

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

PRINTED: 06/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT COURT HOUSE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>144 MAGNOLIA DRIVE CAPE MAY COURT HOUSE, NJ 08210</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  This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000			
K 000	INITIAL COMMENTS  LIFE SAFETY CODE 101:2012	K 000			
K 324 SS=D	THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.  Cooking Facilities CFR(s): NFPA 101  Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through	K 324		3/3/21	

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

TITLE

(X6) DATE

Electronically Signed

02/21/2021

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.

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

PRINTED: 06/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT COURT HOUSE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>144 MAGNOLIA DRIVE CAPE MAY COURT HOUSE, NJ 08210</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	
K 324	<p>Continued From page 1 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 02/10/21 in the presence of the facility Maintenance Director, Facility Administrator and Dietary Director, it was determined that the facility failed to ensure that 5 of 7 exhaust hood grease baffles were in the proper position to protect against grease and fire from entering above the exhaust hood system as per NFPA 96.</p> <p>This deficient practice was evidenced by the following: At 10:40 A.M., the surveyor observed 5 of 7 exhaust hood grease baffles over the main cooking area that had gaps and bent frames at the following locations :</p> <p># 1 to # 2 (bent frame) right-side approximately 1/2" gap # 2 to # 3 (bent frame) Right-side approximately 3/4" gap # 3 to # 4 1" opening (gap) over the 6-burner cooking stove # 4 to # 5 (OK) # 5 to # 6 (bent frame) lower right-side 1/2" gap # 6 to # 7 (bent frame) upper and lower 1/2" gap</p> <p>An interview was conducted with the Maintenance Director, Facility Administrator and Dietary Direct who both stated and agreed that 5 of 7 grease baffles over the main cooking area must be in the correct position to prevent grease and fire from entering the hood above the grease</p>	K 324	<p>1. Service was called to perform the repair to exhaust hood baffles to correct bent frames and gaps as noted. All 7 exhaust hood grease baffles were replaced 2/25/21. Food Service Director received education regarding the submission of requests for maintenance to perform repairs to equipment as needed to prevent the potential harm of any residents, staff and visitors.</p> <p>3. Maintenance Director, in conjunction with Food Service Director will perform monthly audits of equipment.</p> <p>4. Findings of audits will be reported monthly to the QA committee for three months. After three months, the committee will determine if continued monitoring or further corrective action is necessary.</p>		

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

PRINTED: 06/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT COURT HOUSE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>144 MAGNOLIA DRIVE CAPE MAY COURT HOUSE, NJ 08210</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	
K 324	<p>Continued From page 2 baffles.</p> <p>The Grease baffles are the first layer of protection in a commercial kitchens grease management and exhaust ventilation system. Their purpose is to prevent flames and flammable debris from entering the exhaust duct and to capture grease-laden vapors produced from cooking equipment. If this grease was not captured, it would build up in the ventilation system and become a major fire hazard.</p> <p>19.3.2.5.3* (10) Procedures for the use, Inspection, Testing, and Maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the Manufacturers instructions and are followed.</p> <p>The Administrator was notified of the deficiency at the life safety code exit conference.</p> <p>NJAC 8:39-31.2(e) NFPA 96, 19.3.2.5.3*(10)</p>	K 324			