

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

PRINTED: 12/14/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/09/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>18 W LAUREL ROAD STRATFORD, NJ 08084</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	E 000		
K 000	INITIAL COMMENTS	K 000		
K 241 SS=F	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 2/07/2022 and Laurel Manor Healthcare and Rehabilitation 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>Laurel Manor Healthcare and Rehabilitation Center is a two (2) story, Type I Protected building that was built in January 1969. The facility is divided into 7 smoke zones.</p> <p>Number of Exits - Story and Compartment CFR(s): NFPA 101</p> <p>Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by:</p>	K 241		3/14/22

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

TITLE

(X6) DATE

Electronically Signed

03/16/2022

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 241	<p>Continued From page 1</p> <p>Based on observation and review of pertinent facility documentation on 02/07/2022, in the presence of facility management, it was determined that the facility failed to provide at least two exits, remote from each other, for each floor or fire section of the building.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 9:28 AM, a request was made to the facility's Administrator and Corporate Director of Facilities (CDOF) to provide a copy of the facility layout which identifies the various rooms in the facility for the first and second floors. The surveyor also asked if the facility had any waivers for the facility. The Administrator said, "Yes, a time limited waiver for the second floor."</p> <p>Starting at 9:31 AM, in the presence of the facility's CDOF and Maintenance Staff (MS), an inspection of the building was conducted.</p> <p>During this inspection at 1:20 PM, the surveyor, Administrator and CDOF observed that there were only one means of egress from the 2nd floor. This exit consisted of a single stairway to the 1st floor.</p> <p>During an interview, at the time, the Administrator stated the 2nd floor is an administration area only, is fully sprinklered, and has a heat detection/fire alarm system. The only door to the 2nd floor remains locked at all times from resident access by an electronic key-coded lock with an additional push-button release behind the reception desk.</p> <p>The Administrator was informed of the finding at</p>	K 241	<p>Requesting a time limited waiver to construct a 2nd exit for the 2nd story. anticipated completion for the second stairwell date of 12/31/2025.</p> <p>Please note, the spoken second story compartment is restricted access with a keypad and only designated select employees can enter that location. Please note, Monthly fire checks are conducted, and will be increased to 2x monthly.</p> <p>Education will be provided quarterly regarding this specific area. Please note any discrepancies will be brought to the attention of the QAPI team Which meets Monthly.</p>		

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K 241	Continued From page 2 the Life Safety Code exit conference on 02/07/2022.	K 241			
K 363 SS=D	NJAC 8:39 - 31.2(e) Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.	K 363		3/16/22	

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K 363	<p>Continued From page 3</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and observation on 02/07/2022, the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5. This deficient practice of room doors with penetrations restricts the ability of the facility to properly confine fire and smoke products and to properly defend occupants in place. This deficient practice was observed in 2 of 65 resident room/office corridor doors and was evidenced by the following:</p> <p>Starting at 9:31 AM in the presence of the facility's Corporate Director of Facility (CDOF) and Maintenance Staff (MS) an inspection of the building was conducted.</p> <p>During this inspection the surveyor observed two (2) corridors that had penetrations through the door in the following locations:</p> <ol style="list-style-type: none"> <li>At 12:51 PM, the surveyor observed the corridor door leading into the Physical Therapy room had three (3) holes drilled through the door. The surveyor measured and recorded one hole was 1" in diameter and two holes were 1/2" in diameter.</li> <li>At 12:53 PM, the surveyor observed the corridor door leading into the Trash and Soiled Linen closet had three (3) holes drilled through</li> </ol>	K 363	<p>S363</p> <ol style="list-style-type: none"> <li>The Maintenance Director and assistant was educated on the importance and requirements of fire safety as well, the importance of ensuring there are no door penetrations. Both the trash room door and therapy room door have metal plate covering the holes.</li> <li>All residents have the ability to be effected by this practice of fire doors with penetrations.</li> <li>The Maintenance Director or Designee will audit all doors. As well, any closet doors to ensure there are no penetration's to ensure the maximum safety.</li> <li>The Maintenance Director or Designee will audit all doors as well, any closet doors to ensure there are no penetration's to ensure the maximum safety, weekly x 4 then monthly x 2 then quarterly x 3. As well, any closet doors to ensure there are no penetration's to ensure the maximum safety. The Administrator or Designee will audit the above in intervals weekly x4 monthly x2 quarterly x3. All finding will be addressed immediately and reported to</li> </ol>	

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K 363	<p>Continued From page 4</p> <p>the door. The surveyor measured and recorded one hole was 1" in diameter and two holes were 1/4" in diameter.</p> <p>Both corridor doors appeared to have the door knob hardware removed and replaced with combination door locks that were installed on the doors.</p> <p>The CDOF and MS confirmed the findings at the time of observations.</p> <p>This would allow fire, smoke and poisonous gases to pass into the exit access corridor in the event of a fire.</p> <p>The Administrator was informed of the finding at the Life Safety Code exit conference on 02/07/2022.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p>	K 363	<p>QAPI committee which meets monthly.</p>		