| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 315349 | A. BUILDING **01**<br>B. WING _____ | **05/05/2021** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **INGLEMOOR CENTER** | **333 GRAND AVE**<br>**ENGLEWOOD, NJ 07631** |

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| E 000 | Initial Comments<br><br>This facility is not in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities. | E 000 | | |
| E 015 SS=F | Subsistence Needs for Staff and Patients<br>CFR(s): 483.73(b)(1)<br><br>§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.625(b)(1)<br><br>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:<br><br>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:<br>(i) Food, water, medical and pharmaceutical supplies<br>(ii) Alternate sources of energy to maintain the following:<br>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.<br>(B) Emergency lighting.<br>(C) Fire detection, extinguishing, and alarm systems.<br>(D) Sewage and waste disposal. | E 015 | | 7/27/21 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/20/2021

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| E 015 | Continued From page 1<br><br>*[For Inpatient Hospice at §418.113(b)(6)(iii):]<br>Policies and procedures.<br>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:<br>(iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:<br>(A) Food, water, medical, and pharmaceutical supplies.<br>(B) Alternate sources of energy to maintain the following:<br>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.<br>(2) Emergency lighting.<br>(3) Fire detection, extinguishing, and alarm systems.<br>(C) Sewage and waste disposal.<br>This REQUIREMENT is not met as evidenced by:<br>Based upon observations, staff interviews and review of facility documents, it was determined that the facility failed to have all of the menu items in stock, in accordance with facility policy and emergency menu.<br><br>The deficient practice was evidenced by the following:<br><br>On 5/3/21 at 10:19 AM, during a kitchen tour with the Dining Services Director (DSD) and in the presence of an additional surveyor, the surveyor observed the following items in the emergency food area: | E 015 | 1. An emergency food order was immediately placed and the following items listed on the emergency menu are currently in a secure area-<br>Ravioli with sauce, #10 cans, 1 case<br>Corned Beef Hash, #10 cans, 1 case<br>Beef Stew, #10 cans, 1 case<br>Chili Con Carne, #10 cans, 1 case<br>Tuna, #10 cans, 1 case<br>Canned Chicken, #10 cans, 1 case<br>Jelly, #4 jar, 4 jars<br>Peanut Butter, #5 Tub, 4 each<br>Sloppy Joe, #10 cans, 1 case<br>Whole Peeled Potatoes, #10 cans, 1 case | |

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| E 015 | Continued From page 2<br>5 cans of sliced carrots<br>1 case (6 cans) of sliced peaches<br>1 case (6 cans) of Chili<br>1 case of grape jelly<br>2 tubs of peanut butter<br>1 opened case of powdered dry milk<br>1 case of graham crackers<br>1 case of instant vanilla pudding mix<br>1 case of non-dairy creamer packets<br>4 boxes of Swiss miss powdered cocoa (with a best if used by date of 1/3/21)<br><br>The DSD stated that he had discarded food items before he replaced them and acknowledged that there was not much emergency food in stock. He further stated that he ordered emergency food two days prior with an expected delivery that evening. The DSD also stated that he did not have a list with to follow for ordering emergency food and stated that "I don't remember seeing an emergency menu". He was unable to state what he ordered for the emergency food.<br><br>A review of the "Emergency Menu Guide for No Electricity, No Gas" with a revised date of 2017, which was provided to the surveyor on 5/4/21 at 10:00 AM by the Regional Registered Nurse (RRN) reflected the following menu items which were not observed in the emergency food storage area:<br><br>Juice<br>Cheerios<br>Cornflakes<br>Crackers<br>Beef stew<br>Cookies<br>Canned chicken<br>Mayonnaise | E 015 | Green Beans, #10 cans, 3 each<br>Carrots, #10 cans, 3 each<br>Corn, #10 cans, 3 each<br>Peaches, #10 cans, 1 case<br>Pears, #10 cans, 1 case<br>Apple Sauce, #10 cans, 1 case<br>Corn Flakes, 4/26oz, 2 cases<br>Cheerio□s, 4/35 ox, 1.5 cases<br>Lemon Pudding, #10 cans, 1 case<br>Chocolate Pudding, #10 cans, 1 case<br>Cookies, #10 cans, 3 cases<br>Vanilla Pudding, #10 cans, 4 each<br>Saltines, 5000/2 pks, 3 cases<br>Graham Crackers, 200/2pk, 3 cases<br>Mayonnaise, 1 Gallon, 3 each<br>Powdered Mild, 5/#5 bags, 1 case.<br>Water, 1 Gallon, 132 Gallons<br>Fruit Punch, 12/24ov, 1 case<br>Sliced Beets #10 cans, 1 case<br><br>2. Any resident or staff present in the facility during a prolonged emergency have the potential to be affected by this deficient practice.<br><br>3. The policy was updated to include the emergency food storage will have the items listed on the emergency menu. The emergency food supply will have an inventory check list which includes all menu items, amounts necessary and expiration dates for all items.<br>-The emergency food supply will be check monthly by the Food Service Director or designee. Any items known to have expiration dates during the monthly audit will be ordered and replaced in the | |

