

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

PRINTED: 09/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/20/2021
NAME OF PROVIDER OR SUPPLIER MASONIC VILLAGE AT BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 902 JACKSONVILLE ROAD BURLINGTON, NJ 08016		
(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 351 SS=D	A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/18/2021 and 05/20/2021. Masonic Village at Burlington 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. Masonic Village at Burlington, a three story Type II protected constructed building, was built in January 2004. The facility is divided into 8 smoke zones. 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	K 351		5/20/21	

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

TITLE

(X6) DATE

Electronically Signed

06/03/2021

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 351	Continued From page 1 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 by: Based on observation and interview on 05/18/2021, in the presence of facility management, it was determined that the facility failed to provide automatic fire sprinkler protection to the soiled linen room #070C in accordance with NFPA 13. This deficient practice was evidenced by the following: During the building tour with the Maintenance Manager (MM) at 11:50 AM, the surveyor inspected the soiled linen room #070C. The soiled linen room was subdivided into two areas. The surveyor did not observe fire sprinkler protection within the lower level of the soiled linen room, measuring 10 feet by 5 feet. At that time, the MM confirmed there was no sprinkler in this area. The surveyor further observed a second area in the soiled linen room measuring approximately 5 feet by 6 feet 6 inches. The surveyor asked the MM, "What is in the room?" The MM said, "It's an electrical room." The surveyor observed a ceiling tile that was missing in the electrical room. The fire sprinkler head was located 2 inches above the room's drop ceiling grid, which would not provide sprinkler coverage to all areas of the sub-divided soiled linen room [REDACTED]	K 351	Criteria #1 It is a requirement that nursing homes are protected throughout by an approved automatic sprinkler system. During the survey, it was determined that subdivided soiled linen room #070C was not adequately protected related to a sprinkler head elevated 2 inches above the drop ceiling and no sprinkler head located within the lower level of the soiled linen room. Immediately after being brought to our attention, the Facilities Director contacted our Sprinkler Service Contractor who corrected the identified issues on 5/19/2021. (Invoice # 13405) Criteria #2 Because all residents, staff, and visitors have the potential to be affected by this citation, other soiled linen and utility rooms in the community were inspected and it was determined that these areas were in compliance. Criteria #3 To enhance currently compliant operations and under the direction of the Director of Facility Services, any new construction will require approval by the Director of Facilities Services to ensure compliance with automatic sprinkler		

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K 351	Continued From page 2 The Administrator was notified of the deficiency at the Life Safety Code exit conference on 05/20/2021 at 12:20 PM. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.	K 351	requirements. Contractors and maintenance team members will be inserviced by the Director of Facility Services regarding these requirements. In addition, visual inspections of sprinklers will occur quarterly in conjunction with the scheduled inspection and testing of sprinkler heads in our community. Criteria #4 Our Quality Assurance and Performance Improvement Plan was revised under the direction of the Administrator to monitor compliance with Automatic Sprinkler Protection. The Director of Facilities/Designee will forward quarterly inspection reports to the Administrator. The Director of Facility Services will monitor our compliance quarterly and report out at QAPI meetings quarterly.		
K 916 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/18/2021, in the presence of facility management, it was determined that the facility failed to monitor the emergency electrical system	K 916	Criteria #1 It is a requirement that a remote annunciator, that is storage battery powered, is provided to operate outside of	7/31/21	

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K 916	Continued From page 3 remote annunciator panels 24 hours per day in accordance with National Fire Protection Association (NFPA) 99. This deficient practice was evidenced by the following: During the survey entrance with the Administrator and Maintenance Manager (MM) at 8:45 AM, the surveyor inquired about the number of emergency generators and the location of the remote annunciator panels. The MM stated that there were seven generators and that two were utilized for the skilled nursing units. The MM stated that the annunciator panels were located in the Power House. The surveyor then inquired about the monitoring of the remote annunciator panels in the Power House. At that time, the MM stated that the annunciator panels were not monitored 24 hours a day. The surveyor completed an inspection of the Power House in the presence of the MM at 8:59 AM. The surveyor observed seven generator annunciator panels. At that time, the MM confirmed there were no other generator annunciator panels located in the skilled nursing units of the facility. The Administrator was notified of the deficiency at the Life Safety Code exit conference on 5/20/2021 at 12:20 PM. NJAC 8:39-31.2(e) NFPA 99, 110	K 916	the generating room in a location readily observed by operating personnel. During the survey, it was determined that our emergency electrical system remote annunciator panels were not monitored in person in accordance with the NFPA 99. Our Life Safety Generators are monitored 24 hours a day by Genserve through their Gentracker Monitoring system. This system provides immediate notification, through text and email alerts, to the Administrator, Director of Facilities and Security Officers regarding the status of the emergency generators. This includes when generators are running for exercise, powering the building, if unit is in fault, or starting to go low on fuel. Immediately after being brought to our attention our Facilities Director contacted our Generator Servicing Contractor, Genserve, to discuss remedies for the situation and engaged Genserve on 6/1/2021 to complete necessary repairs. (Proposals AAAQ66150 & AAAQ65988 signed 6/1/2021) Criteria #2 Because all residents, staff, and visitors have the potential to be affected by this citation GenServe, our generator contractor, has been engaged to: remove and upgrade generator controls; install a new remote annunciator and battery charger; connect rental unit to provide standby power during controller upgrade; install land wires to our manned security center; install remote estop for system; test and verify proper operation with load bank test; place generator back in service. The remote annunciator panels will be		

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K 916	Continued From page 4	K 916	installed in our Security Center which is manned 24 hours a day with 2 security guards each shift. Criteria #3 Under the direction of the Director of Facility Services, Security officers will be inserviced by the Director of Facility Services regarding the annunciator panel monitoring requirements. A checklist was developed on which to document the in-person monitoring of annunciator panels by each security shift. Criteria #4 Our Quality Assurance and Performance Improvement Plan was revised under the direction of the Administrator to monitor compliance with the monitoring of annunciator panels. The Director of Facility will oversee compliance with the in-person monitoring of Annunciator Panels. The Director/Designee of Facility Services will monitor our compliance monthly and report at the QAPI quarterly meetings.		