ATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MELLTIPE	E CONSTRUCTION	(X3) DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		315054	B. WING		02/09/2022
iame of PF	ROVIDER OR SUPPLIER		-	STREET ADDRESS, CITY, STATE, ZIP CODE	•
OUR LAD	Y'S CENTER FOR REHA	BILITATION & HC		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 B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	DATE
E 000	Initial Comments		E 000		
K 000	Appendix Z-Emergen Provider and Supplier	tantial compliance with cy Preparedness for All Types Interpretive quirements for Long Term	K 000		
	New Jersey Departme Survey and Field Ope 2/02/2022 and Our La in noncompliance with participation in Medic 483.90(a), Life Safety Edition of the National	urvey was conducted by the ent of Health, Health Facility erations on 2/01/2022 and ady's Center was found to be in the requirements for are/Medicaid at 42 CFR from Fire, and the 2012 I Fire Protection Association ety Code (LSC), Chapter 19 re Occupancies.			
K 281 SS=D			K 281		4/8/22
	discharge, is arranged shall be either continu- capable of automatic intervention. 18.2.8, 19.2.8 This REQUIREMENT	of egress, including exit d in accordance with 7.8 and			
	failed to ensure that a			 K281 Means of egress shall have continuous lighting. 1. The exit door noted during survey had an additional light fixture installed 2. All residents, staff, and families had an additional survey had families had an additional survey had had be added to be	

Electronically Signed

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

02/23/2022

PRINTED: 04/27/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLF	CONSTRUCTION		D. 0938-03 SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN				PLETED
		315054	B. WING _			02	/09/2022
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
	Y'S CENTER FOR REHA	BILITATION & HC		110	00 CLEMATIS AVE		
	13 CENTER FOR REIT			PL	EASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIO DATE
K 281	Continued From pag	e 1	К2	81			
	for 1 of 10 exit discha				the ability to be affected. 3. Maintenance staff will be educate	ad on	
	This deficient practic	e was evidenced by the			inspecting and maintaining means of		
	following:	,			egress with continuous lighting. A fac		
	Starting at 0.24 AM	in the presence of the			wide inspection of the means of egres Emergency doors was conducted. All		
		e Director (MD), a tour of the			doors found to have continuous lightir		
	building was conduct	. ,			4. Audits will be conducted monthly	X 6	
	During the building to	our at 10:21 AM, the surveyor			then quarterly X 2 by maintenance director/ designee. Findings of the au	udite	
		e designated exit discharge			will be reviewed at QA Meetings (qua		
	door next to Residen	t room , that the exit			QA meetings) x2.	,	
		to be equipped with two					
		r observed only a single bulb /as no supplemental light to					
	-	nated should the single bulb					
	or single bulb light fix	ture failed.					
	These findings were MD in an interview d	acknowledge by the facility's uring the tour.					
	The surveyor informe	ed the Administrator of the					
	deficiency at the Life on 2/02/2022 at 12:2	Safety Code exit conference 7 PM.					
	NJAC 8:39-31.2(e)						
K 202	NFPA 101:2012 - 19. Exit Signage	2.8	К 2	02			4/8/22
K 293 SS=D				.55			+/0/22
	Exit Signage						
	2012 EXISTING	igns are displayed in					
) with continuous illumination					
	•	mergency lighting system.					
	19.2.10.1 (Indicate N/A in one-	story existing occupancies					
		story existing occupancies supants where the line of exit					
	travel is obvious.)						
	This REQUIREMEN	Γ is not met as evidenced					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: WRJ021

