

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

PRINTED: 11/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/04/2022
NAME OF PROVIDER OR SUPPLIER BISHOP MCCARTHY CENTER FOR REHAB & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1045 E CHESTNUT AVE VINELAND, NJ 08360		
(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 A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 1/04/2022 and Bishop McCarthy Center for Rehabilitation 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.	K 000			
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation on 1/04/2022, in the presence of facility management, it was determined that the facility failed provide a battery backup emergency light above the emergency generator's transfer switch, independent of the	K 291	K291 Emergency Lighting a) Upon notification of the deficient practice, an emergency battery backup light was ordered by Maintenance.	3/10/22	

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

TITLE

(X6) DATE

Electronically Signed

01/14/2022

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 291	<p>Continued From page 1</p> <p>building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following:</p> <p>During the building tour with the Corporate Maintenance Director (CMD) and facility Maintenance Director (MD) at 11:17 AM, an inspection in the boiler room where the generator transfer switch was located was performed. The surveyor observed no evidence of a battery back up emergency light. The surveyor asked the MD if there was a battery back up emergency light for the transfer switch. The MD said, no.</p> <p>This finding was verified by the facility's CMD and MD at the time of inspection.</p> <p>The Administrator was notified of the finding at the Life Safety Code exit conference at 1:59 PM</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p>	K 291	<p>b) No residents were harmed by this deficient practice.</p> <p>c) The emergency battery backup light was delivered and installed by the maintenance director as per regulation.</p> <p>d) The emergency battery backup light will be added by Maintenance Director or designee to the preventive maintenance audit log weekly to ensure proper functioning. If it fails at any time, it will be immediately replaced by Maintenance. All findings will be reported to the QAPI Committee monthly.</p> <p>Completion date: 3/10/2022</p>		