STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315166	A. BUILDING **01** B. WING _____	**06/30/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	**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
K 000	INITIAL COMMENTS The nursing home building construction was stated to be 1970s with no current major renovations or noted additions. It is a three-story building Type II (222) protected construction and is fully sprinklered. There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The generator outside the facility is stated to be tied to the fire alarm control panel, electric fire pump, cross corridor door hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life. The facility has 6-smoke zones, 2-diesel generator's that do approximately 60% of the building, and 1-electric fire pump. [redacted] skilled nursing unit consists of: [redacted] area). Independant living apartments were not observed. Currently cosmetic upgrades are being completed to the closed 1st floor wing: resident rooms [redacted] to [redacted] known as NJ EX Order. 264b1, located on the [redacted] floor in the [redacted] Building. The 24-hour security team does the daily inspection of the means of egress in areas of construction, repair, alterations or additions. When completed the [redacted] floor wing will be NJ EX Order. 264b1 services (skilled nursing setting), the [redacted] area will be used for [redacted] therapy. The facility has [redacted] certified beds. At the time of the survey the census was [redacted] The requirement at 42 CFR Subpart 483.90(a) is	K 000		

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

Electronically Signed | 07/20/2023

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
	315166	A. BUILDING **01** B. WING _____	**06/30/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	**902 JACKSONVILLE ROAD** **BURLINGTON, NJ 08016**

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K 000	Continued From page 1 NOT MET as evidenced by:	K 000		
K 291 SS=F	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 6/26/23, in the presence of the Maintenance Director (MD), it was determined that the facility failed to provide a battery backup emergency light above the three transfer switches (2-generator and 1-fire pump) independent of the building's electrical system and emergency generator, in accordance with NFPA 101:2012 - 19.2.9.1.- 7.9.1 (general) This deficient practice was identified for 2 of 2 transfer switches and was evidenced by the following: 1. On 6/26/23 at 11:05 AM, the surveyor, in the presence of the MD, observed one (1) generator transfer switch, ATS-1, inside the main electrical room in the basement. The room was not provided with any independent emergency lighting. 2. On 6/26/23 at 11:10 AM, the surveyor, in the presence of the MD, observed one (1) generator transfer switch, ATS-2, inside the interior of the small generator room in the basement. The room was not provided with any independent emergency lighting. 3. On 6/26/23 at 12:14 PM, the surveyor, in the presence of the MD, observed one (1) electric fire	K 291	PREFIX TAG K291; 8:39-31.2(e); NFPA 101:2012-19.2.9.1, 7.9 Criteria #1 Masonic Village□s priority is the safety and welfare of all our residents. It is a requirement that nursing homes have automatic emergency lighting that lasts at least 90 minute duration in accordance with 7.9.18.2.9.1, 19.2.9.1 During the survey, it was determined that Masonic Village failed to provide battery backup emergency light above three transfer switches (2- generator and 1- fire pump) that are independent of the building's electrical system and the emergency generator in accordance with NFPA 101:2012-19.2.9.1-7.9.1. Immediately after being brought to our attention, the Facilities Director contacted our Electrical Contractor who corrected the identified issues on 7/12/2023. Criteria #2 Because all residents, staff, and visitors have the potential to be affected by this citation, all other maintenance rooms in the community were inspected and all	7/28/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315166	A. BUILDING **01** B. WING _____	**06/30/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	**902 JACKSONVILLE ROAD** **BURLINGTON, NJ 08016**

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K 291	Continued From page 2 pump transfer switch in the basement fire sprinkler room, was not provided with any independent emergency lighting. The MD confirmed the findings at the time of the observations. The Licensed Nursing Home Administrator was informed of the findings at the Life Safety Code exit on 6/26/23. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	were found to comply. Criteria #3 To enhance currently compliant operations and under the direction of the Director of Facility Services, all maintenance team members will be inserviced by the Director of Facility Services regarding the emergency lighting requirements and required testing. In addition, testing of independent emergency lighting will occur monthly and a full test of 90 minutes duration will occur yearly. Criteria #4 Our QAPI plan was revised under the direction of the Administrator to monitor compliance with ensuring that automatic emergency lighting functions as expected, lasting the minimum of 90 minutes. The Director of Facility Services/Designee will test all independent emergency lighting monthly with a full test of 90 minutes duration annually. Results of the observations will be reviewed at our monthly QAPI meeting.	
K 331 SS=F	Interior Wall and Ceiling Finish CFR(s): NFPA 101 Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is	K 331		7/28/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315166	A. BUILDING **01** B. WING _____	**06/30/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	**902 JACKSONVILLE ROAD** **BURLINGTON, NJ 08016**

