

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

PRINTED: 07/17/2024
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315522 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/13/2023 |
| NAME OF PROVIDER OR SUPPLIER SKILES AVE & STERLING DR URBAN RENEWAL OPRATIONS L | | | STREET ADDRESS, CITY, STATE, ZIP CODE 10 STERLING DRIVE PISCATAWAY, NJ 08854 | | |
| (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 An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 01/12/23. The facility was found to be in compliance with 42 CFR 483.73. | 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 01/12/23 and was found not to be in compliance with 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 NEW health care occupancy. The facility is a three-story building with residents on the second and third floors and therapy and kitchen on the first floor. The facility has concrete flooring, concrete roofing and block bearing walls and stucco exterior. The facility is noted to be a type II (222) with complete sprinkler system and complete fire alarm system with smoke detection in all corridors and bedrooms. The facility has a 600 KW (kilowatt) diesel generator that operates at 24% of load when tested. The facility has 53 occupied beds. The facility has 11 smoke zones. | K 000 | | | |
| K 222 SS=F | Egress Doors CFR(s): NFPA 101 Egress Doors | K 222 | | 3/1/23 | |

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

TITLE

(X6) DATE

Electronically Signed

02/06/2023

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.

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| K 222 | <p>Continued From page 1</p> <p>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic</p> | K 222 | | | |

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| K 222 | <p>Continued From page 2</p> <p>fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>.</p> <p>Based on observations and interviews, the facility failed to ensure exit doors equipped with delayed-egress locking systems had a readily visible, durable sign in letters not less than 1 in. (25mm) high and not less than 1/8 in (3.20mm) located on the door in the direction of egress that read "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS" for eight exit stairway doors in accordance with NFPA 101 (2012 edition) section 7.2.1.6.1.(4). This deficient practice had the potential to affect all 53 residents.</p> <p>Findings include:</p> <p>An observation of the stairway exit door near bedroom 331 on 01/12/23 at 9:20 AM revealed the door was provided with a delayed-egress</p> | K 222 | <p>1.The Stairwell door near bedroom 331 received a sign on the door stating, Push until the alarm sounds door can be opened in 15 seconds.</p> <p>2.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all delayed egress doors open after 15 seconds.</p> <p>3.Facility to perform an audit to ensure that all delayed egress doors open after 15 seconds on a weekly audit schedule.</p> <p>4.The Center staff will receive an in-service for the purpose of these signs.</p> <p>5.The maintenance director or designee will share the results of this audit monthly for three months and quarterly thereafter at the monthly QAPI Quality Assurance &</p> | | |

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| K 222 | <p>Continued From page 3</p> <p>feature. The sign for the door read "Emergency exit only alarm will sound when door is opened." The exit door lacked any type of delay egress sign indicating the door would open in 15 seconds or "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".</p> <p>An observation of the stairway exit door near bedroom 301 on 01/12/23 at 9:50 AM revealed the door was provided with a delayed-egress feature. The sign for the door read "Emergency exit only alarm will sound when door is opened." The exit door lacked any type of delay egress sign indicating the door would open in 15 seconds or "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".</p> <p>An observation of the stairway exit door near bedroom 332 on 01/12/23 at 9:55 AM revealed the door was provided with a delayed-egress feature. The sign for the door read "Emergency exit only alarm will sound when door is opened." The exit door lacked any type of delay egress sign indicating the door would open in 15 seconds or "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".</p> <p>An observation of the stairway exit door near bedroom 362 on 01/12/23 at 10:00 AM revealed the door was provided with a delayed-egress feature. The sign for the door read "Emergency exit only alarm will sound when door is opened." The exit door lacked any type of delay egress sign indicating the door would open in 15 seconds or "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".</p> <p>An observation of the stairway exit door near bedroom 231 on 01/12/23 at 10:10 AM revealed</p> | K 222 | <p>Performance Improvement committee.</p> <p>1 The Stairwell door near bedroom 332 received a sign on the door stating, Push until the alarm sounds door can be opened in 15 seconds.</p> <p>2.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all delayed egress doors open after 15 seconds.</p> <p>3.Facility to perform an audit to ensure that all delayed egress doors open after 15 seconds on a weekly audit schedule.</p> <p>4.The Center staff will receive an in-service for the purpose of these signs.</p> <p>5.The maintenance director or designee will share the results of this audit monthly for three months and quarterly thereafter at the monthly QAPI Quality Assurance & Performance Improvement committee.</p> <p>1.The Stairwell door near bedroom 362 received a sign on the door stating, Push until the alarm sounds door can be opened in 15 seconds.</p> <p>2.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all delayed egress doors open after 15 seconds.</p> <p>3.Facility to perform an audit to ensure that all delayed egress doors open after 15 seconds on a weekly audit schedule.</p> <p>4 The Center staff will receive an in-service for the purpose of these signs.</p> <p>5 The maintenance director or designee will share the results of this audit monthly</p> | | |

