

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

PRINTED: 07/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2021
NAME OF PROVIDER OR SUPPLIER BARCLAYS REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1412 MARLTON PIKE CHERRY HILL, NJ 08034	
(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=E	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/01/2021 and Barclay 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.</p> <p>Barclay Rehabilitation and Healthcare Center is a single story (1), Type III Protected building that was built in January 1963. 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.</p>	K 341		1/20/22

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

TITLE

(X6) DATE

Electronically Signed

12/21/2021

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</p> <p>Fire alarm system wiring or other transmission 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 on 12/01/2021, in the presence of facility management, it was determined that the facility failed to provide fire alarm notification by audible and visible signals for 2 of 2 enclosed center 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>On 12/01/2021 starting at 9:00 AM, during the building tour with the facility's Maintenance Director (MD), the surveyor observed two areas that failed to provide fire alarm notification in the following locations,</p> <p>1. At 10:10 AM, the surveyor observed no evidence of a fire alarm notification (horn/ strobe) inside the small enclosed center courtyard. At that time the surveyor asked the MD, is there a horn/strobe for the fire alarm system here. The MD said, no. The findings were verified and confirmed by the MD during the observations.</p> <p>2. At 11:03 AM, the surveyor observed no evidence of a fire alarm notification (horn/ strobe)</p>	K 341	<p>1)A fire alarm annunciator was installed with audible and visible signals for 2 of 2 enclosed courtyards.</p> <p>2)All residents are affected by this deficient practice.</p> <p>3)Maintenance staff were in serviced on the need to have fire alarm notification with audible and visible signals for all courtyards.</p> <p>4)The Administrator or designee will inspect and audit the 2 courtyards monthly for 2 months to ensure that the proper alarm systems were installed and operating properly. Findings will be submitted to the QAPI committee quarterly for review.</p>		

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K 341	Continued From page 2 inside the large enclosed center courtyard. The findings were verified and confirmed by the MD during the observations. The Administrator was notified of the finding at the Life Safety Code exit conference at 12:41 PM. NJAC 8:39-31.2(a)	K 341		