	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED
		315054	B. WING	11/22/2023	
AME OF PF	OVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	11/22/2020
			1	100 CLEMATIS AVE	
	5 CENTER FOR REHAD	BILITATION & HEALTHCARE	P	LEASANTVILLE, NJ 08232	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
K 000	INITIAL COMMENTS		K 000		
	New Jersey Departme Survey and Field Ope 11/15/2023 and Our L be in noncompliance participation in Medica 483.90(a), Life Safety Edition of the Nationa (NFPA) 101, Life Safety EXISTING Health Car Our Lady's Center is a Protected building tha The facility is divided has a Diesel Emerger Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional si accordance with 7.10 also served by the em 19.2.10.1 (Indicate N/A in one-s with less than 30 occu travel is obvious.) This REQUIREMENT by: Based on observatio provided documentati 11/15/2023, in the pre	a single (1) story, Type II at was built in January 1963. into 12 smoke zones and ncy Generator. gns are displayed in with continuous illumination hergency lighting system. story existing occupancies upants where the line of exit is not met as evidenced n and review of facility ion on 11/14/2023 and	K 293	It is the practice of the facility to mainta illuminated exit signage in the courtyard 1. Illuminated Exit sign have been installed in 3 enclosed courtyards for the	ls.
	clearly identify the exi exit discharge door.	 (4) illuminated exit signs to it access path to reach an was evidenced by the 		 residents or occupants to see exit path. 2. Facility wide exit sign inspection for December was completed on December 1st and all existing illuminated exit sign 	r er

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.

	OF DEFICIENCIES	MEDICAID SERVICES		LE CONSTRUCTION		<u>10. 0938-039</u> TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		. ,	MPLETED
		315054	B. WING		1	1/22/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	
	YS CENTER FOR REHA	BILITATION & HEALTHCARE		1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETIO DATE
K 293	Continued From page	e 1	K 29	3		
	following:			functioning as per desigr	۱.	
	U U			3. An assessment of th	ne risk this	
	Reference:			deficient practice could h		
		ode 2012 7.10.1.5.1 Exit xits shall be marked by		at this facility was comple Administrator an, Directo	-	
		ible signs in all cases where		an identified that, all resi		
		ch the exit is not readily		the potential to be affected		
	apparent to the occu	pants.		deficient practice.	· · · <i>.</i> .	
	NFPA Life Safety Co	de 2012 7 10 5 2 1		4. Education on Exit Si has been completed with		
	Continuous Illuminati			staff to observe during ro		
		o be illuminated by 7.10.6.3,		Maintenance Team.	, ,	
	7.10.7, and 7.10.8.1	-		5. Every month the Ma		
	section 7.8, unless of	ed under the provisions of		Director or designee will location of the facility to e		
	7.10.5.2.2			are functioning. This info	-	
				be entered on a log and	will be presented	
	Reference: New Jers Code 5:23:	sey Uniform Construction		to monthly QAPI meeting] .	
	International Building	l Code				
		initions, Means of egress:				
		nobstructed path of vertical				
		s travel from any occupied				
		or structure to a public way. onsists of three separate and				
		t access, the exit and exit				
	discharge."					
		it signs: "1011.1 Where				
	-	exit access doors shall be /ed exit sign readily visible				
		egress travel. Access to				
		by readily visible exit signs				
		xit or the path of egress				
		tely visible to the occupants.				
	·	shall be such that no point in or is more than 100 feet or				
		ce for the sign, whichever is				
	less, from the neares					

		ID HUMAN SERVICES MEDICAID SERVICES				FOF	ED: 01/25/2024 RM APPROVED IO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			TE SURVEY MPLETED
		315054	B. WING			1	1/22/2023
NAME OF PI	ROVIDER OR SUPPLIER	L		STR	REET ADDRESS, CITY, STATE, ZIP CODE	•	
OUR LAD	YS CENTER FOR REHAI	BILITATION & HEALTHCARE			0 CLEMATIS AVE		
				PL	EASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 293	Continued From page	e 2	ĸ	293			
	survey entrance at ap request was made to Director of Maintenar of the facility lay-out v rooms and smoke co A review of the facility the facility is a single- enclosed (surrounde courtyards that Resid use. Starting at approxima and continued on 11/ the DOM, a tour of th During the two (2) da facility, the surveyor of that failed to have illu	one of survey), during the oproximately 9:17 AM, a the Administrator and nee (DOM) to provide a copy which identifies the various mpartments in the facility. y provided lay-out identified estory building with three (3) d by the building) outside lent, Staff and Visitors could ately 9:40 AM on 11/14/2023 15/2023, in the presence of e building was conducted. y building tour the of the observed four (4) locations minated exit signs to clearly as route to reach an exit in s,					
	observed in the enclo #1(exit access door n , that the facility illuminated exit sign a exit access door that access route to reach 2) At approximately observed in the enclo courtyard #2 have two (2) illuminat	12:15 PM, the surveyor osed outside Residents 2 that the facility failed the ted exit signs. One above each of the two (2)					

Facility ID: NJ60106

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		ID HUMAN SERVICES MEDICAID SERVICES			FORM	D: 01/25/202 MAPPROVE D. 0938-039
TATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING 01	DNSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		315054	B. WING		11/	22/2023
NAME OF PI	ROVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
	YS CENTER FOR REHAI	BILITATION & HEALTHCARE		CLEMATIS AVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETIO DATE
K 293	Continued From page identifies the exit acc	e 3 ess route to reach an exit.	K 293			
K 353 SS=E	observed in the enclo access door next to F that the facility failed exit sign above the or access door that clea route to reach an exit The DOM confirmed observations. The Administrator wa during the survey exit approximately 1:51 P Fire Safety Hazard. NFPA Life Safety Coo NFPA 101:2012- 19.2 Requirements NJAC 8:39 -31.1 and NFPA Life Safety Coo Sprinkler System - M CFR(s): NFPA 101 Sprinkler System - M Automatic sprinkler a inspected, tested, and with NFPA 25, Standa Testing, and Maintain Protection Systems. I maintenance, inspect	the findings at the time of s informed of the deficiency t on 11/15/2023 at M. de 101 2012 -7.7 2 Means of Egress 8:39 -31.1 (c) de 101 2012 -7.7 aintenance and Testing nd standpipe systems are d maintained in accordance ard for the Inspection, hing of Water-based Fire Records of system design, tion and testing are re location and readily stem last checked	K 353			1/12/24

