (15 private rooms and 5 semi-private rooms), new nurses station and a satellite nurses station, new rehabilitation gym, new dining room, new community room, public restrooms, medication room, offices, new electrical panel, sprinkler room, boiler room, janitor closet, clean utility room and soiled utility room. The beds requested to be added to the license include Room # 501 (double room), Room # 502 (double), Room # 503 (private), Room # 504 (private), and Room # 505 (double room). SURVEY DATE: 5/15/2023 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficieny and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations. THE BUILDING AS NOTED ABOVE MAY NOT BE OCCUPIED UNTIL YOU RECEIVE FORMAL	S 000		

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

Electronically Signed | 05/23/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08007	A. BUILDING: _____ B. WING _____	05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER A	685 SALINA ROAD SEWELL, NJ 08080

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S 000	Continued From page 1 NOTIFICATION FROM CERTIFICATE OF NEED AND LICENSING DIVISION.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey for their actual facility census. This was evident for 4 out of 42 shifts reviewed in anticipation of the facility seeking approval to add eight additional beds to their long-term care licensed bed count as part of this special project survey. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift.	S 560	Concern Tag S560 – Mandatory Access to Care Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey for their actual facility census. This was evident for 4 out of 42 shifts reviewed in anticipation of the facility seeking approval to add eight additional beds to their long-term care licensed bed count as part of this special project survey. Evidenced in 4 out of 42 shifts 4/30/23 11 CNAs for 101 residents, required 13 CNAs 5/1/23 12 CNAs for 101 residents, 13 CNAs required 5/2/23 11 CNAs to 24 staff on evening shift, required 12 CNAs 5/3/23 11 CNAs to 25 staff total on	6/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08007	A. BUILDING: _____ B. WING _____	05/15/2023

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ADVANCED SUBACUTE REHABILITATION CENTER A	685 SALINA ROAD SEWELL, NJ 08080

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S 560	Continued From page 2 One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. On 5/15/23 at 9:54 AM, the surveyor requested from the Director of Nursing (DON) to complete the "Nurse Staffing Report" from the previous two weeks. At this time, the DON reported that the Staff Educator was unavailable for the day, and staffing at the facility was good. On 5/15/23 at 10:05 AM, the surveyor interviewed the Licensed Nursing Home Administrator, informed the surveyor that staffing was good, and the facility utilized Agency staff as needed. A review of the "Nurse Staffing Report" completed by the facility for the weeks of 4/30/23 to 5/6/23 and 5/7/23 to 5/13/23 revealed the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents. The facility was deficient in CNA staffing for residents on 2 of 14 day shifts and deficient in CNAs to total staff on 2 of 14 evening shifts as follows: -04/30/23 had 11 CNAs for 101 residents on the day shift, required 13 CNAs. -05/01/23 had 12 CNAs for 101 residents on the day shift, required 13 CNAs.	S 560	evening shift, required 12CNAs How the corrective action will be accomplished for any resident affected by deficient practice. All efforts to hire facility Certified Nursing Aides(s) CNA will continue until there is adequate staff to serve all residents. Until that time, facility will utilized staffing agencies to fill any open spots in the schedule. DON and Staffing Coordinator will review staffing call outs and immediately initiate phone calls to current staff and agency to replace call outs DON and Staffing Coordinator to initiate phone calls to replace call outs as soon as evident to ensure staff requirements are fulfilled. No residents were affected with this deficient practice. How we identified other residents/areas that could potentially be affected. Due to the nature of the deficiency, 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 into place to assist this area of concern. Contact with additional staffing agencies, will be secured to supplement facility staff.	

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	08007	A. BUILDING: _____ B. WING _____	05/15/2023

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S 560	Continued From page 3 -05/02/23 had 11 CNAs to 24 total staff on the evening shift, required 12 CNAs. -05/03/23 had 11 CNAs to 25 total staff on the evening shift, required 12 CNAs.	S 560	Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, on line job listings, job fairs, shift differentials and referrals bonuses are being utilized to become more competitive in the market place and surrounding areas. Administrator or designee will review staffing schedules weekly x 90 days and thereafter to ensure adequate staffing for all shifts. How the concern will be monitored and title of person responsible for monitoring. The results of this review will be discussed in monthly QAPI and this will be a part of Center QA program. Dates when concern will be completed. 6/15/23.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
08007		6/15/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 06/15/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
5/15/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING **01** B. WING _____	**05/15/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD** **SEWELL, NJ 08080**