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K 331	Continued From page 3 permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s). _____ This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, in the presence of the Maintenance Director (MD), it was determined that the facility failed to ensure that interior wall finishes were either a Class A and/or Class B in egress corridors, or a Class C rating within a room. This deficient practice was evidenced for 3 of 4 wings in the exit/egress corridors of the third floor and was evidenced by the following: On 6/26/23 from approximately 9:30 AM to 1:30 PM, the surveyor observed on the third floor, that carpet was installed on the lower two-foot (2') section of the walls in exit corridors of the: Magnolia wing Lilac Lane (skilled nursing) Blue New Hope rehabilitation area (Skilled Nursing) The carpet measured approximately 24 inches up from the floor. The MD was asked to provide documentation on the flame spread and smoke development testing of the carpet used on the vertical surface. He stated that currently he could not produce any documentation as the carpet was installed prior to his employment many years ago. The carpet was observed to have stains in areas of the alcohol-based hand rub dispenser (ABHR) locations. The Licensed Nursing Home Administrator was informed of the findings at the Life Safety Code	K 331	PREFIX TAG K331; 8:39-31.2(e),(c); NFPA 101:2012-10.2.3*. 10.2.8.1; 19.3.3 Interior Finish; General 19.3.3.2* Interior Wall Finish Criteria #1 It is a requirement that interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or moveable walls, partitions, and columns have a flame spread rating of Class A or Class B and indicate flame spread ratings. On survey, Masonic Village could not produce documentation of flame spread rating of carpeted wall finishes which had been in place over 20 years. Immediately after being brought to our attention our Facilities Director contacted our contractor, Custom Wallpapering and Painting. Work began to remove the existing carpet wall coverings on Monday, July 17th and will be completed by end of day on Friday, July 21, 2023. Criteria #2 Because all residents have the potential to be affected by this citation, all areas in our skilled nursing community were inspected to ensure all areas with carpet on walls were identified and removed. Criteria #3 To enhance currently compliant	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315166	A. BUILDING **01** B. WING _____	**06/30/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	**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
K 331	Continued From page 4 exit on 6/26/23. No further information was provided. N.J.A.C. 8:39-31.2(e) N.J.A.C. 8:39-31.1(c) NJAC 101 2012 edition Life Safety Code 10.2.3* and 10.2.8.1 19.3.3 Interior Finish 19.3.3.1 General 19.3.3.2* interior wall finish	K 331	operations and under the direction of the Director of Facility Services, all maintenance team members will be re-inserviced by the Director of Facility Services regarding all interior wall and ceiling finish requirements, including exposed interior surfaces of buildings such as fixed or moveable walls, partitions, and columns have a flame spread rating of Class A or Class B, and indicate flame spread ratings. Criteria #4 Our QAPI plan was revised under the direction of the Administrator to monitor compliance with ensuring that all wall coverings meet the requirements of 8:39-31.2(e),(c); NFPA 101:2012-10.2.3*. 10.2.8.1; 19.3.3 Interior Finish; General 19.3.3.2* Interior Wall Finish. The Director of Facility Services/Designee will report any changes in wall finishes at each QAPI meeting and indicate that all are compliant.	
K 345 SS=F	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:	K 345		7/28/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315166	A. BUILDING **01** B. WING _____	**06/30/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	**902 JACKSONVILLE ROAD** **BURLINGTON, NJ 08016**

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K 345	Continued From page 5 Based on observation, interview, and document review on 6/23/23 and 6/26/23, in the presence of the Maintenance Director, 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 facility and was evidenced by the findings below: 1. On 6/23/23, the surveyor observed that the main fire alarm panel located in the security office, was in trouble mode. 2. On 6/26/23, the surveyor observed that the main fire alarm panel located in the security office, was in trouble mode. The annunciator panel indicated: (1). 0001 local trouble act 110000608Auxiliary port two (2). 0011 local trouble act 02020672MAP fault DataCard 1 A000 S000 To11 M000 The trouble amber light was lit The Panel/ Silence light was lit On 6/26/23 at 10:10 AM, the Maintenance Director provided a document from the fire alarm vendor dated 6/26/23. The document indicated the existing troubles on the panel were a couple ground faults and a telephone line 1 trouble. The fire alarm vendor will schedule a service to trace out the ground faults. The fire panel is operational	K 345	PREFIX TAG K345; 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Criteria #1 Masonic Village□s priority is the safety and welfare of all our residents. During our reinspection survey, the main fire alarm panel located in the security office was noted to be in trouble mode. The Director of Facility Services contacted our vendor who provided documentation to indicate that the existing troubles on the panel were a couple of ground faults and a telephone line 1 trouble. The fire alarm vendor scheduled service to trace out the ground faults. The fire panel always remained operational and could send signals to the central station as well as notify the occupants of the building despite the trouble light being illuminated. Criteria #2 Because all residents, staff, and visitors have the potential to be affected by this citation, all aspects of our fire suppression system was assessed and found to be functional without indication of trouble or errors. Criteria #3 To enhance currently compliant operations and under the direction of the Director of Facility Services, all maintenance team members will be inserviced by the Director of Facility Services regarding the need to monitor the alarm panels and to report any irregularities immediately.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315166	A. BUILDING **01** B. WING _____	**06/30/2023**

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K 345	Continued From page 6 and will send signals to the central station as well as notify the occupants of the building. The Maintenance Director on 6/23/23 at 11:14 AM, indicated that the trouble on the fire alarm system annunciator panel was due to the renovation on the first-floor North Cape May project. The Licensed Nursing Home Administrator was informed of the findings at the Life Safety Code Exit Conference on 6/26/23. NFPA 70 NFPA 72 NJAC 8:39-31.2(e) NFPA 101- 2012 edition 9.6.1.3- 9.6.1.5	K 345	Criteria #4 Our QAPI plan was revised under the direction of the Administrator the Director of Facility Services/Designee will monitor compliance with reporting any alerts immediately by checking the panels twice a week for 4 weeks to ensure that there are no alarms noted. Results of the observations will be reviewed at our monthly QAPI meeting.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315166	A. Building 01 - MAIN BUILDING 01 B. Wing	8/15/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	902 JACKSONVILLE ROAD BURLINGTON, NJ 08016

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 Reg. # NFPA 101 LSC K0291	Correction Completed 07/28/2023	ID Prefix Reg. # NFPA 101 LSC K0331	Correction Completed 07/28/2023	ID Prefix Reg. # NFPA 101 LSC K0345	Correction Completed 07/28/2023
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	ID Prefix Reg. # LSC	Correction Completed
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 6/30/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			