STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315487	A. BUILDING **01** B. WING _____	**11/17/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT MERCER	**1201 PARKWAY AVENUE** **EWING, NJ 08628**

(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 A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/04/2022, and Preferred Care at Mercer 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 Occupancy Preferred Care at Mercer is a single-story building that was built in November 2004. It is composed of Type V protected construction. The facility is divided into 3 smoke zones.	K 000		
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A	K 321		12/7/22

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

Electronically Signed | 12/01/2022

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 321	Continued From page 1 a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 11/04/2022 in the presence of facility management, it was determined that the facility failed to ensure that fire-rated doors to hazardous areas were self-closing, and were separated by smoke resisting partitions in accordance with NFPA 101, 2012 Edition, Section 19.3.2.1, 19.3.2.1.3, 19.3.2.1.5, 19.3.6.3.5, 19.3.6.4, 8.3, 8.3.5.1, 8.4, 8.5.6.2 and 8.7. This deficient practiced was evidenced by the following: During the survey entrance on 11/04/2022 at 8:52 AM, a request was made to the Director of Maintenance (DOM) to provide a copy of the facility lay-out which identified the various rooms and smoke compartments. A review of the facility provided lay-out identified there are two (2) floors. The upper level has 50 Resident sleeping rooms, Resident Dining room, and two Nursing Stations. The lower level has the Kitchen, offices, Central Supply room, Large storage room, Resident	K 321	1. The door closure to the storage room was fixed immediately on 11/4/22. 2. All residents have the potential to be effected by this deficient practice. A visual inspection audit was done on 11/4/22 by the Facility Administrator and Maintenance Director of all door closures for hazardous areas and no other door closures were found in disrepair. 3. The Maintenance Director was inserviced on the requirement to have functional door closures for all hazardous areas. An audit form was created for all door closures for hazardous areas to be conducted monthly to ensure proper functioning and closing. Any door closure that is found to be in disrepair will be fixed immediately and the Facility Administrator will be notified. 4. The Facility Administrator will review the newly created audit form monthly x 6 months. Any Door closure that is not working properly will be addressed	

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K 321	Continued From page 2 Salon, Commercial Laundry, and Physical Therapy area. Starting at 9:01 AM, in the presence of the facility's DOM a tour of the lower lever was performed. During the tour at approximately 9:35 AM, an inspection inside a large storage room located next to the Electrical room was conducted. This inspection identified approximately 60 boxes filled with combustible paper files and other combustible products stored in the room. A closure test of the corridor door was performed. When the door was opened to a 90 degree opening to the doors frame and released, the door did not close into its frame, leaving an approximately 2-3/4 inch opening. This closure test was repeated two additional times with the same results. The area was larger than 50 square feet. The DOM confirmed the findings at the time of the observations. The Administrator was informed of the deficiency at the Life Safety Code exit conference on 11/04/2022 at 1:38 PM. NJAC 8:39-31.2 (e) Life Safety Code 101	K 321	immediately. The Facility Administrator will report to the quarterly QAPI Committee meetings x3 quarters.	
K 912 SS=D	Electrical Systems - Receptacles CFR(s): NFPA 101 Electrical Systems - Receptacles Power receptacles have at least one, separate,	K 912		12/7/22

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K 912	Continued From page 3 highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation on 11/04/2022, in the presence of facility management, it was determined that the facility failed to ensure that 1 of 11 electrical outlets located next to a water source was equipped with proper working Ground-Fault Circuit Interrupter (GFCI) protection. This deficient practice was evidenced by the following: During the survey entrance on 11/04/2022 at 8:52 AM, a request was made to the Director of Maintenance (DOM) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments. A review of the facility provided lay-out identified there are two (2) floors. The upper level has 50 Resident sleeping rooms, Resident Dining room, and two Nursing Stations. The lower level has the Kitchen, offices, Central Supply room, Large storage room, Resident Salon, Commercial Laundry, and Physical Therapy area. Starting at 9:02 AM, a tour of the building with the	K 912	1. The Facility Maintenance Director replaced the defective outlet on 11/23/22 and tested with a GFCI tester and was in proper working condition. 2. All residents have the potential to affected by this deficient practice. All other outlets inspected by the Life Safety Inspector were in proper working condition and an additional 5 outlets were tested by the Facility Maintenance Director with a GFCI outlet tester on 11/4/22 and all were in proper working condition. 3. The Facility Maintenance Director was inserviced on the requirements to have proper working GFI outlets. An Audit form was created to have the Maintenance Director or designee test 5 outlets a week. Any outlets found with open ground wires will be immediately addressed and the Facility Administrator will be notified. 4. The Facility Administrator will review the audit forms monthly x6 months and any concerns will be addressed	

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K 912	Continued From page 4 DOM was performed. During the tour of the facility, the surveyor observed and tested eleven (11) Ground Fault Circuit Interrupter (GFCI) electrical outlets (with-in 4 feet of a sink) in wet locations, with a GFCI tester to de-energize the outlets. At 9:24 AM, an inspection inside the Physical Therapy training bathroom identified one GFCI electrical outlet seven (7) inches to the right of the bathroom sink. When the surveyor tested GFCI electrical outlet to the right of the sink with a GFCI tester to de-energize, the outlet did not de-energize as required by code. The GFCI tester identified the GFCI electrical outlet with having an open ground. The DOM confirmed the findings at the time of observations. The Administrator was informed of the deficiency at the Life Safety Code exit conference on 11/04/2022 at 1:38 PM. NJAC 8:39 -31.2 (e) NFPA 99	K 912	immediately. The Facility Administrator will report at the quarterly QAPI Committee meeting x3 quarters.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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	K 918		12/7/22

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K 918	Continued From page 5 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. 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 11/04/2022, in the presence of the facility management, it was determined that the facility failed to ensure a remote manual stop station for 1 of 1 emergency generator was installed in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.	K 918	1. The Facility reached out to our Generator Service vendor on 11/21/22 to have a remote generator stop button installed. Generator Service vendor installed an emergency shut off switch on 12/1/22 2. All residents have the potential to be	

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K 918	Continued From page 6 The deficient practice was evidenced by the following: On 11/04/2022 during the survey entrance at 08:52 AM, a request was made to the facility Administrator and Director of Maintenance (DOM) to see if the facility had an emergency generator. The DOM said, "yes we have an emergency generator." During the building tour with the facility DOM at approximately 9:38 AM, an inspection was performed outside of the building where the Emergency Generator was located. At the same time, the surveyor asked the DOM where the remote emergency shut off for the generator was located. The DOM told the surveyor there was no remote emergency shut off. The surveyor observed that the emergency shut off should have been located on the generator's control panel. The DOM confirmed the findings at the time of observations. The Administrator was informed of the deficiency at the Life Safety Code exit conference on 11/04/2022 at 1:38 PM. NJAC 8:39-31.2(e), 31.2(g) NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.	K 918	affected by this deficient practice. The generator is inspected bi-annually and tested weekly with no concerns regarding function. 3. The Facility Maintenance Director was inserviced on the requirement to have a remote shut off switch for the generator. Once the remote shutoff switch is installed all facility staff will be inserviced on the location, purpose and function of the remote shut off switch. Facility's Generator Service vendor will test function and placement of the remote stop button during their bi-annual inspections. 4. The facility Administrator will review the facility wide inservice to ensure all employees have been inserviced on location, purpose and function of the shut off valve. Any employees that were not inserviced will be addressed immediately. The facility Administrator will review the generator service reports to ensure functioning of remote stop button was checked. The Facility Administrator will provide the reports at the quarterly QAPI Committee meeting x3 quarters.	