

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:  <b>315317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/28/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>EXCEL CARE AT THE PINES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>29 NORTH VERMONT AVE ATLANTIC CITY, NJ 08401</b>		
(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	<p>An Emergency Preparedness Comparative Federal Monitoring Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) on July 28, 2021 following New Jersey Department of Health, Health Facility Survey and Field Operations survey on June 28, 2021. At this Comparative Federal Monitoring Survey, Eastern Pines Convalescent Center was found to be in compliance. The requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness, is MET.</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Comparative Federal Monitoring Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) on July 28, 2021 following New Jersey Department of Health, Health Facility Survey and Field Operations survey on June 28, 2021. At this Comparative Federal Monitoring Survey, Eastern Pines Convalescent Center was found not to be in compliance 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.</p> <p>The nursing home building construction was stated to be 1950s with no renovations or noted additions. It is a three-story building Type II (111) construction and is partially sprinklered. There is a two-story building attached to the north side of the nursing home facility for [REDACTED] Medical Care there was no two-hour separation, so the [REDACTED] was surveyed at the same time as the nursing facility.</p>	K 000			

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

TITLE

(X6) DATE

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	Continued From page 1  There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. There were two generators one inside and one outside the facility stated to be tied to the fire alarm control panel, cross corridor doors hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life  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.  The facility has 151 certified beds. At the time of the survey the census was 89.  The requirement at 42 CFR Subpart 483.90(a) is NOT MET as evidenced by	K 000			
K 111 SS=E	Building Rehabilitation CFR(s): NFPA 101  Building Rehabilitation Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: * Requirements of Chapter 18 and 19 * Requirements of the applicable Sections 43.3,	K 111			

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K 111	<p>Continued From page 2</p> <p>43.4, 43.5, and 43.6</p> <p>18.1.1.4.3, 19.1.1.4.3, 43.1.2.1</p> <p>Change of Use or Change of Occupancy</p> <p>Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2</p> <p>18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7)</p> <p>Additions</p> <p>Any building undergoing an addition shall comply with the requirements of Section 43.8. If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a 2-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors with at least a 1-1/2-hour fire resistance rating. Additions comply with the requirements of Section 43.8.</p> <p>18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3), 18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and 4.6.11), 19.1.1.4.1.1 (8.3), 19.1.1.4.1.2, 19.1.1.4.1.3, 43.1.2.3(43.8)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to conduct daily inspection of construction repair, alterations or additions and means of egress are in place and continuously maintained in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.1.1.4.4, 4.6.10, 4.6.10.1 and 1135 waiver. The deficient practice could affect 20 of 89 residents, as well as an indeterminable number of staff and visitors.</p> <p>Findings include:</p>	K 111			

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K 111	Continued From page 3  Documentation review and interview on July 28, 2021 at approximately 2:15 PM revealed daily inspection of the means of egress and construction areas were not recorded.	K 111			
K 132 SS=F	The findings was verified by Maintenance Director and at the time of the observation. Multiple Occupancies - Contiguous Non-Health CFR(s): NFPA 101  Multiple Occupancies - Contiguous Non-Health Care Occupancies Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.4.1, 19.1.3.4.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, Wee Care Pediatric Medical Care on the ground floor was surveyed at the same time as the nursing facility, because the facility failed to provide two-hour fire resistance-rated elements and assemblies in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.1.3.1, 19.1.3.5, 8.1.3.2, 8.2.3, 8.3, 8.3.3, 8.3.3.1, 8.3.3.2.3, 8.3.4, 8.3.4.1	K 132			

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K 132	Continued From page 4  8.3.4.2. The deficient practice could affect 89 of 89 residents, as well as an indeterminable number of staff and visitors.  Findings Include: Observation on July 28, 2021 at approximately 10:52 AM main entrance corridor revealed [REDACTED] 1 door into [REDACTED] Medical Care had a label with twenty-minute fire rating, not a ninety-minute rated fire door for an opening in a two-hour rated horizontal separation.  Observation on July 28, 2021 at approximately 10:54 AM [REDACTED] Medical Care exam room door entered into main entrance corridor, the door had no visible label with fire resistive properties required for an opening in a two-hour rated horizontal separation assembly or inspection tag.  Observation on July 28, 2021 at approximately 12:18 PM kitchen corridor door opened into [REDACTED] Medical Care serving area, fire door had no visible label with fire resistive properties required for an opening in a two-hour rated horizontal separation assembly or inspection tag.  The findings were verified by Maintenance Director and at the times of the observation.	K 132			
K 222 SS=E	Egress Doors CFR(s): NFPA 101  Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the	K 222			

