

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

PRINTED: 11/19/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST LAWRENCE REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648</b>		
(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 904 SS=E	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/18/21 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.</p> <p>St. Lawrence RC is a 5 story building that was built in 1970's. It is composed of Type 1 construction. The facility is divided into 6- smoke zones. The generator does approximately 50% of the building.</p> <p>Gas and Vacuum Piped Systems - Warning System CFR(s): NFPA 101</p> <p>Gas and Vacuum Piped Systems - Warning Systems All master, area, and local alarm systems used for medical gas and vacuum systems comply with appropriate Category warning system requirements, as applicable. 5.1.9, 5.2.9, 5.3.6.2.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on</p>	K 904	1. Residents affected by deficient	6/14/21	

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

TITLE

(X6) DATE

Electronically Signed

05/25/2021

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 904	<p>Continued From page 1</p> <p>05/18/21 in the presence of the Maintenance Director, it was determined that the facility failed to maintain the piped-in Oxygen system in accordance with NFPA 99</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the facility's annual Oxygen system inspection reports: dated 03/04/20 and 03/22/21 both indicated that the system was not in compliance with NFPA 99.</p> <p>The report's stated:</p> <p>March 04,2020 report Discrepancy : oxygen switch low alarm drifted Action Required: replace O2 pressure switch Action Taken: 2020 QUOTED</p> <p>March 22,2020 report Discrepancy : oxygen switch low alarm drifted Action Required: replace O2 pressure switch Action Taken: 2020 QUOTED</p> <p>The Maintenance Director provided an unsigned and currently unapproved "PROPOSAL" dated: May 18,2021-for the replacement of the "Oxygen Pressure Switch"</p> <p>In an interview, at 11:30 AM, the facility's Maintenance Director stated that he was aware of the facility's vendor inspection report deficiency and not sure why it was not repaired.</p> <p>The Administrator was notified of the finding at the Life Safety Code exit conference at 1:30 PM,</p> <p>NJAC 8:39-31.2(e)</p>	K 904	<p>practice.</p> <p>The residents could be directly affected by the deficient practice.</p> <p>Immediate corrective actions:</p> <p>The facility had the oxygen sensor replaced on 5/21/21. (Vender work order: <span style="background-color: black; color: black;">XXXXXXXXXX</span>)</p> <p>2. How the facility will identify other residents, who could be affected by the deficient practice</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>3. Measures or systemic changes to ensure that the deficiencies will not occur</p> <p>Policy # 23.11.06, Low Oxygen Pressure Alarm or Complete Failure of Piped in Oxygen system, was revised, indicating "any required maintenance to Oxygen System will be given high priority and purchasing work order will be processed immediately." Any deficiencies will be reported to the Safety Committee on an annual basis, including the deficiency report and plan of correction.</p> <p>The oxygen sensor is to be inspected annually. The Director of Facilities will ensure vendor work order is processed if replacement is indicated.</p>		

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K 904	Continued From page 2 NFPA 99	K 904	<p>The Director of Facilities will submit a copy of the report to the Safety Chairman to ensure plan review and remedies are completed.</p> <p>4. Monitoring the continued effectiveness of the systemic change</p> <p>The continued effectiveness of the systemic change will be monitored and reported quarterly on the Environment of Care Dashboard under Utilities Management – O2 alarm which is reviewed by the Safety Committee.</p> <p>5. Monitoring the continued effectiveness of the systemic change</p> <p>The Director of Facilities will report on the Oxygen System quarterly and provide a copy of the annual inspection results to the Safety Committee. The Safety Chair shall submit the Safety Committee minutes to the Administrative Council (QAPI Committee) for review and action when indicated.</p>		