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| K 222 | <p>Continued From page 4</p> <p>the door was provided with a delayed-egress feature. The sign for the door read "Emergency exit only alarm will sound when door is opened." The exit door lacked any type of delay egress sign indicating the door would open in 15 seconds or "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".</p> <p>An observation of the stairway exit door near bedroom 201 on 01/12/23 at 10:25 AM revealed the door was provided with a delayed-egress feature. The sign for the door read "Emergency exit only alarm will sound when door is opened." The exit door lacked any type of delay egress sign indicating the door would open in 15 seconds or "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".</p> <p>An observation of the stairway exit door near bedroom 232 on 01/12/23 at 10:35 AM revealed the door was provided with a delayed-egress feature. The sign for the door read "Emergency exit only alarm will sound when door is opened." The exit door lacked any type of delay egress sign indicating the door would open in 15 seconds or "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".</p> <p>An observation of the stairway exit door near bedroom 261 on 01/12/23 at 10:45 AM revealed the door was provided with a delayed-egress feature. The sign for the door read "Emergency exit only alarm will sound when door is opened." The exit door lacked any type of delay egress sign indicating the door would open in 15 seconds or "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".</p> <p>An interview with the Maintenance Director at the</p> | K 222 | <p>for three months and quarterly thereafter at the monthly QAPI Quality Assurance & Performance Improvement committee.</p> <p>1 The Stairwell door near bedroom 231 received a sign on the door stating, Push until the alarm sounds door can be opened in 15 seconds.</p> <p>2.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all delayed egress doors open after 15 seconds.</p> <p>3.Facility to perform an audit to ensure that all delayed egress doors open after 15 seconds on a weekly audit schedule.</p> <p>4.The Center staff will receive an in-service for the purpose of these signs.</p> <p>5.The maintenance director or designee will share the results of this audit monthly for three months and quarterly thereafter at the monthly QAPI Quality Assurance & Performance Improvement committee.</p> <p>1.The Stairwell door near bedroom 201 received a sign on the door stating, Push until the alarm sounds door can be opened in 15 seconds.</p> <p>2.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all delayed egress doors open after 15 seconds.</p> <p>3.Facility to perform an audit to ensure that all delayed egress doors open after 15 seconds on a weekly audit schedule.</p> | | |

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| K 222 | Continued From page 5 time of each observation verified the signs on the exit doors were lacking information. He stated they thought the signs were sufficient and they did not want to mention 15 seconds on the sign, so they posted a sign next to each door stating an emergency alarm would sound. NJAC 8:39-31.1(c), 31.2(e) . | K 222 | <p>4.The Center staff will receive an in-service for the purpose of these signs.</p> <p>5.The maintenance director or designee will share the results of this audit monthly for three months and quarterly thereafter at the monthly QAPI Quality Assurance & Performance Improvement committee.</p> <p>1.The Stairwell door near bedroom 232 received a sign on the door stating, Push until the alarm sounds door can be opened in 15 seconds.</p> <p>2 To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all delayed egress doors open after 15 seconds.</p> <p>3.Facility to perform an audit to ensure that all delayed egress doors open after 15 seconds on a weekly audit schedule.</p> <p>4.The Center staff will receive an in-service for the purpose of these signs.</p> <p>5 The maintenance director or designee will share the results of this audit monthly for three months and quarterly thereafter at the monthly QAPI Quality Assurance & Performance Improvement committee.</p> <p>1.The Stairwell door near bedroom 261 received a sign on the door stating, Push until the alarm sounds door can be opened in 15 seconds.</p> <p>2.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all delayed egress doors open after 15 seconds.</p> <p>3 Facility to perform an audit to ensure</p> | | |