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K 222	<p>Continued From page 5</p> <p>use of a tool or key from the egress side unless using one of the following special locking arrangements:</p> <p><b>CLINICAL NEEDS OR SECURITY THREAT LOCKING</b></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><b>SPECIAL NEEDS LOCKING ARRANGEMENTS</b></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><b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b></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 automatic sprinkler system.</p>	K 222			

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K 222	<p>Continued From page 6</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS 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.</p> <p>18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide signs at exits with delayed egress locking devices that indicated the procedure for the operation of the delayed release function and provide exit doors in the means of egress readily accessible and free of all obstructions or impediments to full instant use in the case of fire or other emergencies in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.2.1, 19.2.2, 19.2.7, 7.7, 7.7.1, 7.7.3.2, 7.1.10, 7.1.10.1, 7.2.1.6.1, 7.2.1.6.1, 7.2.1.6.1, 7.1.10.1 and 7.10.1.2.1. The deficient practice could affect 40 of 89 residents, as well as an indeterminable number of staff and visitors.</p> <p>Findings include:</p> <p>Observation on July 28, 2021 at approximately 10:44 AM floor one exit revealed pushing the panic bar to start the delayed egress locking</p>	K 222			

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K 222	<p>Continued From page 7</p> <p>system, it was timed at ten seconds to initiate the release process and activate the audible signal.</p> <p>Observation on July 28, 2021 at approximately 11:01 AM [REDACTED] exit to [REDACTED] revealed pushing the panic bar the surveyor used his full body weight to force open the door because the door was caught at the bottom against the threshold. The releasing of the panic exit device by pushing the door was not a single action and it took greater than fifteen pounds of force to open the door that could impede or prevent emergency use of such means of egress.</p> <p>Observation on July 28, 2021 at approximately 11:22 AM [REDACTED] exit revealed panic bar and delayed egress locking mechanism. There was no signage indicating the procedure to open the door potentially confusing or prohibiting visitors and residents from using the facility designated exit and could restrict emergency use of the exit.</p> <p>Observation on July 28, 2021 at approximately 11:47 AM [REDACTED] exit revealed pushing the panic bar the surveyor used his full body weight to force open the door because the door was caught at the bottom against the threshold. The releasing of the panic exit device by pushing the door was not a single action and it took greater than fifteen pounds of force to open the door that could impede or prevent emergency use of such means of egress.</p> <p>The findings were verified by Maintenance Director and at the times of the observation.</p>	K 222			
K 271 SS=E	<p>Discharge from Exits</p> <p>CFR(s): NFPA 101</p>	K 271			



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K 271	<p>Continued From page 8</p> <p>Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide and maintain unobstructed exit discharges free of all obstructions or impediments to full instant use, provide a discharge from an exit that was a level walking surface of hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38, NFPA 101, 2012 Edition, Section 19.2, 19.2.1, 19.2.7, 7.7, 7.7.1, 7.7.3.2, 7.1.6, 7.1.6.2, 7.1.6.3, 7.1.10 and 7.1.10.1. This deficient practice could affect 20 of the 89 residents.</p> <p>Findings include:</p> <p>Observation on July 28, 2021 at approximately 11:47 AM [REDACTED] exit discharge path was not maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. There was construction debris, combustible storage, playground toys and portable toilet that obstructed direct access to the public way. The exit discharge included approximately twenty-foot section of grass/stone covered and lawn with no hard path to the public way.</p> <p>Observation on July 28, 2021 at approximately</p>	K 271			

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K 271	Continued From page 9 12:07 PM [REDACTED] exit discharge path was not maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The exit discharge included a patio, external stairs and a sidewalk to the public way. There were three garbage cans containing combustible storage on the patio, construction debris on the stairs and contractor installing new generator with open trench excavated on July 27, 2021 and approximately thirty-foot of sidewalk removed that obstructed direct access to the public way.	K 271			
K 281 SS=E	The findings were verified by Maintenance Director and at the times of the observation. Illumination of Means of Egress CFR(s): NFPA 101  Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide emergency illumination that would operate automatically along the means of egress and the required illuminance with two lamps energized during emergencies in accordance with NFPA 101, 2012 Edition, Section 19.2.8, 7.8.1.1, 7.8.1.2, 7.8.1.4, 7.9.2.1 and 7.9.2.3. The deficient practice could affect 50 of 89 residents, as well as an indeterminable number of staff and visitors.	K 281			