Facility ID: NJ60106

If continuation sheet Page 2 of 11

PRINTED: 04/27/2022 FORM APPROVED OMB NO 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION		TE SURVEY MPLETED
		315054	B. WING _		0	2/09/2022
	ROVIDER OR SUPPLIER Y'S CENTER FOR REHA	BILITATION & HC		STREET ADDRESS, CITY, STATE, ZIP 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIOI DATE
K 293	by: Based on observation provided documentation 2/02/2022, in the pre- management, it was failed to ensure that if illuminated at all time access path. This deficient practice following: Reference: NFPA. Lin 7.10.1.5.1 Exit Access marked by approved cases where the exit not readily apparent of NFPA Life Safety Con Continuous Illumination Every sign required to 7.10.7, and 7.10.8.1 illuminated as required section 7.8, unless of 7.10.5.2.2 On 2/01/2022 starting tour in the presence Vice President of Fac Maintenance Directo observed the followin 1. On 2/01/2022 at 1 inside of the facility surveyor observed the designated exit access	on and review of facility tion on 2/01/2022 and sence of facility determined that the facility illuminated exit signs were es, to clearly identify the exit e was evidenced by the fe Safety Code 2012 ss. Access to exits shall be , readily visible signs in all or way to reach the exit is to the occupants. de 2012 7.10.5.2.1 ion. o be illuminated by 7.10.6.3, shall be continuously ed under the provisions of therwise provided in g at 9:24 AM, during a facility of the facility's Corporate cility's (CVPF) and r (MD), the surveyor ag: 1:58 AM, an inspection of the was performed. The	KZ	 93 K293 Exit Signage Illumir 1. The 2-exit signage harestored to the exit signs a Checklist has been update 2. ALL residents, staff, a the ability to be affected. 3. Maintenance staff will inspecting and maintaining lighting of exit signage and accuracy of the checklist. inspection of the Exit Sign conducted. All signs found continuous lighting. 4. Audits will be conduct then quarterly X 2 by main director/ designee. Findin will be reviewed at QA Me QA meetings) x2. 	as had the power and the Exit Sign ed. and families have I be educated on g continuous d ensuring the A facility wide is was d to have ted monthly X6 intenance ings of the audits	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: WRJ021

If continuation sheet Page 3 of 11

	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		315054	B. WING		00/00/0000
	ROVIDER OR SUPPLIER	010004		STREET ADDRESS, CITY, STATE, ZIP COD	02/09/2022
	KOWDER OR SOLT EIER			1100 CLEMATIS AVE	'L
UR LAD	Y'S CENTER FOR REHA	BILITATION & HC		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 COMPLET E APPROPRIATE DATE
K 293	Continued From page time of the observatio		K 293	3	
	2. On 2/02/2022 a re "Exit Sign Checklist"	view of the facility monthly reads in part,			
	ensure lights work on				
	There was no eviden Chapel illuminated ex	ce on the checklist that the it signs are checked.			
		d the Administrator of the Safety Code exit conference 7 PM.			
K 341 SS=E	NJAC 8:39 -31.1 (c) NFPA Life Safety Coo Fire Alarm System - I CFR(s): NFPA 101		K 34	1	4/8/22
	Fire Alarm System - I A fire alarm system is components approve accordance with NFP and NFPA 72, Nation provide effective warr building. In areas not detection is installed unit. In new occupand at notification applian	is installed with systems and d for the purpose in A 70, National Electric Code, al Fire Alarm Code to hing of fire in any part of the continuously occupied, at each fire alarm control cy, detection is also installed ce circuit power extenders, on transmitting equipment.			

Facility ID: NJ60106

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PRINTED: 04/27/2022

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		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TIE	PLE CONSTRUCTION	OMB NO. (X3) DATE SU	
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLE	
		315054	B. WING		02/09	9/2022
NAME OF P	ROVIDER OR SUPPLIER	•	·	STREET ADDRESS, CITY, STATE, ZIP CO		
OUR LAD	Y'S CENTER FOR REHA	BILITATION & HC		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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
K 341	Continued From pag 18.3.4.1, 19.3.4.1, 9.		K 34	11		
	by: Based on observation facility documentation presence of facility m determined that the fa alarm notification by for three (3) enclosed with NFPA 101, 2012 19.3.4.3.1, 9.6.3, 9. 2010 LSC Edition, Se 24.4.2.20.9 The deficient practice following: During the survey en AM, a request was m Administrator and Ma provide a copy of the identifies the various Later starting at 9:24 with the facility's Corp Facility's (CVPF) and was performed. Along the building too three (3) areas that favisual (horn and strol to the buildings fire a the following location 1. At 11:05 AM, an in outside courtyard adj	acility failed to provide fire audible and visible signals d courtyards in accordance 2 LSC Edition , Section 6.3.2, 9.6.3.6 and NFPA 72, ection 18.5, 18.5.2.4, e was evidenced by the trance on 2/01/2022 at 9:13 hade to the facility's aintenance Director (MD) to facility floor plan which rooms and areas. AM, a tour of the building porate Vice President of d Maintenance Director (MD) ur the surveyor observed ailed to have an audio and be) alarm that is connected larm and detection system in s,		K341 Fire Alarm Systems 1. The the necessary horn/strobe f notification system installed 2. ALL residents, staff, an the ability to be affected. 3. Maintenance staff will b inspecting and maintaining System facility wide inspect and horn/strobes conducted. 4. Audits will be conducte then quarterly X 2 by maint director/ designee. Finding: will be reviewed at QA Meet QA meetings) x2.	I. Id family have be educated on the Fire Alarm tion of s will be d monthly X6 tenance s of the audits	

FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet Page 5 of 11

		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION		O. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI		COMPLETED	
		315054	B. WING _		02	2/09/2022
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
OUR LAD	Y'S CENTER FOR REHA	BILITATION & HC		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 PREFI) TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETIOI DATE
K 341	enclosed . At this time a request MD if there was an au fire alarm system in th CVPF looked around 2. At 11:21 AM, an in outside smoking surveyor observed not notification in the outs enclosed . The surveyor observes smoking outside at th 3. At 11:42 AM, an in outside . adja performed. The survey of a horn and strobe in The findings were ver CVPF and MD during A review of the facility that the . outs on all sides by the bu	tion (horn/ strobe) in the was made to the CVPF and udio and visual alarm for the ne enclosed the residents mand said, no. The and said the and confirmed by the the observations. The and confirmed by the the observations. The and the Administrator of the Safety Code exit conference	K	341		
K 521 SS=E	NJAC 8:39-31.2(a) HVAC CFR(s): NFPA 101 HVAC		K	521		4/8/22
	Heating, ventilation, a comply with 9.2 and s accordance with the r specifications.					

Facility ID: NJ60106

If continuation sheet Page 6 of 11

PRINTED: 04/27/2022

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MILLI TU	PLE CONSTRUCTION		10. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN			MPLETED
		315054	B. WING		0	2/09/2022
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
				1100 CLEMATIS AVE		
OUR LAD	Y'S CENTER FOR REHA			PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K 521	Continued From pag 18.5.2.1, 19.5.2.1, 9.		K 52	21		
	by: Based on observation on 2/01/2022 in the p management, it was failed to ensure that systems were being 9 resident bathroom National Fire Protect This deficient practice following: During a tour of the p in the presence of the President of Facility? Director (MD), an inst resident bathrooms w inspection identified systems were tested ply tissue paper acro ventilation is present function properly in 4 the following location 1. At 10:08 AM, insti- bathroom, the exhau properly when tested At this time, the surv	determined that the facility the facility's ventilation properly maintained for 4 of exhaust systems as per the tion Association (NFPA) 90A. We was evidenced by the building starting at 9:24 AM, e facility's Corporate Vice s (CVPF) and Maintenance spection inside of nine (9) was performed. This when the bathroom exhaust I (by placing a piece of single poss the grills to confirm t), the exhaust did not 4 of 9 resident bathrooms in ns: de Resident room		K521 HVAC Exhaust Syst 1. The 4 bathrooms with exhaust fans will be repair 2. All residents, staff, an the ability to be affected. 3. Maintenance staff will inspecting and maintaining exhaust fans. A facility wide exhaust fans will be conduct then quarterly X 2 by main director/ designee. Finding will be reviewed at QA Me QA meetings) x2.	non operable ed or replaced. d families have be educated on g building wide e inspection of icted red monthly X6 tenance gs of the audits	
	2. At 10:32 AM, insider bathroom, the exhau properly when tested	ist system did not function				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	PLE CONSTRUCTION		TE SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG 01	COMPLETED	
		315054	B. WING		0	2/09/2022
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		
OUR LAD	Y'S CENTER FOR REHA	BILITATION & HC		1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K 521	Continued From pag	e 7	К 5	21		
	3. At 10:53 AM, insid bathroom, the exhau properly when tested	st system did not function				
	4. At 11:18 AM, insid bathroom, the exhau properly when tested	st system did not function				
		d no windows with an area bathrooms would rely on on.				
	The CVPF and MD c time of the observation	confirmed the finding at the on.				
	•	ed the Administrator of the Safety Code exit conference 7 PM.				
	NFPA 90A. NJAC 8:39- 31.2 (e).					
K 912 SS=D	Electrical Systems - CFR(s): NFPA 101	Receptacles	К 9	12		4/8/22
	highly dependable gr maintaining low-cont plug. In pediatric loca rooms, bathrooms, p	ave at least one, separate, rounding pole capable of act resistance with its mating ations, receptacles in patient lay rooms, and activity				
	interrupters (GFCI) a 6.3.2.2.6.2 (F), 6.3.2	mploy a listed cover. e room, ground-fault circuit re listed.				
	by:	ons on 2/01/2022 in the		K912 Electrical Systems- Testing	Receptacles	

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PRINTED: 04/27/2022 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: NJ60106

