

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

PRINTED: 10/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 12/29/2021
NAME OF PROVIDER OR SUPPLIER ROOSEVELT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 118 PARSONAGE ROAD EDISON, NJ 08837		
(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 This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	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 12/28/21, 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 Occupancy The facility is a 4-story building that was built in 2005. It is composed of Type III protected. The facility is divided into 11 smoke zones. The generator does approximately 80% of the building. The facility has a current Covid-19 outbreak. The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions.	K 000		

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

TITLE

(X6) DATE

Electronically Signed

01/21/2022

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 000 K 291 SS=D	<p>Continued From page 1</p> <p>The facility has 356 certified beds. At the time of the survey the census was 165.</p> <p>Emergency Lighting CFR(s): NFPA 101</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/28/21, it was determined that the facility failed to provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1.</p> <p>This deficient practice was evidenced by the following: At 10:58 AM, the Surveyor and Regional Plant Operations Director, observed in the ground level main electrical room, where the emergency generator transfer switch (ATS#1) was located, that the room was not equipped with emergency lighting independent of the building's electrical system and emergency generator.</p> <p>This finding was verified by the Regional Plant Operations Director at the time of observation.</p> <p>The Administrator was notified of the above findings at the Life Safety Code exit conference on 12/28/21.</p>	K 000 K 291	<p>1. Battery backup emergency light to be provided above the emergency generator's transfer switch in the main electrical room. This deficient practice can affect the visibility in the main electrical room in the event of an emergency blackout.</p> <p>2. Maintenance technician/designee to ensure that emergency battery backup lighting is provided to all other areas required in the building. Regional plant operations director to provide education on emergency lighting to the maintenance department.</p> <p>3. Maintenance technician/designee to conduct weekly audit for 1 month then monthly audit for 2 months to ensure emergency lighting is adequate and functional.</p> <p>4. Administrator to monitor and review the monthly audits during quarterly QA meeting for 3 months to ensure compliance.</p>	2/4/22

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K 291 K 293 SS=D	<p>Continued From page 2 NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p> <p>Exit Signage CFR(s): NFPA 101</p> <p>Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observations on 12/28/21, in the presence of the Regional Plant Operations Director, it was determined that the facility failed to maintain exit directional signs to be illuminated and to accurately direct residents, staff, and visitors to an exit. This deficient practice was evidenced for 1 of 14 exit signs observed by the following:</p> <p>At 10:42 AM, the surveyor observed that the [REDACTED] exit sign in the employee exit/egress corridor was obstructed from view by 5 ceiling mounted light fixtures with approximately an 18" ceiling mounted pole, installed in the center of the exit/egress corridor along with the the ceiling mounted exit sign.</p> <p>The Administrator was informed of the finding at the Life Safety Code exit conference on 12/28/21.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p> <p>Elevators</p>	K 291 K 293 K 531	<p>1. Exit sign in the employee exit/egress corridor will be repositioned to ensure view will not be obstructed. This deficient practice could affect anyone searching for egress in that area.</p> <p>2. All exit/egress signs in the building will be audited to ensure view is not obstructed. regional plant operations director to provide education on exit/egress visibility requirements to the maintenance department.</p> <p>3. Maintenance technician/designee to conduct monthly audit for 3 months to ensure exit/egress signs are unobstructed and in view.</p> <p>4. Administrator to monitor and review the monthly audits during quarterly QA meeting for 3 to ensure compliance.</p>	2/4/22 1/28/22

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K 531 SS=D	<p>Continued From page 3</p> <p>CFR(s): NFPA 101</p> <p>Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: Based on interview on 12/28/21, the facility failed to ensure that elevators were inspected and tested monthly in accordance with NFPA 101, 2012 Edition, Section 19.5.3, 9.4.2, 9.4.3, 9.4.6, 9.4.6.2 and ASME A17-1 Safety Code for Elevators and Escalators 2004 Edition Section 8.11.1.3 and Table N. This deficient practice was identified for 2 of 2 elevators and evidenced by the following: On 12/28/21 at approximately 11:18 AM, the surveyor interviewed the Regional Plant Operations Director, at the start of the building tour who stated that he currently did not have a record that Firefighter's Monthly Service test was</p>		K 531	<p>1. 2 of 2 elevators were inspected and firefighter service was recorded. All residents could potentially be affected by this deficient practice.</p> <p>2. Monthly Inspection logs were created and Regional plant operations director to provide education on safety monthly elevator inspection requirements to maintenance department.</p> <p>3. Regional plant operation director to conduct monthly audit for 3 months to ensure compliance.</p>	

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K 531	Continued From page 4 performed and documented monthly. The Administrator was informed of this finding at the Life Safety Code exit conference on 12/28/21. NJAC 8:39-31.2(e) ASME/ANSI A17.3	K 531	4. Administrator to review and monitor 3 months of audits in quarterly QA meeting.	