Facility ID: NJ60106

If continuation sheet Page 4 of 19

TATEMENT C	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) D	NO. 0938-039 ATE SURVEY OMPLETED
		315054	B. WING			11/22/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2	•	11/22/2023
				1100 CLEMATIS AVE		
OUR LAD	YS CENTER FOR REHA	BILITATION & HEALTHCARE		PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETIO DATE
K 353	Continued From page	e 4	КЗ	353		
	c) Water system su	oply source				
	any non-required or p system. 9.7.5, 9.7.7, 9.7.8, ar	S information on coverage for partial automatic sprinkler nd NFPA 25 「 is not met as evidenced				
	review on 11/14/2023 presence of facility m determined that the fa	acility failed to comply with sting requirements NFPA 25		It is the practice of the proper Maintenance an Sprinkler System. 1. Sprinkler Inspection been completed quarter 2. An assessment of	d Testing of ns for 2023 have rly. the risk this	
	one of survey) at 9:1 to the Administrator a (DOM) to provide all 01/01/2022 through	trance on 11/14/2023 (day 7 AM, a request was made and Director of Maintenance mandatory inspections from 11/13/2023 for review later. ately 9:40 AM on 11/14/2023,	deficient practice could at this facility was com request was made ory inspections from 023 for review later. deficient practice at this facility was com Administrator an, Direc an identified that, all re the potential to be affe deficient practice. 3. The Sprinkler Cor	bleted by the tor of Maintenance sident could have sted by this pany schedule has		
	in the presence of the building was conduct	e facility DOM a tour of the ed.		inspections per calenda scheduled a year in adv further deficiencies.	vance to prevent	
	inspection in the base sprinkler control valve performed.			 Education has bee Maintenance staff regar confirm inspections are timely fashion by Regio Team. 	rding tags to completed in	
	attached the the sprin following dates of qua conducted,	nkler control valves the arterly (every 3 months) 2023 and 04/25/2023.		5. Every quarter the M Director or designee wi tags throughout the fact inspections are conduct information will then be	ll check sprinkler ility to ensure ted. This	
	documentation review	ly 12:40 PM during the v of the mandatory sility's quarterly (every 3		and will be presented to	•	

Facility ID: NJ60106

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		ND HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 01/25/2024 RM APPROVED IO. 0938-039
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G 01	(X3) DAT	E SURVEY IPLETED
		315054	B. WING		1 [,]	1/22/2023
NAME OF PR	OVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	•	
OUR LADY	S CENTER FOR REHAI	BILITATION & HEALTHCARE		1100 CLEMATIS AVE		
				PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
K 353	Continued From page	e 5	K 35	53		
		system system inspections				
		onths identified the system				
	inspection reports,	arterly sprinkler system				
	01/26/2022, 04/27/20	022, 09/09/2022, and				
	01/26/2023.					
	At approximately 1:47	7 PM on day one (1) of				
		made a request to the				
		DM if there were any other onths) sprinkler system				
	inspections and to pre-	ovide the reports to the				
	surveyor on 11/15/20 review.	23 (day two of survey) for				
	On 11/15/2023 at app	proximately 9:30 AM the				
	-	llowing fire sprinkler system				
	quarterly inspection r - 04/25/2023, 07/24/	eports for review, /2023 and 10/19/2023.				
	The facility did not co					
		ection between 04/27/2022 a facility failed to conducted				
		nkler inspection for the year				
	2022 as required per					
	The Administrator wa	is informed of the deficiency				
	during the survey exit	t on 11/15/2023 at				
	approximately 1:51 P NJAC 8:39-31.2(e)	M.				
	NFPA 25					
	Portable Fire Extingu CFR(s): NFPA 101	ishers	K 35	55		1/12/24
	Portable Fire Extingu	ishers				
	Portable fire extinguis	shers are selected, installed,				
	inspected, and mainta NFPA 10, Standard for	ained in accordance with				
	INFERITO, SIANDARD IC		1	1		

