

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

PRINTED: 02/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315317	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/30/2021
NAME OF PROVIDER OR SUPPLIER EXCEL CARE AT THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 29 NORTH VERMONT AVE ATLANTIC CITY, NJ 08401		
(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 06/24/21 and 06/28/21 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 Eastern Pines is a three story building that was built in 90's. It is composed of Type II protected. The facility is divided into 8- smoke zones. The facility currently has 3 generators and 1 of the 3 has the correct annunciator panel that has been cited in 2018 and 2019, there is a new generator on site. The documentation provided by the Administrator indicates the new generator will be up and running in the next few months unless set-backs occur. The Maintenance Director was on medical leave and the assistant maintenance staff member was touring the facility with the surveyor.	K 000			
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be	K 222		8/30/21	

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

TITLE

(X6) DATE

Electronically Signed

07/08/2021

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 222	<p>Continued From page 1</p> <p>equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised</p>	K 222			

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K 222	<p>Continued From page 2</p> <p>automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview on 06/24/21 and 06/28/21, in the presence of the assistant maintenance staff member, it was determined that the facility failed to ensure that the 15-second delayed egress feature on one (1) of nine (9) exit discharge doors would activate when tested and failed to ensure proper signage was posted on one (1) of nine (9) exit discharge doors.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. The surveyor observed, on 06/28/21 at approximately 10:10 AM in the presence of the assistant Maintenance staff member, that the east garage parking lot egress door was provided with a 15-second delayed egress feature, but it would not activate when tested and now would not provide non emergency egress as indicated.</p>	K 222	<p>The east garage parking lot egress door was repaired to provide a 15 second delayed egress release.</p> <p>The east egress door to the public way was provided with a sign in 1-inch letters indicating "Push Until Alarm Sounds, Door Can Be Opened in 15 Seconds."</p> <p>All residents have the potential to be affected by the deficient practice</p> <p>An audit was performed on all egress doors to ensure proper signage and function.</p> <p>The Maintenance Director or designee will audit all egress doors at least quarterly to ensure proper signage and functionality. Results will be brought to the quarterly QAPI.</p>		

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K 222	Continued From page 3 This door was provided with a keypad that would allow the door to open in an non-emergency egress and would activate and open when the fire alarm system engaged. 2. The surveyor observed in the presence of the assistant Maintenance staff member, on 06/28/21 at approximately 10:25 AM, that the east egress door to the public way was provided with an 15-second delayed egress feature, but was not provided with a sign with 1-inch letters indicating "Push Until Alarm Sounds, Door Can Be Opened in 15 Seconds." These findings were verified by the assistant maintenance staff member during the observations and testing of the doors. The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference on 06/28/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.2.1.6.1(4) NFPA 101:2012 - 7.2.1.6.1.1(3)C	K 222			
K 291 SS=D	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 06/28/21, it was determined that the facility failed to provide emergency lighting in accordance with NFPA 101:2012 - 7.9, 19.2.9.1.	K 291	The independent emergency lighting located in the two mechanical/electrical rooms, containing the emergency generator's transfers switches were	8/30/21	

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K 291	Continued From page 4 This deficient practice was observed for 2 of 3 mechanical/electrical rooms reviewed for emergency lighting and was evidenced by the following: On 6/28/21 at approximately 12:25 PM, the surveyor observed, in the presence of the facility's assistant maintenance staff member, the two mechanical/electrical rooms, that contained the emergency generator's transfer switches were equipped with emergency lighting independent of the building's electrical system and emergency generator, but the emergency light in the Onan generator transfer room by the (new generator not in service at this time) was not plugged in and provided no battery backup light. The emergency light in the Kohler transfer switch room was plugged in, but did not provide any emergency light when tested. These findings were verified by the facility's Maintenance Director during the observation. The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.9	K 291	replaced with independent, battery backed, emergency lights. All residents have the potential to be affected due to the deficient practice The maintenance director or designee will test the emergency lighting in the generator rooms monthly X3 and then quarterly to ensure proper function. Results will be brought to the quarterly qapi meeting.		
K 351 SS=E	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	K 351		8/30/21	

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K 351	<p>Continued From page 5</p> <p>accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>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.</p> <p>In hospitals, sprinklers are not required in clothes 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.</p> <p>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)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, this facility did not provide complete sprinkler coverage as required by CMS regulation § 483.90(a) physical environment. Also, the facility failed to install the sprinkler system in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.3.5, 4.6.12 and 9.7, NFPA 13, 2012 Edition, Section 8.1, 8.1.1, 8.5.2.1, 8.5.5, 8.5.5.2 and Table 8.6.5.1.2. The lack of sprinkler coverage could delay or prevent the extinguishment of a fire in this area. The deficient practice was evidenced in 1 of 4 stairwells observed by the following:</p> <p>1. On 06/28/21 at approximately 11:45 AM, the surveyor and the assistant maintenance staff member observed in the floor [REDACTED] stairwell outside resident room [REDACTED] that the landing was not provided with fire sprinkler coverage including the stairwell to the roof.</p> <p>2. On 06/28/21 at approximately 11:55 AM, the surveyor and the assistant maintenance staff</p>	K 351	<p>New Sprinkler heads were installed in the [REDACTED] floor stairwell landing, outside of room [REDACTED]</p> <p>New Sprinkler heads were installed in the [REDACTED] floor stairwell landing, outside of room [REDACTED]</p> <p>The combustible boxes being stored in the Locked, out of order elevator on the [REDACTED] floor were removed.</p> <p>All residents have the potential to be affected.</p> <p>Maintenance director or designee will audit all stairwells quarterly to ensure proper sprinkler coverage and function.</p> <p>The maintenance director or designee will audit the lock out of order elevator monthly x 3 and then quarterly to ensure it remains free from storage. Findings will be brought to the Quarterly QAPI meeting.</p>		