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K 281	<p>Continued From page 10</p> <p>Findings Include:</p> <p>Observation on July 28, 2021 at approximately 10:25 AM [REDACTED] entrance corridor revealed all lighting, including the emergency lights could be powered off. The switch in the corridor supplied normal and emergency lighting for the means of egress and had no emergency lighting when the switch was in the off position.</p> <p>Observation on July 28, 2021 at approximately 10:43 AM stair exit to [REDACTED] revealed only a single bulb emergency lighting fixture.</p> <p>Observation on July 28, 2021 at approximately 11:09 AM dining room exit to [REDACTED] revealed no emergency lighting.</p> <p>Observation on July 28, 2021 at approximately 11:22 AM floor one exit to revealed no emergency lighting.</p> <p>Observation on July 28, 2021 at approximately 11:31 AM [REDACTED] corridor and exit revealed all lighting, including the emergency lights could be powered off. The switch in the corridor supplied normal and emergency lighting for the means of egress and had no emergency lighting when the switch was in the off position.</p> <p>Observation on July 28, 2021 at approximately 11:47 AM laundry exit revealed no emergency lighting.</p> <p>Observation on July 28, 2021 at approximately 11:58 AM laundry washing and dryer rooms revealed all lighting, including the emergency</p>	K 281			

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NAME OF PROVIDER OR SUPPLIER  <b>EXCEL CARE AT THE PINES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>29 NORTH VERMONT AVE ATLANTIC CITY, NJ 08401</b>		
(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 281	Continued From page 11 lights could be powered off. The switch in the corridor supplied normal and emergency lighting for the means of egress and had no emergency lighting when the switch was in the off position .  Observation on July 28, 2021 at approximately 12:07 PM [REDACTED] exit to rear yard revealed no emergency lighting.  Observation on July 28, 2021 at approximately 12:21 PM kitchen storage and corridor revealed all lighting, including the emergency lights could be powered off. The switch in the corridor supplied normal and emergency lighting for the means of egress and had no emergency lighting when the switch was in the off position .  Observation on July 28, 2021 at approximately 1:38 PM west exit to rear yard revealed no emergency lighting.	K 281			
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	K 321			

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K 321	<p>Continued From page 12</p> <p>protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide fire barriers with one-hour fire resistance rating, maintain self-closing devices and hardware on doors to hazardous areas and transfer grilles shall not be used in corridor walls or doors, even though there is fusible link-operated dampers 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 and 8.7. The deficient practice could affect 10 of 89 residents, as well as an indeterminable number of staff and visitors.</p> <p>Findings Include:</p> <p>Observation on July 28, 2021 at approximately 11:20 AM [REDACTED] room revealed the door was held open with a door stop and was not</p>	K 321			

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K 321	Continued From page 13 self-closing and latching.  Observation on July 28, 2021 at approximately 11:21 AM [REDACTED] room storage revealed the door was propped open with two water bottles and was not self-closing and latching.  Observation on July 28, 2021 at approximately 11:28 AM pump room wall revealed approximately one-foot by one-foot transfer grille open into the corridor.  Observation on July 28, 2021 at approximately 11:43 AM locker room revealed a room was changed into storage and it exceeded 50 square feet. It contained combustible boxes, seven oxygen cylinders and equipment there was no self-closing device on the door.	K 321			
K 351 SS=F	The findings were verified by the Administrator at the times of the observation. 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			

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K 351	<p>Continued From page 14</p> <p>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, 19.3.5.1, 4.6.12 and 9.7, NFPA 13, 2012 Edition, Section 6.2.7.1, 8.1, 8.1.1, 8.5.2.1, 8.5.5 and 8.15.5.5. The deficient practice could affect 89 of 89 residents, as well as an indeterminable number of staff and visitors.</p> <p>Findings Include:</p> <p>Observation on July 28, 2021 at approximately 10:41 AM revealed the freight elevator shaft was not provided with sprinkler coverage.</p> <p>Observation on July 28, 2021 at approximately 10:57 AM storage room (candy) revealed there was no sprinkler escutcheon fitting to the ceiling allowing hot gasses and smoke past the sprinkler into the space above.</p> <p>Observation on July 28, 2021 at approximately 11:12 AM womens bathroom revealed there was no sprinkler escutcheon fitting to the ceiling allowing hot gasses and smoke past the sprinkler into the space above.</p>	K 351			