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| K 222 | Continued From page 6 | K 222 | <p>that all delayed egress doors open after 15 seconds on a weekly audit schedule.</p> <p>4.The Center staff will receive an in-service for the purpose of these signs.</p> <p>5.The maintenance director or designee will share the results of this audit monthly for three months and quarterly thereafter at the monthly QAPI Quality Assurance & Performance Improvement committee.</p> <p>1.The Stairwell door near bedroom 301 received a sign on the door stating, "Push until the alarm sounds door can be opened in 15 seconds".</p> <p>2.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all delayed egress doors open after 15 seconds.</p> <p>3.Facility to perform an audit to ensure that all delayed egress doors open after 15 seconds on a weekly audit schedule.</p> <p>4.The Center staff will receive an in-service for the purpose of these signs.</p> <p>5.The maintenance director or designee will share the results of this audit monthly for three months and quarterly thereafter at the monthly QAPI Quality Assurance & Performance Improvement committee</p> | | |
| K 324 SS=F | <p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking</p> | K 324 | | 3/1/23 | |

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| K 324 | <p>Continued From page 7</p> <p>Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>.</p> <p>Based on document review and interview, the facility failed to ensure the kitchen range hood suppression system was inspected, tested and maintained at least every six months in accordance with NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, (2011 edition) section 11.2.1. This deficient practice had the potential to affect all 53 residents.</p> <p>Findings include:</p> <p>A review of the fire safety records, under "Range Hood Suppression System" tab, suppression</p> | K 324 | <p>K324-</p> <p>1. The kitchen range hood suppression system will be inspected by a certified contractor in and scheduled for six months from the most recent inspection date thereafter. The inspection paperwork will be kept on file for further review.</p> <p>The Maintenance Director will conduct an audit of their Life Safety Binder every six months and review with the NHA to confirm compliance with all required paperwork.</p> <p>The Maintenance staff will be in-serviced</p> | | |

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| K 324 | Continued From page 8 system inspections were conducted on 05/10/22 and 10/06/21. There was no documentation to indicate an inspection was completed in November 2022 or six months prior. An interview with the Maintenance Director on 01/12/23 at 12:30 PM confirmed the inspection had not been completed. NJAC 8:39-31.1(c), 31.2(e) NFPA 96 . | K 324 | on the required fire systems-related inspection codes and the importance of these regulations. The maintenance director or designee will share the results of this inspection at the monthly QAPI Quality Assurance & Performance Improvement committee. | 3/1/23 | |
| K 341 SS=E | Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: . Based on observations and interviews, the facility failed to ensure that two of 216 smoke detectors | K 341 | 1.The smoke detector located in the corridor in the Activity area near the elevators on | | |

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| K 341 | Continued From page 9 were greater than 36 inches from ceiling fans blades in accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 edition) section 29.8.3.4.(6). This deficient practice had the potential to affect seven residents. Findings include: An observation of a corridor smoke detector in an activity area near the elevators on 01/12/23 at 9:30 AM revealed the smoke detector was 16 inches from a ceiling fan blade. An observation of a corridor smoke detector in an activity area near the elevators on 01/12/23 at 9:35 AM revealed the smoke detector was 16 inches from a ceiling fan blade. An interview with the Maintenance Director at the time of each observation verified the measurements of the smoke detectors to the ceiling fans blades. NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72 . | K 341 | 2nd floor was relocated from 16 inches to greater than 36 inches from the ceiling fan blade. 2.A center-wide audit will be conducted by the Maintenance staff to ensure all other ceiling fan devices are no closer than 36 inches to a smoke detector. 3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all smoke detectors are installed properly throughout the center. 4.The maintenance director or designee will conduct monthly audits times 3 and report findings at the QAPI meeting monthly. 1.The smoke detector located in the corridor in the Activity area near the elevators on 3rd floor was relocated from 16 inches to greater than 36 inches from the ceiling fan blade. 2.A center-wide audit will be conducted by the Maintenance staff to ensure all other ceiling fan devices are no closer than 36 inches to a smoke detector. 3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all smoke detectors are installed properly throughout the center. 4.The maintenance director or designee will conduct monthly audits times 3 and report findings at the QAPI meeting monthly. | | |
| K 345 SS=F | Fire Alarm System - Testing and Maintenance | K 345 | | 3/1/23 | |

