

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315205	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/23/2020
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NAME OF PROVIDER OR SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE TWO COOPER PLAZA CAMDEN, NJ 08103
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E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000		
K 908 SS=F	Gas and Vacuum Piped Systems - Inspection and CFR(s): NFPA 101 Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 12/15/2020 and 12/16/2020, in the presence of facility Regional Administrator and Facility Administrator, it was determined that the facility failed to annually inspect and test the piped-in [REDACTED] system as per NFPA 99. This deficient practice was evidenced by the following: A review of the facility's piped-in [REDACTED] system	K 908	1)Corrective action The vendor that inspects the piped-in [REDACTED] was immediately called and a inspection was scheduled immediately. The inspection will be conducted on 1/21/2021 2) All residents have the potential to be affected by this deficient practice.	2/1/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/17/2021
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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 908	<p>Continued From page 1</p> <p>inspections revealed that the last annual inspection of the system by a licensed vendor was conducted on [REDACTED], more than 31-months ago. That inspection report indicated under inspection summary that failures requiring repair:</p> <p>1. Older outlets should be scheduled for repair.</p> <p>2. Room [REDACTED] and [REDACTED] missing front plate on [REDACTED] outlet</p> <p>Medical gas system updates: [REDACTED] outlet parts for repair are no longer available and recommend replacing with new.</p> <p>On 12/16/2020 at 11:45 AM, the surveyor conducted an interview with the facility's Administrator who stated that they probably don't have a policy for having the system tested, but would look for one. The Administrator attempted to call the Medical Gas vendor about the 2019 Annual Medical Gas Certification, but he said they did not respond as of the Life Safety Code exit conference. The Regional Administrator stated that due to the current Covid-19 outbreak, the facility does not want to have third party vendors in their facility. The Regional Administrator and Maintenance Director provided the last annual inspection dated: April 30, 2018 from the piped medical gas vendor, indicating that this was the last time the system was inspected and the facility could not provide any further documents indicating the annual inspection was performed in 2019 and 2020. The facility Administrator, Regional Administrator and the Maintenance Director did not produce a facility policy and procedure at the LSC exit conference.</p> <p>On 12/16/20 at 11:00 AM, the (new) Maintenance</p>	K 908	<p>3)The Maintenance director will be IN serviced on the importance of maintaining inspections in a timely fashion.</p> <p>4)Quality assurance</p> <p>The maintenance Director will audit completion of inspections Monthly. The Administrator/or designee will review inspections results monthly x 3 months. the results of these reviews will be submitted to the QAPI Committee Monthly for review and action as appropriate.</p> <p>Date of Compliance 2/1/2021</p>	

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

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K 908	Continued From page 2 Director stated that the system was only provided to the 3rd floor resident rooms. He was not sure if the piped-in medical gas system was inspected since 04/30/2018 and he did not produce any documents indicating so as of the Life Safety Code exit conference. The Regional Administrator and Facility Administrator were notified of the deficiency at the Life Safety Code exit conference.	K 908		
K 923 SS=D	NJAC 8:39-31.2(e) NFPA 99 NFPA 101 2012 -19.3.2.4 Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on	K 923		1/26/21

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K 923	<p>Continued From page 3</p> <p>each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview on 12/16/2020, in the presence of facility management, it was determined that the facility failed to store cylinders of compressed [REDACTED] in a manner that would protect the cylinders against tipping and rupture in accordance with NFPA 99.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/16/2020 at 1:15 PM, the surveyor along with the facility's Director of Maintenance (DM), Corporate Regional Manager (CRM), and Administrator observed there were 3 of 23 portable tanks of compressed [REDACTED] stored in the main [REDACTED] storage room on floor [REDACTED]. The tanks were free-standing and not secured from tipping and rupture. One of the portable [REDACTED] tanks still had a hose attached to the [REDACTED] r.</p> <p>In an interview, at the time, the facility's CRM stated the tanks should be secured from tipping and rupture at all times.</p>	K 923	<p>1) corrective action</p> <p>All portable tanks were immediately placed in the storage cart</p> <p>2)Identification of other residents who have the potential to be affected : an audit was done throughout the building and no other issues were found during the audit</p> <p>3)Systemic change</p> <p>staff members were IN serviced about proper storage of [REDACTED] tanks.</p> <p>placed proper signage in the room so that instructions are clear</p> <p>4) Quality assurance</p> <p>nursing supervisor/or designee will make rounds to make sure compliance daily x 7 days then weekly x 4 weeks then monthly</p>	

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K 923	Continued From page 4 NJAC 8:39-31.2(e) NFPA 99	K 923	x 3 months. Results of these audits will be forwarded monthly to the QAPI Committee for review and action as appropriate date of compliance 1/26/21		