Facility ID: NJ60106

If continuation sheet Page 6 of 19

			0.00		OMB NO. 0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		315054	B. WING		11/22/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
OUR LAD	YS CENTER FOR REHAI	BILITATION & HEALTHCARE		1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTIC	
K 355	Continued From page Extinguishers. 18.3.5.12, 19.3.5.12,	NFPA 10	К 35	5		
	by: Based on observation documentation on 11 the presence of faciliti determined that the fa 1) Perform an annual portable fire extinguis 35 portable fire extinguis 35 portable fire extinguis 35 portable fire extinguis as required by Nation Association as require Edition, Section 19.3. Fire Protection Associ Edition, Section 9.3. Fire Protection Associ Edition, Sections 6.1, N.J.A.C. 5:70. Reference #1 NFPA for portable fire extingu- - 4- 3 Inspection Ma - 4- 3.1 Frequency. Inspected when initial there after at approxime extinguishers shall be intervals when circum - 4- 3.3 Corrective A of any fire extinguishers conditions listed in 4- immediate corrective - 4-3.4 At least month was performed and the performing the inspect least monthly and that tag or label attached - 7.3.1.1.1 Fire exting to maintenance at intervals	al inspection for 1 of 35 shers, and 2) Replace 2 of guishers when discharged, hal Fire Protection ed by NFPA 101, 2012 .5.12, 9.7.4.1 and National ciation (NFPA) 10, 2010 .6.1.3.8.1 and 6.1.3.8.3 and 10 Edition 2010 Standard guishers reads, intenance. Fire extinguishers shall be lly placed in service and mately 30-day intervals. Fire e inspected at more frequent hstances require. Action. When an inspection er reveals a deficiency in any .3.2 (a), (b), (h), and (i), action shall be taken. hly, the date the inspection he initials of the person ction shall be recorded at at records shall be kept on a to the fire extinguishers. nguishers shall be subjected ervals of not more than 1 ydrostatic test, or when		It is the practice of the facility to ens Fire Extinguishers are properly charg 1. All Fire Extinguishers mentioned 2567 have been reinspected and are ready for use. 2. All Fire Extinguishers in the facil have been reinspected and are read use and the staff inspect the extingui weekly to prevent this from happenin the future. 3. An assessment of the risk this deficient practice could have on resid at this facility was completed by the Administrator an, Director of Mainten an identified that, all resident could h the potential to be affected by this deficient practice. 4. Education has been completed of Maintenance staff regarding monitori Fire Extinguishers by Regional Maintenance Staff. 5. Every month the Maintenance Director or designee will check Fire Extinguishers throughout the facility ensure they are ready for use. This information will then be entered on a and will be presented to the monthly	ged. d in e ity y for isher ng in dents hance have with ing to log	

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		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 01/25/202 M APPROVE D. 0938-039
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING			E SURVEY PLETED
		315054	B. WING				/22/2023
NAME OF PI	ROVIDER OR SUPPLIER	I		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
OUR LAD	YS CENTER FOR REHA	BILITATION & HEALTHCARE) CLEMATIS AVE EASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL				PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 355	Continued From page	e 7	К 3	55			
	electronic notification	l.					
	The findings include	the following;					
	On 11/14/2023 (day o	one of survey) during the					
		oproximately 9:17 AM, a the Administrator and					
	Director of Maintenar	nce (DOM) to provide a copy					
		which identifies the various mpartments in the facility.					
	and continued on 11/	ately 9:40 AM on 11/14/2023 (15/2023, in the presence of tour of the facility was					
		uilding tour the surveyor ted thirty-five (35) portable various locations.					
	extinguishers were la	ed 34 of the 35 portable fire ast annually inspected in e surveyor observing the were identified:					
	observed one (1) "AE the left of Resident ro inspection identified t	hat the pressure indicating					
	pressure indicating g would not function pr At that time a reques	ED" discharge zone of the auge. This fire extinguisher operly in the event of a fire. t was made to the DOM to guisher. The DOM complied					
	observed one ABC T	11:56 AM, the surveyor ype fire extinguisher in the ırtyard next to Resident room					

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		ID HUMAN SERVICES MEDICAID SERVICES			FORI	D: 01/25/2024 M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		315054	B. WING		11	/22/2023
	ROVIDER OR SUPPLIER	BILITATION & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
K 355 K 372 SS=E	tag. On 11/15/2023: 3) At approximately observed one (1) "AE the left of Resident ro- inspection identified to needle was in the "RI pressure indicating g- would not function pro- At that time a request replace the fire exting with the request. The facility's DOM co- time of observations. The Administrator wa during the survey exi approximately 1:51 P NFPA 10 NJAC 8:39 -31.1 (c), Subdivision of Buildin CFR(s): NFPA 101 Subdivision of Buildin COnstruction 2012 EXISTING Smoke barriers shall fire resistance rating be permitted to termin Smoke dampers are penetrations in fully d an approved sprinkle	e of an annual inspection 11:50 AM, the surveyor 3C-Type" fire extinguisher to bom # A further hat the pressure indicating ED" discharge zone of the auge. This fire extinguisher operly in the event of a fire. t was made to the DOM to guisher. The DOM complied onfirmed the findings at the as informed of the deficiency t on 11/15/2023 at M. 31.2 (e). ag Spaces - Smoke Barrier be constructed to a 1/2-hour per 8.5. Smoke barriers shall nate at an atrium wall.	К 35			1/12/24