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| K 345 | <p>Continued From page 10 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:</p> <p>Based on document review and interview, the facility failed to complete a smoke detection sensitivity test every two years for all 216 photo electric smoke detectors in accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 edition) section 14.4.5.3.2. This deficient practice had the potential to affect all 53 residents.</p> <p>A review of fire safety records from the "Fire Alarm" folder revealed a smoke detection sensitivity test was conducted on 03/12/20. Additional fire alarm inspections were completed on 4/29/22, 10/06/21, 03/23/21, 8/13/20; however, none of these inspections included a smoke detection sensitivity test.</p> <p>An interview with the Maintenance Director on 01/12/23 at 1:15 PM revealed he did not have the test from the past two years and did not have a smoke detection sensitivity test for all 216 photo electric smoke detectors.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72</p> | K 345 | <p>K345-</p> <p>1. The two-year smoke detection sensitivity test will be completed and the results available for review upon request. The center will identify and make note in the Life Safety binder for the date of the next two-year inspection date. The Maintenance Director or designee will conduct a monthly audit x 3 that the sensitivity report is available in the Life Safety Binder and semi-annually thereafter.</p> <p>To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that they understand the code for this inspection and the importance of keeping the inspection time schedule. Results of audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee</p> | | |

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| K 345 | Continued From page 11 | K 345 | | | |
| K 363 SS=E | <p>Corridor - Doors CFR(s): NFPA 101</p> <p>Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> | K 363 | | 3/1/23 | |

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| K 363 | <p>Continued From page 12</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to ensure corridor doors were constructed to resist the passage of smoke in accordance with NFPA 101 Life Safety Code (2012 edition) 18.3.6.3.1. This deficient practice had the potential to affect seven residents in the smoke zone.</p> <p>Findings include:</p> <p>An observation of one corridor door to the left the of the elevators on the third floor on 01/12/23 at 9:30 AM revealed the door contained a 16 inch wide by 12 inch high louver in the lower section of the door. The louver could not be closed. The louver would allow for the passage of smoke into the main exit access corridor. The room contained elevator equipment.</p> <p>An observation of one corridor door to the right the of the elevators on the third floor on 01/12/23 at 9:30 AM revealed the door contained a 16 inch wide by 12 inch high louver in the lower section of the door. The louver could not be closed. The louver would allow for the passage of smoke into the main exit access corridor. The room contained elevator equipment.</p> <p>An interview with the Maintenance Director at the time of each observation verified the openings in each door.</p> <p>NJAC 8:39-31.2(e)</p> | K 363 | <p>1.The door to the left of the elevators on the third floor will be repaired so the door louver can close to stop the passage of smoke or the door will be replaced with a non-louvered smoke door.</p> <p>2.The Maintenance director or designee will conduct an initial audit of all smoke and fire doors to make sure they are smoke tight and contain no louvers in the open position.</p> <p>3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to smoke and fire door requirements by reviewing the 13-point door inspection list.</p> <p>4.Results of door audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee</p> <p>5.Same answer for the second door located on the right side of the elevators on the third floor.</p> <p>1.The door to the right of the elevators on the third floor will be repaired so the door louver can close to stop the passage of smoke or the door will be replaced with a non-louvered smoke door.</p> <p>2.The Maintenance director or designee will conduct an initial audit of all smoke and fire doors to make sure they are</p> | | |

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| K 363 | Continued From page 13 . | K 363 | smoke tight and contain no louvers in the open position. 3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to smoke and fire door requirements by reviewing the 13-point door inspection list. 4.Results of door audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee 5.Same answer for the second door located on the right side of the elevators on the third floor. | | |
| K 372 SS=F | Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: . Based on observations and interviews, the facility failed to ensure penetrations in smoke barriers were protected by a system or material capable | K 372 | 1.The penetrations found in the smoke wall by bedroom 318 will be sealed with an approved UL-rated through-wall | | 3/1/23 |