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| E 015 | Continued From page 3<br>Green beans<br>Applesauce<br>Tuna<br>Sliced potatoes<br>Beets<br>Pears<br>Ravioli<br>Chocolate pudding<br>Sloppy Joe's<br>Peas<br>Lemon pudding<br>Vanilla pudding<br><br>A review of the invoices for food delivered to the facility 5/3/21, provided to the surveyor on 5/4/21 at 10:00 AM by the RRN revealed that of the items listed above, the following were received:<br><br>1 case of sugar free short bread cookies<br>1 case of applesauce<br>2 containers of mayonnaise<br><br>A review of the Emergency Preparedness Manual for Dining and Nutrition Services dated 2017, provided to the surveyor on 5/5/21 at 11:17 AM by the RRN revealed that the DSD was responsible to obtain and store all food and supplies that may be needed in an emergency situation.<br><br>On 5/5/21 at 11:51 AM, the surveyors met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), RRN, and the Director of Operations for [name redacted]. The LNHA stated, "we don't have much to rebut at this time." The DON further stated, "I support your findings."<br><br>NJAC 8:39-31.6(n) | E 015 | supply and the expired item discarded.<br><br>4. The Food Service will audit the Emergency Food Supply monthly to ensure the presence of all items, correct amounts, expiration dates and any items that were replaced. The audit will continue for 6 months or until substantial compliance is achieved. The results of the audit will be presented to the QAPI Committee at the monthly meeting. | |

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| K 000 | Continued From page 4 | K 000 | | |
| K 000 | INITIAL COMMENTS | K 000 | | |
| | A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 4/29/2021 . Inglemoor 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.<br><br>Inglemoor Center is a two story building that was built in 60's. It is composed of Type I construction. The facility is divided into 3 smoke zones. | | | |
| K 311 SS=D | Vertical Openings - Enclosure<br>CFR(s): NFPA 101<br><br>Vertical Openings - Enclosure<br>2012 EXISTING<br>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6<br>If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview on 4/29/21, it was determined that the facility failed to ensure that construction separating floors was resistant to the passage of fire, smoke and fumes as evidenced by the following: | K 311 | 1. A plan was immediately put in place to ensure the section of ceiling in the laundry area of the facility was properly fixed. Supplies were purchased and the ceiling was repair with a fire rated material to | 6/11/21 |

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| K 311 | Continued From page 5<br><br>One of two service areas located in the basement had a vertical opening that was not sealed or enclosed with a fire rated material to prevent fire, smoke and fumes from transferring to the first floor. At 12:10 PM the surveyor observed, in the presence of the facility's Maintenance Director, that large sections of the ceiling's construction material was missing from the laundry room's ceiling. Further observation revealed that two approximately 3-ft. x 4-ft. pieces of cement board (or concrete) was missing thus creating voids between the basement and first floor. This finding was verified by the Maintenance Director in an interview during the observation. He stated that he was aware of the openings and that they were caused by a water leak that occurred about a week earlier.<br><br>The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code exit conference at 2:00 PM.<br><br>NJAC 8:39-31.2(e)<br>NFPA 101:2012 - 19.3.1.1 to 19.3.1.6 | K 311 | prevent fire, smoke and fumes from transferring to the first floor.<br><br>2. All residents in the facility have the potential to be affected by this deficient practice.<br><br>3. The Maintenance Director will inspect all ceilings during daily rounds for any condition that would create a void in the ceiling.<br>The administrator will be informed of any condition that would create a void in the ceiling. Information will include the quantity of supply needed to correct the problem and a timeline for the corrective action.<br><br>4. The Maintenance Director or his designee will report the condition of the ceilings and any necessary repairs to the QAPI Committee for 3 months until substantial compliance is identified. Any incident that may have caused a void in any area of the ceilings and the corrective action will be reviewed. | |