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K 351	Continued From page 6 member observed in the floor ■ stairwell outside resident room ■ that the landing was not provided with fire sprinkler coverage. 3. On 06/28/21 at approximately 12:05 PM, the" locked out of order" elevator on floor ■ was being used to store PPE combustible boxes. the out of order elevator approximately 5' x 5' was not provided with any fire sprinkler coverage. The findings were verified by the assistant maintenance staff member at the times of the observation. The Administrator was notified of the findings at the Life Safety Code exit conference on 06/28/21. NJAC 8:39-31.2(e)	K 351			
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler	K 353		8/30/21	

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K 353	<p>Continued From page 7</p> <p>system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/24/21 and 06/28/21, in the presence of the assistant maintenance staff member, the facility failed to maintain the sprinkler system, by ensuring that the ceiling level was smoke resistant and fire rated in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.5.1, Section 4.6.12, Section 9.7, NFPA 13, 2010 Edition, Section 6.2.7.1 and NFPA 25, 2011 Edition, Section 5.1, 5.2.2.1.</p> <p>The deficient practice was identified for 12 of 12 fire sprinkler areas reviewed for smoke resistance and fire rating, and was evidenced by the following:</p> <p>1. On 06/24/21 at approximately 11:00 AM, the surveyor observed, in the conference room/administrator's office that 1 of 2 fire sprinkler heads installed into the upper wall had a bad wall board cut and was not provided with an escutcheon plate that left approximately a 1/2 inch gap into the upper wall area allowing hot gasses and smoke past the sprinkler into the space above.</p> <p>2. On 06/24/21 at approximately 11:15 AM, the surveyor observed, in the floor corridor by the split-AC/heating unit and by the resident dining room that plumbing into the ceiling was not smoke resistant due to holes into the ceiling not sealed, allowing hot gasses and smoke past the sprinkler into the space above.</p> <p>3. On 06/24/21 at approximately 11:35 AM, the surveyor observed, in the floor east corridor</p>	K 353	<p>1. The sprinkler head in the upper wall in the Administrators office with a 1/2 inch gap space into the wall was sealed with Fire Block Sealant CP25WB+.</p> <p>2. The floor corridor holes near the dining room as well as the split AC unit were sealed with Fire Block Sealant FP200</p> <p>3. The holes in the piping, on the hallway near the split-AC unit were sealed with Fire Block Sealant FP200</p> <p>4. the sprinkler head in the corridor near room with a bad ceiling cut, was sealed with Fire Block Sealant CP25WB+.</p> <p>5. The white foam used around the plumbing near room in the corridor into the split- AC/heating unit, was replaced with Fire Block Sealant FP200.</p> <p>6. The fire alarm indicator in the corridor by resident room with a 1/2 inch gap was sealed with Fire Block Sealant CP25WB+.</p> <p>7. The 2 sprinkler heads on the floor with white foam around the cut were replaced with Fire Block Sealant CP25WB+.</p> <p>8. The sprinkler head near room with the 1/2 inch gap was sealed with Fire Block Sealant CP25WB+.</p> <p>9. The 6 sprinkler heads in the short hall with white foam around them were replaced with Fire Block Sealant CP25WB+.</p> <p>10. The electrical panel in the hallway with white foam around the piping</p>		