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K 000	INITIAL COMMENTS TYPE OF SURVEY: New Construction Project with Add-a-Bed: The facility is requesting to increase their total licensed bed count by eight (8) beds from 139 to 147 licensed beds. In addition, Survey inspected the new 500 wing that was newly constructed and configured following demolition of their 500, 600, and 700 wings of their single-story long-term care building. Areas inspected included external construction and the following internal areas of the 500 wing: 25 new resident beds (15 private rooms and 5 semi-private rooms), new nurses station and a satellite nurses station, new rehabilitation gym, new dining room, new community room, public restrooms, medication room, offices, new electrical panel, sprinkler room, boiler room, janitor closet, clean utility room and soiled utility room. The beds to be added to the license include Room # 501 (double room), Room # 502 (double), Room # 503 (private), Room # 504 (private), and Room # 505 (double room). A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 5/15/2023 and Advanced Subacute Rehabilitation Center At Sewell 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. Deficiencies were cited for this survey.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/23/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING **01** B. WING _____	**05/15/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD** **SEWELL, NJ 08080**

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K 000	Continued From page 1 Advanced Subacute Rehabilitation Center at Sewell is a one-story building which was built in 1987. It is composed of Type V protected construction. The facility is divided into six smoke zones. The new construction classification of the 500-wing is TYPE-II protected. The 500-wing has a full basement that is currently being used for storage. The new 750 KW diesel generator provides 100% of the new addition. The new 500 wing is divided into three smoke zones and fully protected, including piped in medical gas to resident rooms. The rooms are identified as: 25 new beds (15 private and 5-double rooms) 1, 500-private 2, 501- double room 3, 502-double room 4, 503-private 5, 504-private 6, 505-double room 7, 506-private 8, 507-double room 9, 508-private 10, 509-double room 11, 510-private 12, 511-private 13, 512-private 14, 513-private 15, 514-private 16, 515-private 17, 516-private 18, 517-private 19, 518-private 20, 520-private It was noted that the 600 and 700 wings no longer exist. The above noted areas may not be occupied until	K 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD** **SEWELL, NJ 08080**

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K 000	Continued From page 2 formal notification by the Certificate of Need and Licensing Division has been received.	K 000		
K 291 SS=C	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 05/15/23, in the presence of the Maintenance Director (MD), Regional Plant Operations Director (RPOD) and the Licensed Nursing Home Administrator (LNHA), it was determined that the facility failed to provide a battery back-up emergency light above the emergency generator transfer switch, 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 identified for 1 of 1 transfer switches and was evidenced by the following: On 5/15/23 at 1:07 PM, the surveyor observed in the basement electrical room where the generator transfer switch was located on the 500-wing, that the room was not equipped with battery back-up emergency lighting. At that time, the MD, RPOD and LNHA all confirmed the surveyor's observation. At the Life Safety Code exit on 05/15/23, the surveyor informed the LNHA of the findings, and no additional information or documentation was provided to the surveyor.	K 291	Concern. Tag K291 - Emergency Lighting Based on observation and interview on 05/15/23, in the presence of the Maintenance Director (MD), Regional Plant Operations Director (RPOD) and the Licensed Nursing Home Administrator (LNHA), it was determined that the facility failed to provide a battery backup emergency light above the emergency generator transfer switch, 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 identified for 1 of 1 transfer switches and was evidenced by the following: On 5/15/23 at 1:07 PM, the surveyor observed in the basement electrical room where the generator transfer switch was located on the 500-wing, that the room was not equipped with battery back-up emergency lighting. At that time, the MD, RPOD and LNHA all confirmed the surveyor's observation.	6/15/23

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K 291	Continued From page 3 NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	How the corrective action will be accomplished for any resident affected by deficient practice. Electrical room where the generator transfer switch was located on the 500-wing, that the room was not equipped with battery back-up emergency lighting. This emergency lighting battery backup was installed on 5/18/23 and was tested for functioning. No residents were affected with this deficient practice. 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 into place to assist this area of concern. All maintenance staff were re-educated on the regulation regarding the emergency lights. Emergency light was tested and the lights was functioning automatically for more than an hour and ½ duration Maintenance Director will check the emergency lights daily during rounds. Corporate Maintenance Director will rounds weekly x 90 days, and monthly thereafter, for compliance for emergency	

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K 291	Continued From page 4	K 291	lighting. How the concern will be monitored and title of person responsible for monitoring. Results will be discussed with the administrator in the morning meeting for immediate resolution and this will be a part of Quarterly Quality Assurance program. Dates when concern will be completed. 06/15/23	
K 345 SS=C	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. 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 on 5/15/23, in the presence of the Maintenance Director (MD), Regional Plant Operations Director (RPOD) and Licensed Nursing Home Administrator (LNHA), it was determined that the facility failed to ensure that their building's fire alarm system was maintained in accordance with the requirements of NFPA 70 and 72.	K 345	Concern. Tag K345 - Fire Alarm System Based on observation, interview and document review on 5/15/23, in the presence of the Maintenance Director (MD), Regional Plant Operations Director	6/15/23