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K 351	Continued From page 15  Observation on July 28, 2021 at approximately 11:13 AM men's bathroom revealed the ceiling subsided and there was no sprinkler escutcheon fitting to the ceiling allowing hot gasses and smoke past the sprinkler into the space above.  Observation on July 28, 2021 at approximately 12:12 PM walk in freezer revealed boxes stored within one-inch of sprinkler head.  Observation on July 28, 2021 at approximately 1:38 PM west exit revealed exterior combustible canopy approximately six-foot wide and not provided with sprinkler coverage, there was approximately two-foot by four-foot section of soffit removed and combustible roof sheeting was visible.	K 351			
K 353 SS=F	The findings were verified by the Administrator at the times of the observation.  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 _____	K 353			



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K 353	<p>Continued From page 16</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain the sprinkler system, ensuring the wall-ceiling assembly was smoke resisting in accordance with NFPA 101, 2012 Edition, Section 19.3.5, 19.3.5.1, 4.6.12 and 9.7.5 and NFPA 25, 2011 Edition, Section 5.1, 5.2.1.1, 8.4.4 and 8.4.4.1. The deficient practice of failing to provide a complete smoke resisting ceiling at the level of the installed sprinklers would not ensure prompt and proper operation of the sprinklers. The deficient practice could affect 89 of 89 residents, as well as an indeterminable number of staff and visitors.</p> <p>Findings Include:</p> <p>Observation on July 28, 2021 at approximately 10:26 AM business office revealed the facility failed to provide walls free from holes and penetrations by data and communication wiring not properly fire stopped.</p> <p>Observation on July 28, 2021 at approximately 10:55 AM in main corridor revealed communication wiring, electrical piping and plumbing piping was sealed with an orange foam sealant, administrator stated that a fire block sealant was used throughout the facility and product is available for inspection.</p>	K 353			

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K 353	Continued From page 17  Based on interview and record review on July 28, 2021 at approximately 2:46 PM 'Great Stuff Pro Series' polyurethane foam sealant and data sheet was examined. The product instructions stated 'Not to be used in firestop application'. The foam sealant is not intumescent, endothermic or elastomeric firestop system tested in accordance with ANSI/UL 1479 Standard for Fire Tests of Through-Penetration Firestops.	K 353			
K 355 SS=F	The findings were verified by the Administrator at the times of the observation  Portable Fire Extinguishers CFR(s): NFPA 101  Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to visually inspect fire extinguishers monthly and ready for use in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.3.5.12, 9.7.4.1 and NFPA 10, 2010 Edition, Sections 7.2, 7.2.1.2, 7.2.2, 7.2.4.3 and 7.2.4.4 and 7.2.4.5. The deficient practice could affect 89 of 89 residents, as well as an indeterminable number of staff and visitors.  Findings include:	K 355			

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K 355	<p>Continued From page 18</p> <p>Observation on July 28, 2021 at approximately 10:27 AM in business office revealed that the fire extinguisher was not inspected monthly. The inspection tag was blank and did not indicate that monthly inspection (date and initials) was completed.</p> <p>Observation on July 28, 2021 at approximately 11:15 AM in [REDACTED] revealed that the fire extinguisher was not inspected monthly. The inspection tag was blank and did not indicate that monthly inspection (date and initials) was completed.</p> <p>Observation on July 28, 2021 at approximately 11:21 AM in dialysis storage revealed that the fire extinguisher was not inspected monthly. The inspection tag was blank and did not indicate that monthly inspection (date and initials) was completed.</p> <p>Observation on July 28, 2021 at approximately 11:46 AM in [REDACTED] revealed that the fire extinguisher was not inspected monthly. The inspection tag was blank and did not indicate that monthly inspection (date and initials) was completed.</p> <p>Observation on July 28, 2021 at approximately 12:02 PM in [REDACTED] store room revealed that the fire extinguisher was not inspected monthly. The inspection tag was blank and did not indicate that monthly inspection (date and initials) was completed. The Administrator identified that the reverse side included punched dates 'serviced' in October 2021 and 'new' June 2021, although it was not a new fire extinguisher.</p> <p>Observation on July 28, 2021 at approximately</p>	K 355			

