

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

PRINTED: 10/20/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE LUMBERTON, NJ 08048</b>		
(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  This facility is 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			
K 000	INITIAL COMMENTS  A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/18/2023 and Mount Holly Rehabilitation and Healthcare 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.	K 000			
K 918 SS=F	Mount Holly Rehabilitation and Healthcare Center is a one-story Type II protected building that was built in 1970. The facility is divided into 10 smoke zones.  Electrical Systems - Essential Electric Syste CFR(s): NFPA 101  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.	K 918		6/27/23	

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

TITLE

(X6) DATE

Electronically Signed

06/17/2023

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 918	<p>Continued From page 1</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, document review, and facility policy review, it was determined the facility failed to conduct annual testing of diesel fuel in accordance with National Fire Protection Association (NFPA) 99, Healthcare Facilities Code, 2012 edition, Section 6.5.4 and NFPA 110 Standard for Emergency and Standby Power. This deficient practice had the potential to affect 134 residents who resided in the facility.</p> <p>Findings included:</p> <p>A review of the facility's undated policy titled, "Emergency Generator or Alternate Energy</p>	K 918	<p>The Maintenance Director has been educated by the Regional Plant Operations Manager on Annual Testing of Diesel fuel and Recordings of annual test documentation. Annual Testing of Diesel fuel have been implemented as of 5.19.23-current to reflect the annual inspection of Diesel fuel in accordance with the annual inspection Diesel fuel test.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>To prevent the deficient practice from</p>		

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K 918	<p>Continued From page 2</p> <p>Source," revealed, "The facility plans for alternate sources of energy in the event of a crisis or disaster situation. Policy Interpretation and Implementation 1. If there is a disruption in the normal power supply, alternate sources of energy will be used to maintain subsistence needs such as food, water, medical supplies, emergency lighting, temperature, refrigeration, fire systems, sewage, and waste disposal." The policy indicated, "5. Any alternate energy source is used in accordance with local and state laws, manufacturer instructions and any applicable Life Safety Code requirements." Per the policy, "10. Permanent generators will be used in accordance with NFPA 110 and Life Safety Code requirements, including location, testing, fuel storage and maintenance."</p> <p>A review of the "[Vendor name] Inspection Report," dated 12/21/2022 for the generator, revealed the last annual fuel sample taken was in August 2021.</p> <p>During an interview on 05/18/2023 at 2:16 PM, the Director of Maintenance stated he was aware of the code requirement to complete an annual generator diesel fuel quality analysis. He acknowledged the findings and indicated he was responsible for all the life safety code inspection, testing, and maintenance requirements and expected all life safety code requirements to be followed and met.</p> <p>During an interview on 05/18/2023 at 2:32 PM, the Administrator revealed she was not aware the diesel fuel quality analysis test was not done. She indicated she was new and had not looked at the life safety code inspection reports. She stated the Director of Maintenance was responsible for the</p>	K 918	<p>re-occurrence; The Maintenance Director was educated by the Regional Plant Operations Manager on the "Focus on K-tag 918" and the annual testing of Diesel fuel in accordance with National Fire Protection Association (NFPA) 99, Healthcare Facilities Code, 2012 edition, Section 6.5.4 and NFPA 110 Standard for Emergency and Standby Power.</p> <p>On-going audits of the diesel fuel inspection as well as generator inspection will be completed by Director of Maintenance and reviewed by Nursing Home Administrator. This audit will be tracked in our TELS Building Management Software. The TELS system will be audited for completeness to ensure all items are completed timely. Audits will occur daily x5 weekly x4 and monthly x3. Results of the audits will be reviewed Monthly with QAPI until substantial compliance is met. The QAPI Committee consists of the NHA, DON and Medical Director.</p>		

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K 918	Continued From page 3 inspection, testing, and maintenance of the life safety code systems. Per the Administrator, she expected all life safety code requirements to be followed and met.  New Jersey Administrative Code § 8:39-31.2(g)	K 918			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315128	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 7/19/2023
NAME OF FACILITY MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048	

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # NFPA 101	Completed _____	Reg. # _____	Completed _____	Reg. # _____	Completed _____
LSC K0918	06/27/2023	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # _____	Completed _____	Reg. # _____	Completed _____	Reg. # _____	Completed _____
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # _____	Completed _____	Reg. # _____	Completed _____	Reg. # _____	Completed _____
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # _____	Completed _____	Reg. # _____	Completed _____	Reg. # _____	Completed _____
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # _____	Completed _____	Reg. # _____	Completed _____	Reg. # _____	Completed _____
LSC _____	_____	LSC _____	_____	LSC _____	_____
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/20/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			