

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

PRINTED: 10/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/18/2021
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE KEARNY, NJ 07032		
(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 E000 Emergency Preparedness This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000			
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/11/21 . Alaris Health Belgrove 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.	K 000			
K 311 SS=D	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this	K 311		6/11/21	

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

TITLE

(X6) DATE

Electronically Signed

05/28/2021

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 311	<p>Continued From page 1</p> <p>box.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 05/11/21, it was determined that the facility failed to ensure that construction separating floors, was resistant to the passage of fire, smoke, and fumes.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 12:15 PM, the surveyor observed, in the presence of the facility's Maintenance Director and Corporate Representative, a 6-inch diameter hole in the floor of one of three electrical room closets located on the first floor. The hole breached the approximate 4-inch thick concrete floor creating a void that compromised the fire rating and smoke integrity of the floor's construction. This finding was verified by the Maintenance Director and Corporate Representative, who stated that they were unaware of this hole. It was caused by contracted vendors who failed to seal it close after completing their work.</p> <p>The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code exit conference at 2:00 PM.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.3.1.1 to 19.3.1.6</p>	K 311	<p>1.</p> <p>* Maintenance Director was educated by Regional Maintenance Director and Administrator.</p> <p>* Maintenance Director initiated in-service to educate maintenance staff and vendors on closing all openings between floors by the completion of the project.</p> <p>* Maintenance Director will in-service all staff on reporting any findings of openings to Maintenance Director or designee.</p> <p>* Maintenance Director or designee will fill opening with Safety Data Set (SDS) approved material.</p> <p>2.</p> <p>* All residents are potentially affected.</p> <p>3.</p> <p>Maintenance Director was educated by Regional Maintenance Director and Administrator.</p> <p>* Maintenance Director initiated in-service to educate maintenance staff and vendors on closing all openings between floors by the completion of the project.</p> <p>* Maintenance Director will in-service all staff on reporting any findings of openings to Maintenance Director or designee.</p>		

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K 311	Continued From page 2	K 311	<p>* Maintenance Director or designee sealed the hole by using Portland Cement based concrete Product and Epoxies and was inspected by Regional Maintenance Director. Facility had products used available in-house.</p> <p>4.</p> <p>* Maintenance Director or designee will round bi-weekly to ensure no holes or openings the floor for 90 days, then monthly thereafter.</p> <p>* All findings will be reported weekly to the Administrator and quarterly at the Quality Assurance Performance Improvement(QAPI) meeting for review and recommendation.</p>		