

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

PRINTED: 11/25/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315225</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/13/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERFRONT REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5101 NORTH PARK DRIVE PENNSAUKEN, NJ 08109</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 923 SS=D	<p>LIFE SAFETY CODE 101:2012</p> <p>This facility is not in substantial compliance with the Minimum Life Safety Code requirements as survey using CMS-2786R.</p> <p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p> <p>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.</p> <p>&gt;300 but &lt;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.</p> <p>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.</p>	K 923		11/30/20	

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

TITLE

(X6) DATE

Electronically Signed

10/22/2020

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 923	<p>Continued From page 1</p> <p>A precautionary sign readable from 5 feet is on 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) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview on 10/08/20, in the presence of facility management, it was determined that the facility failed to ensure cylinders that are stored in the open are protected from weather in accordance with NFPA 99.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 12:30 PM, the surveyor along with the facility's Director of Maintenance, Regional Maintenance Director and facility's Supply Director observed one unlocked chain-link fence enclosure, approximately 5' x 5' in size and containing 42 portable Oxygen bottles, 39 full and 3 empty. The enclosure did not provide protection from extreme weather (rain, snow and ice).</p> <p>In an interview, at the time of the observation with the facility's Director of Maintenance, Regional Maintenance Director and facility's</p>	K 923	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>F0923 SS=D</p> <p>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Residents had no negative outcome from the cited deficient practice.</p> <p>How you will identify other residents having the potential to be affected by the</p>		

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K 923	<p>Continued From page 2</p> <p>Supply Director and they agreed that 42 portable Oxygen bottles were stored outside, but are not protected from extreme weather conditions. The Supplies Director stated that the bottles were stored there for many years unprotected.</p> <p>19.3.2.4 Medical Gas. Medical gas storage and administration areas shall be in accordance with Section 8.7 and provisions of NFPA 99, Health Care Facilities Code, applicable to administration, maintenance, and testing</p> <p>NJAC 8:39-31.2(e) NFPA 99</p>	K 923	<p>same deficient practice and what corrective action will be taken.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Oxygen cylinders were immediately moved inside the building to an area that conforms with regulations.</p> <p>What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur.</p> <p>Maintenance and Central supply will be educated on correct location for the safe storage of oxygen cylinders.</p> <p>Administrator and Maintenance Director will assess outdoor storage area weekly x3 and monthly x4 to make sure no oxygen tanks are stored there.</p> <p>Results of audits will be presented in monthly QAPI meeting to ensure compliance and reassessed for further action.</p>		