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K 353	<p>Continued From page 8</p> <p>laundry closet that the split-AC/heating unit plumbing into the ceiling was not smoke resistant due to holes into the ceiling not sealed, allowing hot gasses and smoke past the sprinkler into the space above.</p> <p>4. On 06/24/21 at approximately 11:42 AM, the surveyor observed, in the floor 2 corridor by resident room [REDACTED] that 1 of 6 fire sprinkler heads had a bad ceiling cut allowing hot gasses and smoke past the sprinkler into the space above.</p> <p>5. On 06/24/21 at approximately 11:50 AM, the surveyor observed white foam around the plumbing on floor [REDACTED] by resident room [REDACTED] corridor into the split- AC/heating unit. The flammability rating of the white foam was not provided when asked for by the surveyor.</p> <p>6. On 06/24/21 at approximately 11:55 AM, the surveyor observed the fire alarm indicator in the corridor by resident room [REDACTED] was not properly installed leaving approximately a 1/2 inch gap, allowing hot gasses and smoke past the sprinkler into the space above.</p> <p>7. On 06/28/21 at approximately 09:55 AM, the surveyor observed 2 of 4 fire sprinkler heads with white foam around the sprinkler ceiling cut. The flammability rating of the white foam was not provided when asked for by the surveyor.</p> <p>8. On 06/28/21 at approximately 10:10 AM, the surveyor observed 1 of 4 fire sprinkler heads by resident room [REDACTED] that had a 1/2 opening around the ceiling cut, allowing hot gasses and smoke past the sprinkler into the space above.</p>	K 353	<p>and wiring, and the sprinkler head with a 1/2 inch opening in that area, was sealed with Fire Block Sealant FP200.</p> <p>11. The opening in the [REDACTED] room closet was sealed with Fire Block Sealant CP25WB+.</p> <p>12. The 1/2 inch opening around the sprinkler head near room [REDACTED] was sealed with Fire Block Sealant CP25WB+.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>The maintenance director or designee will do a facility audit of sprinkler heads and AC plumbing/wiring openings, to ensure they are sealed with an approved fire rated sealant.</p> <p>The maintenance director or designee will conduct a facility inspection of all sprinkler heads and split units quarterly x 3 to ensure they are sealed with an approved fire rated sealant. Findings will be brought to the quarterly QA meeting.</p>		

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K 353	<p>Continued From page 9</p> <p>9. On 06/28/21 at approximately 10:38 AM, the surveyor observed 6 of 6 fire sprinkler heads in the short hall [REDACTED] hall that had white foam around the ceiling tile cuts. The flammability rating of the white foam was not provided when asked for by the surveyor.</p> <p>10. On 06/28/21 at approximately 10:40 AM, the surveyor observed the corridor open short area that had the electrical panel installed had white foam around the electrical wiring and conduit pipe, The flammability rating of the white foam was not provided when asked for by the surveyor. The fire sprinkler head in that area had a bad ceiling tile cut leaving approximately 1/2 opening into the ceiling, allowing hot gasses and smoke past the sprinkler into the space above.</p> <p>11. On 06/28/21 at approximately 10:50 AM, the surveyor observed in the [REDACTED] y room closet that the upper wall area had a wire into the wall along with an approximately 1" X 3" opening on the right-side by the treadmill, allowing hot gasses and smoke past the sprinkler into the space above.</p> <p>12. On 06/28/21 at approximately 12:10 PM, the surveyor observed on floor [REDACTED] by resident room [REDACTED] that the fire sprinkler head did not have an escutcheon plate leaving approximately 1/2 gap around the sprinkler head, allowing hot gasses and smoke past the sprinkler into the space above.</p> <p>The assistant maintenance staff member confirmed the findings during the observations.</p> <p>The administrator was notified of the findings at</p>	K 353			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315317	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/30/2021
NAME OF PROVIDER OR SUPPLIER EXCEL CARE AT THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 29 NORTH VERMONT AVE ATLANTIC CITY, NJ 08401		
(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 353	Continued From page 10 the Life Safety Code exit conference on 06/28/21.	K 353			
K 916 SS=E	<p>NJAC 8:39-31.2(e) Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>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 observations, interview and review of other facility documentation on 06/28/21 in the presence of assistant Maintenance staff member and Administrator, it was determined that the facility failed to provide a remote annunciator for the emergency electrical system to alert staff of the system's condition in accordance with NFPA 99. This deficient practice was evidenced by the following: A tour of the facility revealed that there was no remote annunciator for 2 of the 3 emergency generators in the facility. The [REDACTED] Unit generator was provided with a remote annunciator as required but the [REDACTED] and [REDACTED] generators were not. These 2 generators powered emergency electric to the [REDACTED] and [REDACTED] floors of the [REDACTED] care area of the facility.</p>	K 916	<p>The facility has requested a time-limited waiver until October 30, 2021 to complete this project.</p> <p>The Maintenance Director or designee will conduct daily safety rounds of the facility until the new generator and remote annunciators are installed.</p> <p>Facility staff are trained in emergency policy procedures, and fire drills and disaster drills are conducted regularly. The facility is fully sprinklered and has fire and smoke alarms throughout.</p> <p>The maintenance director will assess the generators in the facility quarterly to ensure proper maintenance and results will be brought to the quarterly QAPI.</p>	8/30/21	

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

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K 916	<p>Continued From page 11</p> <p>During an interview at 10:00 a.m., the facility's assistant Maintenance staff member stated that there currently was no remote annunciator for the [REDACTED] generators. The surveyor observed a new generator on-site that would do 100% of the building and was provided documentation by the Administrator that once all the electrical work is completed the new generator should be up and running and have the correct annunciator panel in the proper location.</p> <p>This has been previously cited in 2017, 2018 and 2019 and will currently be cited in 2021.</p> <p>NJAC 8:39-31.2(e) NFPA 99, 110</p>	K 916			