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	315516	A. BUILDING **01** B. WING _____	**05/15/2023**

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ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD** **SEWELL, NJ 08080**

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K 345	Continued From page 5 This deficient practice had the potential to affect all residents in the 500-wing of the facility and was evidenced for 1 of 3 annunciator panels observed by the findings below: On 5/15/23 at 9:45 AM, the surveyor observed that the fire alarm panel behind the new 500-wing nurses station did not indicate that it was in normal mode. The MD confirmed the finding and provided a document dated: 05/15/23, from the fire alarm vendor stating: One (1) annunciator at the reception desk (Nurses Station) in the new 500-wing was not resetting, a technician will reboot the annunciator, if it does not reboot and restore to normal status, the vendor will have to replace the annunciator panel. The surveyor informed the MD, RPOD and LNHA of the findings at the Life Safety Code Exit Conference on 5/15/23, and no additional information or documentation was provided to the team. NFPA 70 NFPA 72 NJAC 8:39-31.2(e) NFPA 101- 2012 edition 9.6.1.3- 9.6.1.5	K 345	(RPOD) and Licensed Nursing Home Administrator (LNHA), it was determined that the facility failed to ensure that their building's fire alarm system was maintained in accordance with the requirements of NFPA 70 and 72. This deficient practice had the potential to affect all residents in the 500-wing of the facility and was evidenced for 1 of 3 annunciator panels observed by the findings below: On 5/15/23 at 9:45 AM, the surveyor observed that the fire alarm panel behind the new 500 wing nurses station did not indicate that it was in normal mode. The MD confirmed the finding and provided a document dated: 05/15/23, from the fire alarm vendor stating: One (1) annunciator at the reception desk (Nurses Station) in the new 500 wing was not resetting, a technician will reboot the annunciator, if it does not reboot and restore to normal status, the vendor will have to replace the annunciator panel. How the corrective action will be accomplished for any resident affected by deficient practice. The identified in the statement of deficiencies was immediately addressed to ensure that the fire alarm panel behind the new 500 wing nurses station was replaced. This was corrected on 5/15/23. The Fire Alarm Panel annunciator was replaced.	

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K 345	Continued From page 6	K 345	No resident were affected by this deficient practice. 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 into place to assist this area of concern. Maintenance Director and Administrator immediately worked on outside company vendor to replace the annunciator panel on (5 /15/23). This was tested for functioning, it rebooted and restored to normal function. Maintenance Director was re in service regarding building's fire alarm system in accordance with the requirements of NFPA 70 and 72. Regional Operation Director (RPOD) tested the fire alarm panel behind the new 500 wing nurses station to ensure it is in a normal mode. Maintenance Director will audit daily for 3 months and monthly thereafter for compliance with requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Signaling Code. How the concern will be monitored and title of person responsible for monitoring.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD** **SEWELL, NJ 08080**

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K 345	Continued From page 7	K 345	Maintenance Director and/or Administrator to ensure fire alarm system functioning properly in accordance with facility protocol and NFPA 70 and 72 during daily rounds. Results of an audit will be discuss in morning meeting and this will forwarded and discuss in facility monthly QAPI. This will be a part of quarterly Quality Assurance program. Dates when concern will be completed. 06/15/23	
K 351 SS=C	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 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	K 351		5/19/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING **01** B. WING _____	**05/15/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD** **SEWELL, NJ 08080**

