

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

PRINTED: 08/19/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/07/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT KRESSON VIEW, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2601 EVESHAM ROAD VOORHEES, NJ 08043</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 293 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 09/01/21 and 09/03/2. Kresson View 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>Kresson View Center is a four-story Type II un-protected building that was built in January 1986. The facility is divided into 14 smoke zones.</p> <p>Exit Signage CFR(s): NFPA 101</p> <p>Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation on 09/03/2021, it was determined that the facility failed to ensure that</p>	K 293	Preparation and/or execution of this plan of correction does not constitute	9/28/21

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

TITLE

(X6) DATE

Electronically Signed

09/29/2021

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 293	<p>Continued From page 1</p> <p>two (2) illuminated exit signs were posted, to clearly identify the exit access path.</p> <p>This deficient practice was evidenced by the following:</p> <p>During a facility tour, in the presence of the Maintenance Director, the surveyor observed the following:</p> <p>At 11:30 AM, there were no illuminated exit signs above the enclosed center court yard doors (2) to clearly identify the exit access path out of the enclosed court yard.</p> <p>The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference at 09/03/2021.</p> <p>NJAC 8:39 -31.1 (c)</p>	K 293	<p>admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because they require it.</p> <p>POC for 2567</p> <p>Complete Care at Kressonview - K293 Exit Signage</p> <p>SS=D</p> <ol style="list-style-type: none"> <li>1. The two (2) illuminated exit signs were posted to clearly identify the exit path from the courtyard.</li> <li>2. All exit signs within the facility were checked to ensure compliance.</li> <li>3. All illuminated exit signs will be checked monthly.</li> <li>4. The corrective action will be monitored by the QAPI committee x 3 months. Maintenance Director or designee will complete monthly checks.</li> </ol>		