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| K 372 | <p>Continued From page 14</p> <p>of restricting the transfer of smoke and smoke barriers were continuous in accordance with NFPA 101 Life Safety Code (2012 edition) sections 8.5.2.1 and 8.5.6.2. This deficient practice had the potential to affect all 53 residents.</p> <p>Findings include:</p> <p>An observation of the smoke barrier wall near bedroom 318 on 01/12/23 at 1:15 PM revealed two holes, each three inches in diameter that were not sealed.</p> <p>An observation of the smoke barrier wall near bedroom 311 on 01/12/23 at 1:20 PM revealed two holes, each two inches in diameter that were not sealed.</p> <p>An observation of the smoke barrier wall near bedroom 244 on 01/12/23 at 1:25 PM revealed two holes, each two inches in diameter that were not sealed.</p> <p>An observation of the smoke barrier wall near bedroom 251 on 01/12/23 at 1:30 PM revealed two holes, each three inches in diameter that were not sealed.</p> <p>An observation of the smoke barrier wall near bedroom 218 on 01/12/23 at 1:35 PM revealed two holes, one five-inch hole and one two-inch holes in diameter that were not sealed.</p> <p>An observation of the smoke barrier wall near bedroom 211 on 01/12/23 at 1:40 PM revealed four, one-inch holes in diameter that were not sealed.</p> | K 372 | <p>penetration fire stop system W-L-4046 and numbered.</p> <p>A copy of the approved system will be kept in the life safety manual.</p> <p>2.The Maintenance director or designee will conduct an initial audit of the smoke barrier walls throughout the second and third floors monthly x3 and when vendors come into work around the smoke and firewalls.</p> <p>3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all smoke and firewalls are inspected on a regular basis for fire safety reasons.</p> <p>4.Results of audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee.</p> <p>1.The penetrations found in the smoke wall by bedroom 311 will be sealed with an approved UL-rated through-wall penetration fire stop system W-L-4046 and numbered.</p> <p>A copy of the approved system will be kept in the life safety manual.</p> <p>2.The Maintenance director or designee will conduct an initial audit of the smoke barrier walls throughout the second and third floors monthly x3 and when vendors come into work around the smoke and firewalls.</p> <p>3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all smoke and firewalls are</p> | | |

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| K 372 | <p>Continued From page 15</p> <p>An interview with the Maintenance Director at the time of each observation verified the size and location of the noted holes.</p> <p>An interview with the Regional Director on 01/12/23 at 1:25 PM indicated the holes on the second floor were created by data cables and recent installation.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p> | K 372 | <p>inspected on a regular basis for fire safety reasons.</p> <p>5.Results of audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee.</p> <p>1.The penetrations found in the smoke wall by bedroom 244 will be sealed with an approved UL-rated through-wall penetration fire stop system W-L-4046 and numbered.</p> <p>A copy of the approved system will be kept in the life safety manual.</p> <p>2.The Maintenance director or designee will conduct an initial audit of the smoke barrier walls throughout the second and third floors monthly x3 and when vendors come into work around the smoke and firewalls.</p> <p>3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all smoke and firewalls are inspected on a regular basis for fire safety reasons.</p> <p>4.Results of audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee</p> <p>1.The penetrations found in the smoke wall by bedroom 251 will be sealed with an approved UL-rated through-wall penetration fire stop system W-L-4046 and numbered.</p> | | |

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| K 372 | Continued From page 16 | K 372 | <p>A copy of the approved system will be kept in the life safety manual.</p> <p>2.The Maintenance director or designee will conduct an initial audit of the smoke barrier walls throughout the second and third floors monthly x3 and when vendors come into work around the smoke and firewalls.</p> <p>3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all smoke and firewalls are inspected on a regular basis for fire safety reasons.</p> <p>4.Results of audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee</p> <p>1.The penetrations found in the smoke wall by bedroom 218 will be sealed with an approved UL-rated through-wall penetration fire stop system W-L-4046 and numbered.</p> <p>A copy of the approved system will be kept in the life safety manual.</p> <p>2.The Maintenance director or designee will conduct an initial audit of the smoke barrier walls throughout the second and third floors monthly x3 and when vendors come into work around the smoke and firewalls.</p> <p>3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all smoke and firewalls are inspected on a regular basis for fire</p> | | |

