

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

PRINTED: 12/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2021
NAME OF PROVIDER OR SUPPLIER VIRTUA HEALTH & REHAB MT HOLLY			STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS	K 000		
K 341 SS=F	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/11/21 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>Virtua Health and Rehab - Mt. Holly is a one story building that was built in 1970's. It is composed of Type V construction. The facility is divided into 8 smoke zones.</p> <p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>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</p>	K 341		7/30/21

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

TITLE

(X6) DATE

Electronically Signed

05/21/2021

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 341	<p>Continued From page 1 paths are monitored for integrity. 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 and interview, the facility failed to provide notification by audible and visible signals 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. The deficient practice was identified for 3 of 3 courtyards and was evidenced by the following:</p> <ol style="list-style-type: none"> 1. On 05/11/21 at approximately 12:15 PM, observation revealed there was no horn/strobe tied to the fire alarm in the () enclosed courtyard. 2. On 05/11/21 at approximately 12:25 PM, observation revealed there was no horn/strobe tied to the fire alarm in the () enclosed courtyard. 3. On 05/11/21 at approximately 12:35 PM, observation revealed there was no horn/strobe tied to the fire alarm in the () enclosed courtyard. <p>The findings were verified by the Maintenance Director and Regional Plant Operations Director at the time of the observations.</p> <p>The Administrator was notified of the findings at the Life Safety Code exit conference at 2:15 PM on 05/11/21.</p>	K 341	<p>All residents may be effected by this deficiency.</p> <p>Facility installed the required weather proof horn and strobes in the three(3) enclosed exterior courtyards.</p> <p>The three courtyard areas will be added to the quarterly fire alarm inspection report and findings will be report by the plant operations manager at the facility quarterly QAPI meeting.</p>		

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K 341	Continued From page 2	K 341			
K 352 SS=D	<p>NJAC 8:39-31.2(a) Sprinkler System - Supervisory Signals CFR(s): NFPA 101</p> <p>Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 05/11/21, in the presence of the Maintenance Director and Regional Plant Operations Director, it was determined that the facility failed to maintain the fire sprinkler system in accordance with NFPA 13 and 72, by failing to ensure that the water supply valves were provided with tamper alarms. This deficient practice was identified for 1 of 1 post indicator valve and was evidenced by the following:</p> <p>At 12:50 PM, the surveyor observed on the outside of the [REDACTED] Unit, a red post indicator valve. Although the valves were chained with a pad lock, the valves were not provided with an alarm to notify the facility if the water was turned off and that the fire sprinkler system was inactive.</p> <p>During an interview at the time of the observations, the Maintenance Director and Regional Plant Operations Director both stated</p>	K 352	<p>All residents were effected by the post indicator valve deficient connection.</p> <p>Facility installed the necessary equipment to connect the exterior post indicator valve to the fire alarm system.</p> <p>The post indicator valve will be added to the quarterly fire alarm inspection report and findings will be report by the plant operations manager at the facility quarterly QAPI meeting.</p>	7/30/21	

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K 352	Continued From page 3 that they were unaware of this requirement. The Administrator was notified of this finding at the Life Safety Code exit conference at 2:15 PM on 05/11/21. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25, 72	K 352			
K 374 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/11/21, in the presence of the Maintenance Director and Regional Plant Operations Director, it was determined that the facility failed to maintain 1 of 8 smoke barrier doors to automatically close with the activation of the fire alarm system to provide at least 20 minutes of fire protection. This deficient practice was evidenced by the following:	K 374	One(1)of eight(8)smoke barrier doors were effected by this deficiency. All smoke barrier doors within the facility have the potential to experience the same malfunction. There were no patients/residents effected by this deficient practice. Facility contractor repaired defective hardware to ensure proper closure	5/14/21	

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K 374	<p>Continued From page 4</p> <p>At 11:55 AM, the surveyor observed the smoke barrier door set near resident's rooms 141 and 142, did not fully close when released from the magnetic hold-open device. When released, one of the double doors remained open approximately 2 inches, due to a hardware malfunction on the door closing device to fully close the door preventing it from being smoke resistive.</p> <p>During an interview at the time of the observations, the Maintenance Director and Regional Plant Operations Director stated and confirmed that the smoke doors should be completely closed and smoke tight.</p> <p>The Administrator was notified of the finding at the Life Safety Code exit conference at 2:15 PM on 05/11/21.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p>	K 374	<p>function.</p> <p>The facility maintenance mechanic will inspect all fire barrier doors monthly for proper closure. Hazardous surveillance rounds and Environment of Care rounds will include inspection of closing devices for a random sample of smoke barrier doors monthly.</p> <p>The facility maintenance mechanic will report monthly to QAPI finding and recommendations of corrective measures from the monthly inspections.</p>		