Event ID: SKV721

Facility ID: NJ60106

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				OMB NO. 0938-03
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
	315054	B. WING		11/22/2023
ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
YS CENTER FOR REHAD	BILITATION & HEALTHCARE			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETIO
Continued From page	9	К 37	2	
Describe any mechar in REMARKS. This REQUIREMENT	nical smoke control system			
Based on observation facility provided docu and 11/15/2023, it was failed to maintain the partitions for five (5) of walls inspected as ev On 11/14/2023 (day of survey entrance at ap request was made to Director of Maintenar of the facility lay-out w rooms and smoke could A review of the facility the facility is a single- thirteen (13) smoke b Starting at approxima and continued on 11/ the facility's DOM, an corridor ceiling tiles of walls was performed. The surveyor observed barrier wall failed to m rated construction as following locations; On 11/14/2023: 1. At approximately for double smoke doors of	mentation on 11/14/2023 is determined that the facility integrity of smoke barrier of eight (8) smoke barrier idenced by the following: one of survey) during the oproximately 9:17 AM, a the Administrator and nee (DOM) to provide a copy which identifies the various mpartments in the facility. / provided lay-out identified estory (1)building with earrier walls in the facility. ttely 9:40 AM on 11/14/2023 15/2023, in the presence of inspection of the above the f eight (8) smoke barrier ed the following smoke maintain the 1/2 hour fire required by code in the 10:40 AM, the surveyor ceiling tiles of the corridor (next to the snack room)		It is the practice of the facility to eas Smoke barriers are free from penetr 1. All Penetrations mentioned in 2 have been sealed using Fire Barriers as per the UL Listing. 2. All Smoke and Fire Barriers throughout the building have been inspected for penetrations and any f have been corrected using Fire Barr Caulk as per the UL Listing for open size to maintain proper barrier for re safety. 3. An assessment of the risk this deficient practice could have on resi at this facility was completed by the Administrator an, Director of Mainten an identified that, all resident could I the potential to be affected by this deficient practice. 4. Education has been completed Maintenance staff regarding monitor Smoke and Fire barrier doors above ceiling to ensure they are properly s by Regional Maintenance Staff. 5. Every month the Maintenance Director or designee will check rand areas above ceiling for penetrations throughout the facility. This informat will then be entered on a log and wil presented to the monthly QAPI mee	ation. 567 Caulk found ier ing sident dents hance have with ing the ealed om
	PF DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER YS CENTER FOR REHAI SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page Describe any mechar in REMARKS. This REQUIREMENT by: Based on observatio facility provided docu and 11/15/2023, it wa failed to maintain the partitions for five (5) of walls inspected as ev On 11/14/2023 (day of survey entrance at ap request was made to Director of Maintenar of the facility lay-out v rooms and smoke co A review of the facility the facility is a single- thirteen (13) smoke b Starting at approxima and continued on 11/ the facility's DOM, an corridor ceiling tiles of walls was performed. The surveyor observed barrier wall failed to m rated construction as following locations; On 11/14/2023: 1. At approximately of observed above the of double smoke doors had two (2) approxim	CORRECTION IDENTIFICATION NUMBER: 315054 ROVIDER OR SUPPLIER YS CENTER FOR REHABILITATION & HEALTHCARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of facility provided documentation on 11/14/2023 and 11/15/2023, it was determined that the facility failed to maintain the integrity of smoke barrier partitions for five (5) of eight (8) smoke barrier walls inspected as evidenced by the following: On 11/14/2023 (day one of survey) during the survey entrance at approximately 9:17 AM, a request was made to the Administrator and Director of Maintenance (DOM) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility. A review of the facility provided lay-out identified the facility is a single-story (1)building with thirteen (13) smoke barrier walls in the facility. Starting at approximately 9:40 AM on 11/14/2023 and continued on 11/15/2023, in the presence of the facility's DOM, an inspection of the above the corridor ceiling tiles of eight (8) smoke barrier walls was performed. The survey or observed the following smoke barrier wall failed to maintain the 1/2 hour fire rated construction as required by code in the following locations;	DF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPI IDENTIFICATION NUMBER: A BUILDING 315054 B. WING ROVIDER OR SUPPLIER IDENTIFICATION & HEALTHCARE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 9 K 37: Describe any mechanical smoke control system in REMARKS. K37: This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of facility provided documentation on 11/14/2023 and 11/15/2023, it was determined that the facility failed to maintain the integrity of smoke barrier partitions for five (5) of eight (8) smoke barrier partitions for five (5) or of survey) during the survey entrance at approximately 9:17 AM, a request was made to the Administrator and Director of Maintenance (DOM) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility. A review of the facility provided lay-out identified the facility is a single-story (1)building with thirteen (13) smoke barrier walls in the facility. Starting at approximately 9:40 AM on 11/14/2023 and continued on 11/15/2023, in the presence of the facility's DOM, an inspection of the above the corridor ceiling tiles of eight (8) smoke barrier walls was performed. The surveyor observed the following smoke barrier wall failed to maintain the 1/2 hour fire rated construction as required by code in the following locations; <	CPCERCIENCIES (X1) PROVIDERSUPPLIERCLIA (X2) MULTIPLE CONSTRUCTION CORRECTION 135054 (X2) MULTIPLE CONSTRUCTION ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE YS CENTER FOR REHABILITATION & HEALTHCARE STREET ADDRESS, CITY, STATE, ZIP CODE IND CLEMATS AVE PLEASANTVILLE, NJ 08232 STREET ADDRESS, CITY, STATE, ZIP CODE (EACH DEPICIENT WINS INFORMATION) ID (EACH DEPICIENT WINS INFORMATION) PROVIDERS PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENT WINS INFORMATION) Continued From page 9 Processite any mechanical smoke control system in REMARKS. It is the practice of the facility to ens Smoke barriers are free from penetr 1. All Penetrations mentioned in 2 have been sealed using Fire Barrier as per the UL Listing. On 11/14/2023 (day one of survey) during the survey entrance at approximately 9:17 AM, a request was made to the Administrator and Director of Maintenance (DOM) to provide a copy of the facility rovided lay-out identified the facility rovided lay-out identified the facility provided lay-out identified the facility SODM, an inspection of the above the corridor ceiling tiles of eight (8) smoke barrier valls was performed. 3. An assessment of the risk this deficient practice. Continued on 11/15/2023. The surveyor observed the following smoke barrier wall failed to maintain the 1/2 hour fire rated construction as required by code in the following locations; A assessment of the risk this deficient practice. A review of the f

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TATEMENT (
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION 5 01	· · ·	TE SURVEY MPLETED
		315054	B. WING		1	1/22/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	
OUR LAD	S CENTER FOR REHAR	BILITATION & HEALTHCARE		1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 372	Continued From page through the smoke ba	e 10 arrier wall, indicating that it	K 37	2		
		d to prevent smoke, fumes through to the other smoke				
	observed above the c	10:50 AM, the surveyor ceiling tiles of the corridor (next to Resident room #				
	with wires running thr penetrations were ob	roximately 2" penetration rough the barrier wall. These served on both sides				
	was not sealed close	arrier wall, indicating that it d to prevent smoke, fumes through to the other smoke				
	observed above the c	11:03 AM, the surveyor ceiling tiles of the corridor (next to Resident room #				
	had two (2) app	roximately 1" penetrations ough the barrier wall. These				
	through the smoke ba was not sealed close	arrier wall, indicating that it d to prevent smoke, fumes through to the other smoke				
	observed above the o double smoke doors	11:11 AM, the surveyor ceiling tiles of the corridor (next to Resident room # proximately 1" penetration				
	with wires running thr penetrations were ob through the smoke ba	ough the barrier wall. These				
			1			1

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					OMB NO. 09	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G 01	(X3) DATE SURV COMPLETE	
		315054	B. WING		11/22/2	023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	CODE	
OUR LAD	YS CENTER FOR REHA	BILITATION & HEALTHCARE		1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
	CLIMMADY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	()(5)
(X4) ID PREFIX TAG	PIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			TION SHOULD BE CON THE APPROPRIATE	(X5) MPLETION DATE	
K 372	Continued From page	e 11	K 37	72		
	times of observations	S.				
	On 11/15/2023 durin	g the building tour in the				
	presence of the Corp	orate Vice President of				
	Construction and Fac observed the followin	cilities and DOM the surveyor				
		10:18 AM, the surveyor ceiling tiles of the corridor				
		(next to Resident room #				
		proximately 2-1/2"				
	•	ue wires, 4 white wires and pipe running through the				
	barrier wall. These pe	enetrations were observed				
	-	n the smoke barrier wall, not sealed closed to prevent				
	smoke, fumes and fir	e from passing through to				
	the other smoke com	partment.				
	The facility Corporate					
	Construction and Fac the finding at the time	cilities and DOM confirmed e of observation.				
	The Administrator wa	is informed of the deficiency				
	during the survey exi					
	approximately 1:51 P Fire Safety Hazard.	IVI.				
	NJAC 8:39- 31.2(e).					
K 911 SS=D	Electrical Systems - 0 CFR(s): NFPA 101	Other	K 9	11	1/12	<u>²/24</u>
	Electrical Systems - 0	Other				
		S section any NFPA 99				
		Systems requirements that v the provided K-Tags, but				
	are deficient. This inf	ormation, along with the				
	applicable Life Safety citation, should be inc	/ Code or NFPA standard				

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Event ID: SKV721

		MEDICAID SERVICES			OMB NO. 0938-
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		315054	B. WING		11/22/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR LAD	YS CENTER FOR REHAI	BILITATION & HEALTHCARE		1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLE
K 911	Chapter 6 (NFPA 99) This REQUIREMENT by: Based on observatio 11/15/2023, in the pre- management, it was of failed to ensure that 2 located next to a wate equipped with Ground (GFCI) protection. This deficient practice following: Reference: National Fire Protecti 9.1.2 Electrical Syste equipment shall be in National Electrical Co are approved existing be permitted to be co NFPA 70, 210.8 Ground-Fault Of for Personal, Ground personal shall be pro- (A) through (C). The circuit-interrupter sha accessible location. (B) Other than Dwell single phase, 15- and installed in locations of through (8) shall have circuit-interrupter prof (5) Sinks where rec 1.8 M (6 feet) of the of	 ⁻ is not met as evidenced n on 11/14/2023 and esence of facility determined that the facility 2 of 11 electrical outlets er source (with-in 6 feet) was d-Fault Circuit Interrupter e was evidenced by the on Association (NFPA) 101, ems. Electrical wiring and accordance with NFPA 70, ode, unless such installations g installations, which shall ntinued in service. Circuit-Interrupter Protection I-fault circuit-interruption for vided as required in 210.8 ground-fault I be installed in readily ing Units. All 125-volt, a 20- ampere receptacles specified in 210.8 (B) (1) a ground-fault tection for personal. ceptacles are installed within	К 91	 It is the practice of the facility to enselectrical systems are functioning as design. All missing GFCI Outlets mention 2567 have been replaced. All GFCI Outlets in the entire but have been inspected and are function as designed to maintain the safety or residents and will be inspected Mont 3. An assessment of the risk this deficient practice could have on reside at this facility was completed by the Administrator an, Director of Mainter an identified that, all resident could have the potential to be affected by this deficient practice. Education completed with Maintenance staff regarding monitorin GFCI Outlets withing 6 feet of water source and to ensure they are function as designed by Regional Maintenance Director or designee will check randor areas throughout the facility to ensure GFCI outlets are functioning. This information will then be entered on a and will be presented to the monthly meeting. 	per ned in ilding ning f hly. dents nance nave

Facility ID: NJ60106

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			000			10.0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G 01	· · ·	TE SURVEY MPLETED
		315054	B. WING		1	1/22/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-	
	YS CENTER FOR REHAR	BILITATION & HEALTHCARE		1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
K 911	Continued From page	e 13	K 9 [,]	11		
	request was made to and Director of Mainte copy of the facility lay	the Administrator (Admin.) enance (DOM) to provide a -out which identifies the noke compartments in the				
	the facility is a single-	r provided lay-out identified story building. There are ngs, common areas and an n the facility.				
	- · ·	tely 9:40 AM on 11/14/2023 15/2023, in the presence of ur of the building was				
	surveyor observed ar electrical outlets in we locations with two (2)	y tour of the facility, the nd tested eleven (11) et (with-in 6 feet of a sink) electrical outlets that failed tested in the following				
	located five feet four i the hand washing sin	Duplex electrical outlet inches (5'-4") to the right of k when tested with a GFCI the Duplex electrical outlet				
	outlet located three fe the right of the sink w	m, one Duplex electrical eet three inches (3'-3") to hen tested with a GFCI the Duplex electrical outlet				

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	S FOR MEDICARE &				OMB NO. 0938
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING (E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		315054	B. WING		11/22/202
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR LAD	YS CENTER FOR REHA	BILITATION & HEALTHCARE		100 CLEMATIS AVE PLEASANTVILLE, NJ 08232	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPL
K 911	15	e 14 the findings at the time of	К 911		
K 918	during the survey exi approximately 1:51 P NJAC 8:39 -31.2 (e) NFPA 99: -6.3.2.1, N Electrical Systems - E	Μ.	K 918		1/12/2
SS=F	Electrical Systems - E Maintenance and Tes The generator or oth and associated equip service within 10 sec criterion is not met du process shall be prov capability for the life s Maintenance and tes transfer switches are with NFPA 110. Generator sets are in under load 30 minute day intervals, and ex months for 4 continue under load conditions simulated cold start a transfer of all EES loa competent personnel stored energy power accordance with NFF circuit breakers are in program for periodica components is establ manufacturer require	er alternate power source oment is capable of supplying onds. If the 10-second uring the monthly test, a rided to annually confirm this safety and critical branches. ting of the generator and performed in accordance spected weekly, exercised as 12 times a year in 20-40 ercised once every 36 bus hours. Scheduled test include a complete and automatic or manual ads, and are conducted by . Maintenance and testing of sources (Type 3 EES) are in PA 111. Main and feeder aspected annually, and a ally exercising the			

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	S FOR MEDICARE & OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		315054	B. WING		11/22/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR LAD	YS CENTER FOR REHAR	BILITATION & HEALTHCARE		1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETIC
K 918	circuits are marked, m separate from normal the possibility of dams source is a design co installations. 6.4.4, 6.5.4, 6.6.4 (NF 111, 700.10 (NFPA 70 This REQUIREMENT by: Based on observatio 11/14/2023 and 11/15 facility management, facility failed to ensure station for 1 of 1 eme installed in accordance NFPA 110, 2010 Editi 5.6.5.6.1. The deficient practice following: On 11/14/2023 (day co survey entrance at ap request was made to Director of Maintenan an Emergency Gener surveyor, yes we hav Generator. On 11/15/2023 (day to building tour at appro- inspection outside of Diesel emergency ge performed. The surve emergency stop butto panel on the generato asked the DOM, Do y	eadily identifiable, and power circuits. Minimizing age of the emergency power nsideration for new EPA 99), NFPA 110, NFPA 0) is not met as evidenced n and interview on 5/2023 in the presence of the it was determined that the e a remote manual stop rgency generators was be with the requirements of on, Section 5.6.5.6 and was evidenced by the one of survey) during the poproximately 9:17 AM, a the facility Administrator and toe (DOM) if the facility had rator. The DOM told the e one Diesel Emergency wo of survey) during the ximately 11:20 AM, an the building where the nerator was located was eyor observed the on was located on the control or. At that time the surveyor	K 918	 The Facility Generator manual st has been installed outside of the room enclosure by Commander Power Sys on December 26th 2024. Engineering staff have been edur in inspecting and maintaining the generator manual stop by Regional Maintenance Staff on December 26th 2024. An assessment of the risk this deficient practice could have on resid at this facility was completed by the Administrator an, Director of Maintena an identified that, all resident could has the potential to be affected by this deficient practice. A facility inspection has been conducted and has been found to cor 5. Audit will be conducted monthly the Engineering Director/ designee. Find of the audit will be submitted to QAPI review and recommendations. 	n's tems cated ents ance ave mply. by ings

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		ID HUMAN SERVICES MEDICAID SERVICES			FORI	D: 01/25/202 MAPPROVEI D. 0938-039
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		315054	B. WING		11	/22/2023
	ROVIDER OR SUPPLIER	BILITATION & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE		
				PLEASANTVILLE, NJ 08232		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 918	Continued From page The DOM confirmed to inspection.	e 16 the finding at the time of	K 91	8		
K 923 SS=F	during the survey exit approximately 1:51 P NJAC 8:39-31.2(e), 3 NFPA 110, 2010 Editi 5.6.5.6.1.	Μ.	К 92	3		1/12/24
	Greater than or equal Storage locations are ventilated in accordar 5.1.3.3.3. >300 but <3,000 cubi Storage locations are within an enclosed int limited- combustible of gates outdoors) that of gases are not stored separated from comb sprinklered) or enclose noncombustible cons 1/2 hr. fire protection Less than or equal to In a single smoke cor cylinders available for care areas with an ag or equal to 300 cubic stored in an enclosure handled with precauti A precautionary sign each door or gate of a where the sign includ	a designed, constructed, and noce with 5.1.3.3.2 and c feet c outdoors in an enclosure or terior space of non- or construction, with door (or can be secured. Oxidizing with flammables, and are ustibles by 20 feet (5 feet if sed in a cabinet of truction having a minimum rating. 300 cubic feet mpartment, individual r immediate use in patient gregate volume of less than feet are not required to be e. Cylinders must be ions as specified in 11.6.2. readable from 5 feet is on a cylinder storage room,				

Facility ID: NJ60106

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(X4) ID PREFIX TAG K 923 Contii STOF Stora of wh Empty cylind integr consid are m in the 11.3.4 This F by: Base prese detern wall-c resist 2012 11.3.4 This of follow Refer	ER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR DRED WITHIN NG age is planned so hich they are rec by cylinders are so ders. When faci gral pressure gau sidered empty is of marked to avoid of e open are prote .1, 11.3.2, 11.3.3		(X2) MULTIP A. BUILDING B. WING PREFIX TAG K 92	STREET ADDRESS, CITY, STATE, ZIP CC 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232 PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	CORRECTION (X5 ON SHOULD BE COMPLE HE APPROPRIATE DAT
(X4) ID PREFIX TAG Contin K 923 Contin K 923 Contin STOF Stora of wh Stora of wh Empty cylind integr consid are mi in the 11.3.1 This F by: Base prese detern wall-coresist 2012 11.3.4 This co follow Refer	SUMMARY ST (EACH DEFICIENC REGULATORY OR TINUED FROM page ORED WITHIN NO age is planned so hich they are rec by cylinders are so ders. When faci gral pressure gau sidered empty is of marked to avoid of e open are prote .1, 11.3.2, 11.3.3	BILITATION & HEALTHCARE ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 17 O SMOKING." o cylinders are used in order eived from the supplier. segregated from full lity employs cylinders with lige, a threshold pressure established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)	ID PREFIX TAG	1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232 PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	CORRECTION (X5 ON SHOULD BE COMPLE HE APPROPRIATE DAT
(X4) ID PREFIX TAG Contin STOF Stora of wh K 923 Contin STOF Stora of wh Image: Stora of wh Contin Stora of wh Image: Stora of wh Image: Stora of wh Ima	SUMMARY ST (EACH DEFICIENC REGULATORY OR TINUED FROM page ORED WITHIN NO age is planned so hich they are rec by cylinders are so ders. When faci gral pressure gau sidered empty is of marked to avoid of e open are prote .1, 11.3.2, 11.3.3	ATEMENT OF DEFICIENCIES ATEMENT OF DEFICIENCI	PREFIX TAG	1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232 PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	CORRECTION (X5 ON SHOULD BE COMPLE HE APPROPRIATE DAT
(X4) ID PREFIX TAG K 923 Contii STOF Stora of wh Empty cylind integr consid are m in the 11.3.4 This F by: Base prese detern wall-c resist 2012 11.3.4 This of follow Refer	SUMMARY ST (EACH DEFICIENC REGULATORY OR TREGULATORY OR DRED WITHIN NO age is planned so hich they are rec by cylinders are s iders. When faci gral pressure gau sidered empty is marked to avoid of e open are prote .1, 11.3.2, 11.3.3	ATEMENT OF DEFICIENCIES ATEMENT OF DEFICIENCI	PREFIX TAG	PLEASANTVILLE, NJ 08232 PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMPLE HE APPROPRIATE DAT
(X4) ID PREFIX TAG K 923 Contii STOF Stora of wh Empti cylind integr consid are m in the 11.3.4 This F by: Base prese detern wall-c resist 2012 11.3.4 This of follow Refer	SUMMARY ST (EACH DEFICIENC REGULATORY OR TREGULATORY OR DRED WITHIN NO age is planned so hich they are rec by cylinders are s iders. When faci gral pressure gau sidered empty is marked to avoid of e open are prote .1, 11.3.2, 11.3.3	ATEMENT OF DEFICIENCIES ATEMENT OF DEFICIENCI	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLE HE APPROPRIATE DAT
K 923 Conti STOF Stora of wh Empti cylind integr consid are m in the 11.3.1 This F by: Base prese detern wall-or resist 2012 11.3.4 This of follow Refer	(EACH DEFICIENC REGULATORY OR DRED WITHIN NO age is planned so hich they are rec by cylinders are so oders. When faci gral pressure gau sidered empty is marked to avoid of e open are prote .1, 11.3.2, 11.3.3	e 17 D SMOKING." o cylinders are used in order eived from the supplier. segregated from full lity employs cylinders with tige, a threshold pressure established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLE HE APPROPRIATE DAT
STOF Stora of wh Empty cylind integr consid are m in the 11.3.7 This F by: Base prese detern wall-or resist 2012 11.3.4 This of follow Refer	DRED WITHIN NG age is planned so hich they are rec oty cylinders are so aders. When faci gral pressure gau sidered empty is marked to avoid of e open are prote .1, 11.3.2, 11.3.3	D SMOKING." o cylinders are used in order eived from the supplier. segregated from full lity employs cylinders with ige, a threshold pressure established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)	К 92	13	
STOF Stora of wh Empty cylind integr consid are m in the 11.3.7 This F by: Base prese detern wall-or resist 2012 11.3.4 This of follow Refer	DRED WITHIN NG age is planned so hich they are rec oty cylinders are so aders. When faci gral pressure gau sidered empty is marked to avoid of e open are prote .1, 11.3.2, 11.3.3	D SMOKING." o cylinders are used in order eived from the supplier. segregated from full lity employs cylinders with ige, a threshold pressure established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)	K 92		
Stora of wh Empty cylind integr consid are m in the 11.3.1 This F by: Base prese detern wall-or resist 2012 11.3.4 This of follow Refer	age is planned so hich they are rec oty cylinders are s aders. When faci gral pressure gau sidered empty is marked to avoid o e open are prote .1, 11.3.2, 11.3.3	o cylinders are used in order eived from the supplier. segregated from full lity employs cylinders with uge, a threshold pressure established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)			
of wh Empty cylind integr consider are m in the 11.3.4 This F by: Base prese detern wall-corresist 2012 11.3.4 This correst follow Refer	hich they are rec oty cylinders are s iders. When faci gral pressure gau sidered empty is marked to avoid e open are prote .1, 11.3.2, 11.3.3	eived from the supplier. segregated from full lity employs cylinders with ige, a threshold pressure established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)			
Empty cylind integr consid are m in the 11.3.4 This F by: Base prese detern wall-coresist 2012 11.3.4 This of follow Refer	oty cylinders are s inders. When faci gral pressure gau sidered empty is marked to avoid e open are prote .1, 11.3.2, 11.3.3	segregated from full lity employs cylinders with lge, a threshold pressure established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)			
cylind integr consid are m in the 11.3.1 This F by: Base prese detern wall-corresist 2012 11.3.4 This co follow Refer	ders. When faci gral pressure gau sidered empty is marked to avoid e open are prote .1, 11.3.2, 11.3.3	lity employs cylinders with ige, a threshold pressure established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)			
integr consid are m in the 11.3.1 This F by: Base prese detern wall-o resist 2012 11.3.4 This o follow Refer	gral pressure gau sidered empty is marked to avoid o e open are prote .1, 11.3.2, 11.3.3	ge, a threshold pressure established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)			
consider are main the 11.3.1 This F by: Base prese detern wall-corresist 2012 11.3.4 This corresist 2012 This corresist 2012	sidered empty is o marked to avoid o e open are prote .1, 11.3.2, 11.3.3	established. Empty cylinders confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)			
are m in the 11.3.1 This F by: Base prese detern wall-c resist 2012 11.3.4 This c follow Refer	marked to avoid one open are prote .1, 11.3.2, 11.3.3	confusion. Cylinders stored cted from weather. , 11.3.4, 11.6.5 (NFPA 99)			
in the 11.3.1 This F by: Base prese deten wall-o resist 2012 11.3.4 This o follow Refer	e open are prote .1, 11.3.2, 11.3.3	cted from weather. , 11.3.4, 11.6.5 (NFPA 99)			
11.3.1 This F by: Base prese detern wall-c resist 2012 11.3.4 This c follow Refer	.1, 11.3.2, 11.3.3	, 11.3.4, 11.6.5 (NFPA 99)			
by: Base prese detern wall-c resist 2012 11.3.4 This of follow Refer	REQUIREMENT	is not met as evidenced			
Base prese detern wall-o resist 2012 11.3.4 This o follow Refer					
prese deten wall-o resist 2012 11.3.4 This o follow Refer			1		
detern wall-c resist 2012 11.3.4 This o follow Refer	ed on observatio	n on 11/14/2023 in the		It is the practice of the facili	ity to ensure
wall-c resist 2012 11.3.4 This c follow Refer		anagement it was		proper oxygen storage throu	ughout the
resist 2012 11.3.4 This of follow Refer		acility failed to provide		building.	
2012 11.3.4 This of follow Refer	• •	with one-hour fire		1. Signage has been insta	
11.3.4 This of follow Refer	-	ccordance with NPFA 99,		storage room limiting storag	
This of follow Refer		s 11.3.1, 11.3.2, 11.3.3 and		less the 3,000 Cubic Feet a	
follow Refer				excess oxygen has been co	
Refer		e was evidenced by the		2. All other oxygen storag	
	wing.			been checked and have min	0
	erence.			and this was done to prever excess storage.	
		on Association (NFPA)		3. An assessment of the r	risk this
	ndards 99 Health			deficient practice could have	
	nitions,	,		at this facility was completed	
		er" = 24.96 cu ft.		Administrator an, Director of	-
	•	nder" = 299.52 cu ft.		an identified that, all resider	
		ximately 250 cu ft.		the potential to be affected b	
				deficient practice.	
		n 5.1.3.3.2 and 5.1.3.3.3			
		reater that 3000 cu ft.,		4. Education has been co	
		ly, One hour FFR enclosure		Maintenance staff regarding	
with 4	45-minute fire do	bors, Secured.		oxygen storage limits and to	-
D		trance at approving table 0.47		are not exceeding limits as o	
		trance at approximately 9:17		Regional Maintenance Tean	non
		ada ta tha Administrator and		December 26th 2023.	enance
of the	a request was m	ade to the Administrator and nce (DOM) to provide a copy	1	5. Every month the Mainte	