		MEDICAID SERVICES				<u>). 0938-039</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		E SURVEY PLETED
		315054	B. WING		02	/09/2022
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE	•	
OUR LAD	Y'S CENTER FOR REH	ABILITATION & HC		1100 CLEMATIS AVE		
				PLEASANTVILLE, NJ 08232		1
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 912	determined that the of 4 electrical outlets source were equippe Ground-Fault Circuit protection. This deficient practic following: During the building t presence of the facil of Facility's (CVPF) a (MD), at 10:42 AM a Shower room #2 bet was performed. The electrical outlet locat hand washing sink. GFCI tester to de-er	facility failed to ensure that 1 c located next to a water ed with proper working Interrupter (GFCI) we was evidenced by the our starting at 9:24 AM, in the ity's Corporate Vice President and Maintenance Director n inspection inside Resident	K 91	 The GFCI Outlet in shows has been replaced. All residents, staff, and fa the ability to be affected. Maintenance staff will be inspecting and maintaining the system and GFCI receptacles wide inspection of receptacles completed and all are working designed. Audits will be conducted r then quarterly X 2 by mainten director/ designee. Findings c will be reviewed at QA Meeting QA meetings) x2. 	milies have educated on e electrical . A facility has been as monthly X6 hance of the audits	
K 916 SS=D	time of the observation The surveyor inform deficiency at the Life on 2/02/2022 at 12:2 NJAC 8:39 -31.2 (e) NFPA 99 Electrical Systems - CFR(s): NFPA 101 Electrical Systems - Alarm Annunciator A remote annunciator powered is provided generating room in a operating personnel hard-wired to indicat	ed the Administrator of the Safety Code exit conference 27 PM. Essential Electric Syste Essential Electric System or that is storage battery to operate outside of the a location readily observed by	K 91	16		4/8/22

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Facility ID: NJ60106

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318054 BUMIC 002/09/2022 STREET ADDRESS, CITY, STATE, JP: CODE DOIR LADY'S CENTER FOR REHABILITATION & HC STREET ADDRESS, CITY, STATE, JP: CODE DOIR LADY'S CENTER FOR REHABILITATION & HC STREET ADDRESS, CITY, STATE, JP: CODE PLEASANTYLLE, NJ 08232 Continued From RehabilitATION & HC SUMMARY STREMENT OF DEFICIENCIES PLASANTYLLE, NJ 08232 SUMMARY STREMENT OF DEFICIENCIES PLASANTYLLE, NJ 08232 K 916 SUMMARY STREMENT IS IN PROVIDERS PLAKOR CONCOUNT BUMICIENCY REFLEX TOT THE ADDRESS, CITY, STATE, JP: CODE TOTA STREMENT IS IN THE PLAY TOTAL TOTAL STREMENT IS IN THE PLAY TO THE ADDRESS, CITY, STATE, JP: CODE BUMICINE TOTAL STREMENT IS IN THE PLAY TO THE ADDRESS, CITY, STATE, JP: CODE BUMICINE TO THE ADDRESS SUMMARY STREMENT IS IN THE ADDRESS TO THE ADDRESS, CITY, STATE, JP: CODE BUMICINE TO THE ADDRESS SUMMARY STREMENT IS IN THE ADDRESS provided documentation o		F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII				E SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE OUR LADY'S CENTER FOR REHABILITATION & HC 1100 CLEMATIS AVE OWID SUMMARY STATEMENT OF DEFICIENCIES PRETIX CACH DEFICIENCY WISTER PRECEDB VFULL RECOLLATORY OR USCIDENTIFYING INFORMATION) PRETIX PLEASARTYULLE, NJ 08232 K 916 Continued From page 9 system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.7, 6.4.1.1.7, 6.4.1.1.7, 6.4.1.1.7, 6.4.1.1.7, 6.4.1.1.7, 6.4.1.1.7, 6.4.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.7, 6.4.1.1.1.1.1.1, 6.4.1.1.1.1.1.1.1, 6.4.1.1.1.1.1.1.1.1, 6.4.1.1.1.1.1.1.1, 6.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			315054	B. WING _			02	/09/2022
DURL LARY'S CENTER FOR REHABILITATION & HC PLEASANTVILLE, NJ 08232 (24) ID TWG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES VILUE 1 (EACH DEFICIENCIES 1 (EACH DEFICIES 1 (EACH DEFICIES 1 (EACH DEFICIES 1 (EACH DEFICIES 1 (EACH	NAME OF PF	OVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
PLEASARYOLLE, NJ 0222 PHUD PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (RECULATORY OR LIS IDENTIFYING INFORMATION) D PLEASARYOLLE, NJ 0222 COMPLETO (RECUCORRECTION (RECULATORY OR LIS IDENTIFYING INFORMATION) D PLEASARYOLLE, NJ 0222 COMPLETO (RECUCORRECTION (RECULATORY OR LIS IDENTIFYING INFORMATION) D PLEASARYOLLE, NJ 0222 COMPLETO (RECUCORRECTION (RECULATORY OR LIS IDENTIFYING INFORMATION) D PLEASARYOLLE, NJ 0222 COMPLETO (RECULATORY OR LIS IDENTIFYING INFORMATION)					11	00 CLEMATIS AVE		
Prefix to the construction of the energy of the solution of the emergency generators and uncidator and the facility's corporate vice President of the energy energy energy of the ending solution of the emergency generators and where is the location	OUR LAD	S CENTER FOR REHA	BILITATION & HC		Pl	LEASANTVILLE, NJ 08232		
 system (e.g., building information system) is not to be substituted for the alarm annunciator. G. 4.1.1.7.6, (4.1.1.7.6, (4.1.7.8, 99) This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 2/01/2022 and 2/02/022, in the presence of facility management it was determined that the facility failed to ensure that the facility's emergency generator annunciator was functional as evidenced by the following: During the survey entrance on 2/01/2022 at 9:13 AM, a request was made to the facility's Administrator and Maintenance Director (MD) to provide a copy of the facility for plan which identifies the various rooms and where is the location of the emergency generators annunciator. The MD told the surveyor that the annunciator panel was performed. The surveyor observed a Red indicating lamp for the Communication Status of the panel. At that time the surveyor questioned what is going on with the panel. The CVPF pressed on lamp test button and the following indicating lamps if up with either a "Yellow" lamp which indicates an alarm, Generator Fault: 	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	×	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETIO
- Over crank - EPS	K 916	system (e.g., building to be substituted for t 6.4.1.1.17, 6.4.1.1.17 This REQUIREMENT by: Based on observation provided documentat 2/02/2022, in the prese management it was of failed to ensure that to generator annunciator evidenced by the follow During the survey en AM, a request was m Administrator and Ma provide a copy of the identifies the various location of the emerg annunicator. The MD annunicator is at one During the building to Corporate Vice Presi Maintenance Director inspection of the emerg annunciator panel was observed a Red indio Communication Statu At that time the survey on with the panel. The CVPF pressed of following indicating la "Yellow" lamp which in "Red" lamp which in Generator Fault: System Status:	g information system) is not the alarm annunciator. 7.5 (NFPA 99) T is not met as evidenced on and review of facility tion on 2/01/2022 and sence of facility determined that the facility the facility's emergency or was functional as owing: trance on 2/01/2022 at 9:13 hade to the facility's aintenance Director (MD) to facility floor plan which rooms and where is the ency generator's told the surveyor that the of the Nursing station. our with the facility's dent of Facility's (CVPF) and r (MD), at 10:35 AM an ergency generators as performed. The surveyor cating lamp for the us of the panel. eyor questioned what is going an lamp test button and the amps lit up with either a indicates a Trouble and/ or licates an alarm,	K	916	 K916 Essential Electrical Systems The generator annunciator pane control board was installed to allow th panel to operate as designed. All residents, families, and staff h the ability to be affected. Maintenance staff will be educate inspecting and maintaining the Gener Annunciator panel. A facility wide inspection panels has been conducte and all working as designed. Audits will be conducted monthly then quarterly X 2 by maintenance director/ designee. Findings of the at will be reviewed at QA Meetings (quarterly 	ne nave ed on rator d 2 X6 udits	

Facility ID: NJ60106

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		315054	B. WING		00/00/0000
AME OF P	ROVIDER OR SUPPLIER	010004		STREET ADDRESS, CITY, STATE, ZIP CO	02/09/2022
	Y'S CENTER FOR REHA	BILITATION & HC		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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETIC HE APPROPRIATE DATE
K 916	 High Engine Tempe Not-In-Auto Low Oil Pressure System Ready Over Speed Generator Running Emergency Stop Low Fuel Low Coolant Level/ Low Coolant Tempe Low Coolant Tempe Low Cranking Volta Battery Charging Fa Common Fault The CVPF and MD co time of the observation At this time the CVPF facility has a proposa surveyor made a required On 2/02/2022 (day two provided a copy of the Emergency Generator review of the proposa "Notes, Quote to retupor program and test new generator controller. This will allow the rentagain. Previous trip included 	Aux erature ge ail onfirmed the finding at the ge ail onfirmed the finding at the in. i told the surveyor that the i to replace the panel. The uest a copy of the proposal. i to replace the panel. The uest a copy of the proposal. i to replace the panel. A i reads in part, irn to site and replace, i logic board in the note annunciator to function i in this quote."	К 91		

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