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K 355	Continued From page 19  12:12 PM in [REDACTED] revealed that the ABC type fire extinguisher was not inspected monthly. The inspection tag was blank and did not indicate that monthly inspection (date and initials) was completed.  Observation on July 28, 2021 at approximately 12:23 PM in [REDACTED] revealed that the K type fire extinguisher was not inspected monthly. The inspection tag was blank and did not indicate that monthly inspection (date and initials) was completed.  The findings were verified by the Administrator at the times of the observation.	K 355			
K 741 SS=E	Smoking Regulations CFR(s): NFPA 101  Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe	K 741			

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K 741	<p>Continued From page 20</p> <p>design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain smoking areas and in accordance with the requirement of NFPA 101, 2012 Edition, Section 19.7.4. The practice of dumping cigarette butts and ash into trashcans with other combustibles increases the risk of fire to facility occupants. The deficient practice could affect 20 of 89 residents, as well as an indeterminable number of staff and visitors.</p> <p>Findings Include:</p> <p>Observation on July 28, 2021 at approximately 11:03 AM patio revealed garbage container with twenty cigarette butts and ash mixed with trash.</p> <p>Observation on July 28, 2021 at approximately 11:07 AM patio sidewalk revealed garbage container with ten cigarette butts and ash mixed with trash. There were no approved ash trays or a self-closing covered metal container for the disposal of cigarette butts and ashes.</p> <p>Observation on July 28, 2021 at approximately 11:58 AM [REDACTED] room exit revealed four cigarette butts on the timber deck. There were no approved ash trays or a self-closing covered metal container for the disposal of cigarette butts</p>	K 741			

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K 741	Continued From page 21 and ashes.	K 741			
K 911 SS=E	<p>The finding was verified by the Administrator at the time of the observation.</p> <p>Electrical Systems - Other CFR(s): NFPA 101</p> <p>Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K- Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not maintain the required clearance around electrical panels, guarding of live parts of electrical equipment and controls with unlocked panels in resident accessible areas in accordance with NFPA 101, 2012 Edition, Section 19.5.1, 19.5.1.1, 9.1, 9.1.2, NFPA 99 2012 Edition, Section 6.3.2.1, 15.5.1.2 and NFPA 70 2011 Edition, Section 110.26, 110.27 and 110.16. This deficient practice of electrical panels not guarded against accidental contact by approved enclosures and unlocked panels in resident accessible areas could affect 10 of 89 residents, as well as an indeterminable number of staff and visitors.</p> <p>Findings Include:</p>	K 911			

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(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 911	Continued From page 22  Observation on July 28, 2021 at approximately 11:26 AM vent unit corridor revealed emergency electrical panel and 'RP' electrical panel, both panels were unlocked. There was no guarding of live parts or arc-flash hazard warning signs on the panels.  Observation on July 28, 2021 at approximately 11:54 AM laundry room revealed open electrical panel six-inches from water piping and valves. There was no guarding of live parts or arc-flash hazard warning signs on the panels.	K 911			
K 918 SS=F	The findings were verified by Administrator at the times of the observation.  Electrical Systems - Essential Electric System 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 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	K 918			

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K 918	<p>Continued From page 23</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the facility did not ensure a remote manual stop station for the generator was provided in accordance with the requirements of NFPA 101, 2012 Edition, Section 9.1.3.1, NFPA 110, 2010 Edition, Section 9.1.3.1, 5.6.5.6. This deficient practice does not to prevent inadvertent or unintentional operation. The deficient practice could affect 89 of 89 residents, as well as an indeterminable number of staff and visitors.</p> <p>Findings Include:</p> <p>Observation on July 28, 2021 at approximately 1:00 PM during the facility tour identified the facility generator was outside and encased, there was no remote manual stop station to prevent inadvertent or unintentional operation located outside the enclosure housing the prime mover.</p> <p>Observation on July 28, 2021 at approximately</p>	K 918			



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K 918	Continued From page 24 1:05 PM during the facility tour identified the facility generator was inside there was no remote manual stop station to prevent inadvertent or unintentional operation located outside the room housing the prime mover.  The findings were verified by Administrator at the times of the observation.	K 918			