Facility ID: NJ60106

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TIDI	LE CONSTRUCTION	(Y3) DAT	E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		· · ·	IPLETED
		315054	B. WING		1'	/22/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	Ε	
	YS CENTER FOR REHAI	BILITATION & HEALTHCARE		1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIC DATE
K 923	Continued From page	e 18	K 92	3		
		mpartments in the facility.		storage areas throughout the	facility to	
				ensure storage limits. This in		
		/ provided lay-out identified story building with eight (8) common areas.		then be entered on a log and presented to the monthly QA		
	was conducted. Along approximately 11:50 Oxygen storage room Wing and -Wing) inspection the survey above the rooms ceili	y DOM a tour of the building				
	oxygen cylinders (2,6	even (107) full E-Type				
	ft.)	of stored oxygen inside the				
	The facility failed to m hour fire rated constru	naintain the rooms one (1) uction.				
	The DOM confirmed to observation.	the finding at the time of				
	The Administrator wa during the survey exit approximately 1:51 P Fire Safety Hazard. NJAC - 31.2 (e) NFPA 99					

Facility ID: NJ60106

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building 01 - MAIN BUILDING 01			
315054 _{Y1}	B. Wing	Y2	1/16/2024	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
OUR LADYS CENTER FOR REHA	BILITATION & HEALTHCARE	1100 CLEMATIS AVE		
		PLEASANTVILLE, NJ 08232		

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).

ITE	м	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix Reg. # LSC	NFPA 101 K0293	Correction Completed 01/12/2024	ID Prefix Reg. # LSC	NFPA 101 K0353	Correction Completed 01/12/2024	ID Prefix Reg. # LSC	NFPA 101 K0355		Correction Completed 01/12/2024
ID Prefix Reg. # LSC	NFPA 101 K0372	Correction Completed 01/12/2024	ID Prefix Reg. # LSC	NFPA 101 K0911	Correction Completed 01/12/2024	ID Prefix Reg. # LSC	NFPA 101 K0918		Correction Completed 01/12/2024
ID Prefix Reg. # LSC	NFPA 101 K0923	Correction Completed 01/12/2024	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
REVIEWE STATE AC REVIEWE CMS RO FOLLOWI 11/22/202	BENCY	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) DMPLETED ON		TITLE CK FOR ANY UNCORR	OF SURVEYOR			DATE DATE	5 🔲 NO ,