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| K 372 | Continued From page 17 | K 372 | <p>safety reasons.</p> <p>4.Results of audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee.</p> <p>1.The penetrations found in the smoke wall by bedroom 211 will be sealed with an approved UL-rated through-wall penetration fire stop system W-L-4046 and numbered. A copy of the approved system will be kept in the life safety manual.</p> <p>2.The Maintenance director or designee will conduct an initial audit of the smoke barrier walls throughout the second and third floors monthly x3 and when vendors come into work around the smoke and firewalls.</p> <p>3.To ensure continued compliance PDS, or designee, will in-service maintenance staff to ensure that all smoke and firewalls are inspected on a regular basis for fire safety reasons.</p> <p>4.Results of audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee</p> | | |
| K 918 SS=F | <p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>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</p> | K 918 | | | 3/1/23 |

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| K 918 | <p>Continued From page 18</p> <p>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.</p> <p>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 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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>.</p> <p>Based on document review and interview, the facility failed to ensure the 600 KW (kilowatt) generator was tested in accordance with NFPA 110 (2010 edition) Standard for Emergency and Standby Power Systems section 8.4.1. This deficient practice had the potential to affect 53 residents.</p> | K 918 | <p>K918-</p> <p>1. The Maintenance Staff will conduct monthly load tests for the 600 KW generator moving forward and weekly generator inspection with no load for the other weeks of each month moving forward. These results will be recorded and placed in the Center's Life Safety</p> | | |

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| NAME OF PROVIDER OR SUPPLIER SKILES AVE & STERLING DR URBAN RENEWAL OPRATIONS L | | | STREET ADDRESS, CITY, STATE, ZIP CODE 10 STERLING DRIVE PISCATAWAY, NJ 08854 | | |
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| K 918 | <p>Continued From page 19</p> <p>Findings include:</p> <p>A review of the facility generator logs for the 600 KW (kilowatt) diesel generator revealed there were no records of a monthly load test in May 2022, June 2022, July 2022, August 2022, September 2022, October 2022, and November 2022.</p> <p>A review of the facility generator logs for the 600 KW generator revealed no weekly generator inspections on 06/09/22, 06/17/22, 06/23/22, 06/30/22, 07/07/22, 07/13/22, 07/20/22, 07/27/22, 08/04/22, 08/11/22, 08/18/22, 08/25/22, 09/02/22, 09/09/22, 09/16/22, 09/23/22, 09/30/22, 10/07/22, 10/14/22, 10/21/22, 10/28/22, 11/05/22, 11/12/22, 11/19/22, 11/26/22, 12/15/22 and 12/22/22.</p> <p>An interview with the Regional Maintenance Director on 01/12/23 at 2:15 PM indicated he completed a load test at the end of December 2022. Further interview with the Maintenance Director at this time indicated he was a new hire and did not know why the tests and inspections were not done.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110</p> | K 918 | <p>binder for review.</p> <p>The maintenance director or designee will conduct monthly load tests and weekly inspections and record results moving forward weekly each week moving forward until further notice.</p> <p>To ensure continued compliance PDS, or designee, will in-service maintenance staff on the required procedures when running the generator under load monthly and steps for the weekly inspections.</p> <p>Results of monthly load test and weekly audit to be reported at monthly QAPI Quality Assurance & Performance Improvement committee</p> | | |

POST-CERTIFICATION REVISIT REPORT

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|---|--|-----------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315522 | MULTIPLE CONSTRUCTION A. Building 01 - LAPID MANOR B. Wing | DATE OF REVISIT 3/7/2023 |
| NAME OF FACILITY SKILES AVE & STERLING DR URBAN RENEWAL OPERATIONS L | STREET ADDRESS, CITY, STATE, ZIP CODE 10 STERLING DRIVE PISCATAWAY, NJ 08854 | |

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 K0222 | 03/01/2023 | LSC K0324 | 03/01/2023 | LSC K0341 | 03/01/2023 |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # NFPA 101 | Completed | Reg. # NFPA 101 | Completed | Reg. # NFPA 101 | Completed |
| LSC K0345 | 03/01/2023 | LSC K0363 | 03/01/2023 | LSC K0372 | 03/01/2023 |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # NFPA 101 | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC K0918 | 03/01/2023 | 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 _____ | |
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE | |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE | |
| FOLLOWUP TO SURVEY COMPLETED ON 1/13/2023 | | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |