

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315054	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2022
NAME OF PROVIDER OR SUPPLIER OUR LADY'S CENTER FOR REHABILITATION & HC			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
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E 000	Initial Comments	E 000			
K 000	INITIAL COMMENTS	K 000			
K 281 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 2/01/2022 and 2/02/2022 and Our Lady's Center was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p> <p>Our Lady's Center is a single (1) story, Type II Protected building that was built in January 1963. The facility is divided into 12 smoke zones.</p> <p>Illumination of Means of Egress CFR(s): NFPA 101</p> <p>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 on 2/01/2022, in the presence of facility management it was determined that the facility failed to ensure that all means of egress were provided with continuous lighting with two lamps</p>	K 281	<p>K281 Means of egress shall have continuous lighting.</p> <ol style="list-style-type: none"> The exit door noted during survey has had an additional light fixture installed All residents, staff, and families have 	4/8/22	

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

TITLE

(X6) DATE

Electronically Signed

02/23/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 281	Continued From page 1 for 1 of 10 exit discharge doors. This deficient practice was evidenced by the following: Starting at 9:24 AM, in the presence of the facility's Maintenance Director (MD), a tour of the building was conducted. During the building tour at 10:21 AM, the surveyor observed outside the designated exit discharge door next to Resident room [REDACTED], that the exit discharge area failed to be equipped with two lamps. The surveyor observed only a single bulb light fixture. There was no supplemental light to ensure area is illuminated should the single bulb or single bulb light fixture failed. These findings were acknowledge by the facility's MD in an interview during the tour. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 2/02/2022 at 12:27 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.8	K 281	the ability to be affected. 3. Maintenance staff will be educated on inspecting and maintaining means of egress with continuous lighting. A facility wide inspection of the means of egress Emergency doors was conducted. All doors found to have continuous lighting. 4. Audits will be conducted monthly X 6 then quarterly X 2 by maintenance director/ designee. Findings of the audits will be reviewed at QA Meetings (quarterly QA meetings) x2.		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293		4/8/22	

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K 293	<p>Continued From page 2</p> <p>by: Based on observation and review of facility provided documentation on 2/01/2022 and 2/02/2022, in the presence of facility management, it was determined that the facility failed to ensure that illuminated exit signs were illuminated at all times, to clearly identify the exit access path.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: NFPA. Life Safety Code 2012 7.10.1.5.1 Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants.</p> <p>NFPA Life Safety Code 2012 7.10.5.2.1 Continuous Illumination. Every sign required to be illuminated by 7.10.6.3, 7.10.7, and 7.10.8.1 shall be continuously illuminated as required under the provisions of section 7.8, unless otherwise provided in 7.10.5.2.2</p> <p>On 2/01/2022 starting at 9:24 AM, during a facility tour in the presence of the facility's Corporate Vice President of Facility's (CVPF) and Maintenance Director (MD), the surveyor observed the following:</p> <p>1. On 2/01/2022 at 11:58 AM, an inspection of the inside of the facility [REDACTED] was performed. The surveyor observed the [REDACTED] had two (2) designated exit access doors out of the Chapel with illuminated exit signs above the doors that were not lit.</p> <p>The CVPF and MD confirmed the finding at the</p>	K 293	<p>K293 Exit Signage Illumination</p> <ol style="list-style-type: none"> 1. The 2-exit signage has had the power restored to the exit signs and the Exit Sign Checklist has been updated. 2. ALL residents, staff, and families have the ability to be affected. 3. Maintenance staff will be educated on inspecting and maintaining continuous lighting of exit signage and ensuring the accuracy of the checklist. A facility wide inspection of the Exit Signs was conducted. All signs found to have continuous lighting. 4. Audits will be conducted monthly X6 then quarterly X 2 by maintenance director/ designee. Findings of the audits will be reviewed at QA Meetings (quarterly QA meetings) x2. 		

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K 293	Continued From page 3 time of the observation. 2. On 2/02/2022 a review of the facility monthly "Exit Sign Checklist" reads in part, Test every exit sign in building once a month to ensure lights work on battery power. The list includes areas identified and the facility checks the following, 1. Lights on A/C 2. Lights on Battery 3. Securely mounted? 4. Problems resolved? 5. Signature There was no evidence on the checklist that the Chapel illuminated exit signs are checked. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 2/02/2022 at 12:27 PM. NJAC 8:39 -31.1 (c) NFPA Life Safety Code 101	K 293			
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.	K 341		4/8/22	

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K 341	<p>Continued From page 4 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility documentation on 2/01/2022, in the presence of facility management, it was determined that the facility failed to provide fire alarm notification by audible and visible signals for three (3) enclosed courtyards in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p> <p>The deficient practice was evidenced by the following:</p> <p>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 floor plan which identifies the various rooms and areas.</p> <p>Later starting at 9:24 AM, a tour of the building with the facility's Corporate Vice President of Facility's (CVPF) and Maintenance Director (MD) was performed.</p> <p>Along the building tour the surveyor observed three (3) areas that failed to have an audio and visual (horn and strobe) alarm that is connected to the buildings fire alarm and detection system in the following locations,</p> <p>1. At 11:05 AM, an inspection of the enclosed outside courtyard adjacent to the [REDACTED] was performed. The surveyor observed no evidence</p>	K 341	<p>K341 Fire Alarm Systems</p> <ol style="list-style-type: none"> 1. The [REDACTED] will have the necessary horn/strobe fire alarm notification system installed. 2. ALL residents, staff, and family have the ability to be affected. 3. Maintenance staff will be educated on inspecting and maintaining the Fire Alarm System facility wide inspection of [REDACTED] and horn/strobes will be conducted. 4. Audits will be conducted monthly X6 then quarterly X 2 by maintenance director/ designee. Findings of the audits will be reviewed at QA Meetings (quarterly QA meetings) x2. 		

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K 341	Continued From page 5 of a fire alarm notification (horn/ strobe) in the enclosed [REDACTED]. At this time a request was made to the CVPF and MD if there was an audio and visual alarm for the fire alarm system in the enclosed [REDACTED]. The CVPF looked around and said, no. 2. At 11:21 AM, an inspection of the Residents outside smoking [REDACTED] was performed. The surveyor observed no evidence of a fire alarm notification in the outside Resident smoking enclosed [REDACTED]. The surveyor observed four (4) Residents smoking outside at the time of observations. 3. At 11:42 AM, an inspection of the enclosed outside [REDACTED] adjacent to the [REDACTED] was performed. The surveyor observed no evidence of a horn and strobe in the enclosed [REDACTED]. The findings were verified and confirmed by the CVPF and MD during the observations. A review of the facility provided layout identified that the [REDACTED] outside [REDACTED] are enclosed on all sides by the building. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 2/02/2022 at 12:27 PM.	K 341			
K 521 SS=E	NJAC 8:39-31.2(a) HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.	K 521		4/8/22	

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K 521	<p>Continued From page 6 18.5.2.1, 19.5.2.1, 9.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview conducted on 2/01/2022 in the presence of facility management, it was determined that the facility failed to ensure that the facility's ventilation systems were being properly maintained for 4 of 9 resident bathroom exhaust systems as per the National Fire Protection Association (NFPA) 90A.</p> <p>This deficient practice was evidenced by the following:</p> <p>During a tour of the building starting at 9:24 AM, in the presence of the facility's Corporate Vice President of Facility's (CVPF) and Maintenance Director (MD), an inspection inside of nine (9) resident bathrooms was performed. This inspection identified when the bathroom exhaust systems were tested (by placing a piece of single ply tissue paper across the grills to confirm ventilation is present), the exhaust did not function properly in 4 of 9 resident bathrooms in the following locations:</p> <p>1. At 10:08 AM, inside Resident room [REDACTED] bathroom, the exhaust system did not function properly when tested. At this time, the surveyor informed the CVPF and MD that the exhaust system did not function properly.</p> <p>2. At 10:32 AM, inside Resident room [REDACTED] bathroom, the exhaust system did not function properly when tested.</p>	K 521	<p>K521 HVAC Exhaust System</p> <ol style="list-style-type: none"> 1. The 4 bathrooms with non operable exhaust fans will be repaired or replaced. 2. All residents, staff, and families have the ability to be affected. 3. Maintenance staff will be educated on inspecting and maintaining building wide exhaust fans. A facility wide inspection of exhaust fans will be conducted 4. Audits will be conducted monthly X6 then quarterly X 2 by maintenance director/ designee. Findings of the audits will be reviewed at QA Meetings (quarterly QA meetings) x2. 		

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K 521	Continued From page 7 3. At 10:53 AM, inside Resident room [REDACTED] bathroom, the exhaust system did not function properly when tested. 4. At 11:18 AM, inside Resident room [REDACTED] bathroom, the exhaust system did not function properly when tested. All the bathrooms had no windows with an area that would open. The bathrooms would rely on mechanical ventilation. The CVPF and MD confirmed the finding at the time of the observation. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 2/02/2022 at 12:27 PM. NFPA 90A. NJAC 8:39- 31.2 (e).	K 521			
K 912 SS=D	Electrical Systems - Receptacles CFR(s): NFPA 101 Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations on 2/01/2022 in the presence of facility management, it was	K 912	K912 Electrical Systems- Receptacles Testing	4/8/22	

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K 912	Continued From page 8 determined that the facility failed to ensure that 1 of 4 electrical outlets located next to a water source were equipped with proper working Ground-Fault Circuit Interrupter (GFCI) protection. This deficient practice was evidenced by the following: During the building tour starting at 9:24 AM, in the presence of the facility's Corporate Vice President of Facility's (CVPF) and Maintenance Director (MD), at 10:42 AM an inspection inside Resident Shower room #2 between the [REDACTED] and [REDACTED] was performed. The surveyor observed a GFCI electrical outlet located 21 inches to the left of the hand washing sink. When the surveyor used a GFCI tester to de-energize the GFCI outlet, the one GFCI electrical outlet had not de-energize, as required by code. The CVPF and MD confirmed the finding at the time of the observation. The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 2/02/2022 at 12:27 PM. NJAC 8:39 -31.2 (e) NFPA 99	K 912	1. The GFCI Outlet in shower room #2 has been replaced. 2. All residents, staff, and families have the ability to be affected. 3. Maintenance staff will be educated on inspecting and maintaining the electrical system and GFCI receptacles. A facility wide inspection of receptacles has been completed and all are working as designed. 4. Audits will be conducted monthly X6 then quarterly X 2 by maintenance director/ designee. Findings of the audits will be reviewed at QA Meetings (quarterly QA meetings) x2.		
K 916 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer	K 916		4/8/22	

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K 916	<p>Continued From page 9</p> <p>system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and review of facility provided documentation on 2/01/2022 and 2/02/2022, 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:</p> <p>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 floor plan which identifies the various rooms and where is the location of the emergency generator's annunciator. The MD told the surveyor that the annunciator is at one of the Nursing station.</p> <p>During the building tour with the facility's Corporate Vice President of Facility's (CVPF) and Maintenance Director (MD), at 10:35 AM an inspection of the emergency generators 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 lit up with either a "Yellow" lamp which indicates a Trouble and/ or "Red" lamp which indicates an alarm,</p> <p>Generator Fault: System Status: - Over crank Supplying Load</p> <p style="text-align: right;">- EPS</p>	K 916	<p>K916 Essential Electrical Systems</p> <ol style="list-style-type: none"> 1. The generator annunciator panel control board was installed to allow the panel to operate as designed. 2. All residents, families, and staff have the ability to be affected. 3. Maintenance staff will be educated on inspecting and maintaining the Generator Annunciator panel. A facility wide inspection panels has been conducted and all working as designed. 4. Audits will be conducted monthly X6 then quarterly X 2 by maintenance director/ designee. Findings of the audits will be reviewed at QA Meetings (quarterly QA meetings) x2. 		

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K 916	<p>Continued From page 10</p> <ul style="list-style-type: none"> - High Engine Temperature - Not-In-Auto - Low Oil Pressure - System Ready - Over Speed - Generator Running - Emergency Stop - Low Fuel - Low Coolant Level/ Aux - Low Coolant Temperature - Low Cranking Voltage - Battery Charging Fail - Common Fault <p>The CVPF and MD confirmed the finding at the time of the observation.</p> <p>At this time the CVPF told the surveyor that the facility has a proposal to replace the panel. The surveyor made a request a copy of the proposal.</p> <p>On 2/02/2022 (day two of the survey) the CVPF provided a copy of the proposal to replace the Emergency Generator Annunciator panel. A review of the proposal reads in part, "Notes, Quote to return to site and replace, program and test new logic board in the generator controller. This will allow the remote annunciator to function again. Previous trip included in this quote."</p> <p>The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 2/02/2022 at 12:27 PM.</p> <p>NJAC 8:39-31.2 (e)</p>	K 916			