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K 351	Continued From page 8 by: Based on observation, interview and record review on 05/15/23, in the presence of the Maintenance Director (MD), Regional facilities Manager (RFM) and the Licensed Nursing Home Administrator (LNHA), it was determined that the facility failed to: a.) provide complete sprinkler coverage as required by the US Centers for Medicare/Medicaid Services regulation § 483.90(a) physical environment, and b.) install the sprinkler system in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.3.5, 4.6.12 and 9.7, NFPA 13, 2012 Edition, Section 6.2.7.1, 8.1, 8.1.1, 8.5.2.1, 8.5.5, 8.5.5.2 8.15.7, 8.15.7.1 and 8.15.7.5. The lack of sprinkler coverage could delay or prevent the extinguishment of a fire in this area. This deficient practice was identified for 9 of 9 areas observed and was evidenced by the following: 1. On 5/15/23 at 10:48 AM, the surveyor, MD, RFM and LNHA observed in the approximately 6' x 6' angled HVAC closet in the 500-wing dining room that there was no fire sprinkler coverage. A review of the fire sprinkler construction blue prints indicated a sprinkler head was to be installed in the HVAC closet, but there was none present. 2). While touring the 500-wing construction project with the MD, RFM and LNHA on 5/15/23 from 10:00 AM to 11:30 AM, the surveyor observed 8 of 8 skylights measuring approximately 4' x 4', with a ceiling to skylight top measuring approximately 4' did not have any fire sprinkler coverage. The MD, RFM and LNHA all confirmed the	K 351	Concern. Tag K351 - Sprinkler System 1)HVAC closet in 500 wing dining room had no fire sprinkler coverage. 2)Skylights did not have fire sprinkler coverage. How the corrective action will be accomplished for any resident affected by deficient practice. 1)No resident affected by deficient practice. 2)No resident affected by deficient practice. 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 into place to assist this area of concern. 1)Sprinkler was installed on 5/19/23. 2) Per NFPA13/section8.5.7.1 skylights do not need heads if 32 sq ft or less. Skylights area is 4x4 or 16 sq ft. How the concern will be monitored and title of person responsible for monitoring.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING **01** B. WING _____	**05/15/2023**

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K 351	Continued From page 9 finding's during the observation's and they acknowledged that the skylights were not provided with any fire sprinkler protection. The surveyor informed the MD, RFM and LNHA of the finding's at the Life Safety Code exit conference on 5/15/23, and no additional information or documentation was provided to refute the surveyor's findings. NJAC 8:39-31.2(e) NFPA 13 standard for the installation of sprinkler systems. section 8.6.7.2 NFPA 13- 8.5.7 Skylights	K 351	Will be monitored bi-annually as part of routine inspection. Dates when concern will be completed. 5/19/23	
K 918 SS=C	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	K 918		6/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING **01** B. WING _____	**05/15/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD** **SEWELL, NJ 08080**

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K 918	Continued From page 10 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. 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 5/15/23, in the presence of the Maintenance Director (MD), Regional Plant Operations Director (RPOD), and Licensed Nursing Home Administrator (LNHA), it was determined that the facility failed to ensure a remote manual stop station for one of one outside (new) generators providing emergency power to the new 500-wing was installed in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. While the 500-wing was currently vacant, the deficient practice has the potential to affect all future residents of the 500-wing, and was evidenced by the following: At 1:05 PM, the surveyor and MD, RPOD and LNHA observed the exterior 750 KW (kilowatt) diesel generator. There was no remote manual stop station observed outside the area of the generator location.	K 918	Concern. Tag K918 - Electrical Systems Based on observation and interview on 5/15/23, in the presence of the Maintenance Director (MD), Regional Plant Operations Director (RPOD), and Licensed Nursing Home Administrator (LNHA), it was determined that the facility failed to ensure a remote manual stop station for one of one outside (new) generators providing emergency power to the new 500-wing was installed in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. How the corrective action will be accomplished for any resident affected by deficient practice.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING **01** B. WING _____	**05/15/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD** **SEWELL, NJ 08080**

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K 918	Continued From page 11 An interview was conducted during the time of the 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. The MD stated they were aware of the requirement and were in the process of having the generator vendor install one, but did not provide any further documentation indicating such. The surveyor informed the LNHA of the findings at the Life Safety Code exit conference on 5/15/2023, and no additional information or documentation was provided to refute the surveyor's findings. 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	The area identified in the statement of deficiencies which identified that the remote manual stop station for one of the outside generator in the new building that provides the emergency power to the new 500-wing was installed by outside company vendor on 5/30/23. No resident were affected by this deficient practice. 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 into place to assist this area of concern. Maintenance Director was re in-service the importance of emergency power as requirements of NFPA 110, 2010 Edition, and Section 5.6.5.6.and 5.6.6.1. Regional Plant Operations Director (RPOD) tested the emergency power in 500-wing after installation to ensure it is properly working/ functioning. Maintenance Director will test weekly for 90 days and monthly thereafter, for compliance in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. How the concern will be monitored and title of person responsible for monitoring.	

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K 918	Continued From page 12	K 918	Results of an audit will be discuss in morning meeting and this will forwarded and discuss in facility monthly QAPI. This will be a part of quarterly Quality Assurance program. Dates when concern will be completed. 06/15/23	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315516 Y1	A. Building 01 - ADVANCED SUBACUTE AT SEWELL B. Wing Y2	6/15/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

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 K0291	06/15/2023	LSC K0345	06/15/2023	LSC K0351	05/19/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0918	06/15/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
5/15/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO