

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

PRINTED: 12/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315061	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/30/2021
NAME OF PROVIDER OR SUPPLIER SOUTH JERSEY EXTENDED CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 99 MANHEIM AVENUE BRIDGETON, NJ 08302	
(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	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/30/21, 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 Occupancy</p> <p>The facility is a one-story building that was built in the 1980s and is composed of Type I fire resistant construction. The facility is divided into seven smoke zones. The generator does 100% of the building. The building has an ongoing K-241 for one egress from the attic and one egress from the basement and are required to have an FSES completed this year.</p> <p>The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair,</p>	K 000		

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

TITLE

(X6) DATE

Electronically Signed

01/24/2022

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 000	Continued From page 1 alterations or additions.	K 000			
K 241 SS=F	<p>The facility has 167 certified beds.</p> <p>Number of Exits - Story and Compartment CFR(s): NFPA 101</p> <p>Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by: Based on observation on 12/30/21, in the presence of facility management, it was determined that the facility failed to provide two exits, remote from each other, for each floor or fire section of the building. This deficient practice was evidenced by the following:</p> <p>1. There was only one acceptable means of egress from the basement. The second exit was a steep ladder with metal Bilko hatch doors. The basement was fully sprinklered and had a fire alarm system.</p> <p>The door to the basement is located within a locked kitchen receiving area and are not accessible to residents.</p> <p>At 10:15 AM, the Administrator was provided a document indicating "Fire Safety Evaluation System" (FSSES) instructions for past waived deficiencies.</p>	K 241	<p>K241</p> <p>1. The facility has requested a Time-limited Waiver to construct a 2nd exit. The estimated completion date for construction is 12/01/2026.</p> <p>To keep all employees, visitors and residents safe, smoke detectors have been installed as a back up to our already existing fire/sprinkler system. The maintenance/Housekeeping director will conduct daily safety rounds to ensure the kitchen corridor and basement stairs are free debris and there is nothing hindering safe egress from the basement to the outside. In addition, a key code door lock was installed to the door leading to the basement to ensure</p>	6/9/22	

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K 241	Continued From page 2	K 241	only authorized employees are able to access the affected area.		
K 291 SS=D	<p>NJAC 8:39 - 31.1(c) Emergency Lighting CFR(s): NFPA 101</p> <p>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 and interview on 12/30/21, it was determined that the facility failed to provide an operational battery backup emergency light above the emergency generator's transfer switch, independent of the 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>At 12:15 PM, the Administrator and Maintenance Director, observed in the Maintenance Shop main electrical room, where the emergency generator transfer switch was located, that the room was equipped with emergency lighting independent of the building's electrical system and emergency generator, but when the Maintenance Director attempted to test the fixture, the emergency light would not work.</p> <p>The Maintenance Director did not provide a log indicating when the emergency Light was last tested.</p> <p>This finding was verified by the Administrator and Maintenance Director at the time of observation.</p> <p>The Administrator was notified of the above</p>	K 291	<p>K291</p> <ol style="list-style-type: none"> The operational battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator was replaced. All residents have the potential to be affected by the facility not providing an operational battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system. The Administrator will in-service the maintenance director regarding the necessity of monitoring the functioning status the emergency lighting fixture. The Administrator or designee will monitor daily for two months that the emergency lighting fixture is in good working order. All findings will be reported at the next quarterly quality assurance meeting 	3/1/22	

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K 291	Continued From page 3 findings at the Life Safety Code exit conference on 12/30/21.	K 291			
K 341 SS=D	<p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p> <p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/30/2021, in the presence of the Administrator and Maintenance Director, it was determined that the facility failed to provide fire alarm notification by audible and visible signals for 2 of 2 enclosed courtyards in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p>	K 341	<p>K341</p> <ol style="list-style-type: none"> 1. Fire alarm horn/strobe was installed in the two courtyards. 2. All residents have the potential to be affected when the facility fails to provide a fire alarm notification by audible and visible signals for enclosed courtyards. 	3/1/22	

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K 341	Continued From page 4 The deficient practice was evidenced by the following: During the building tour, in the presence of the facility Administrator and Maintenance Director at 11:32 AM, an inspection of the outside C-85 and A-15 enclosed courtyards was performed. The surveyor observed no evidence of a fire alarm notification (horn/strobe) in the above areas. At that time, the surveyor asked the Administrator and Maintenance Director if there was a horn/strobe in the above enclosed courtyards for the fire alarm system. The Administrator and Maintenance Director said "no." The findings were verified and confirmed by the Administrator and Maintenance Director during the observations. The Administrator was notified of the finding's at the Life Safety Code exit conference on 12/30/2021.	K 341	3. The administrator will in-service the maintenance director regarding the importance of ensuring that evidence of audible and visual alarming systems is in consistently in working order. 4. The administrator or designee will monitor the functioning of the fire alarms in the courtyards daily for two months ensuring that audibility and visibility signals of the fire alarm system is always present. All findings will be reported at the next quarterly quality assurance meeting.		
K 363 SS=D	NJAC 8:39-31.2(a) Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller	K 363		3/1/22	

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K 363	<p>Continued From page 5</p> <p>latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 12/30/21, the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5. This deficient practice of not ensuring that room doors will close and latch restricts the ability of the facility to properly confine fire and smoke products and to properly defend occupants in place.</p>	K 363	<p>K363</p> <p>1. G-8, A-20, C-55, C-67, C-68 room door was repaired and now completely closes and latches to its door frame.</p> <p>2. All residents have the potential to be affected by this deficient practice of ensuring that corridor doors are able to resist the passage of smoke.</p>		

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K 363	<p>Continued From page 6</p> <p>This deficient practice was observed in 5 of 45 resident room doors during the building tour from 10:30 AM to 02:00 PM, and was evidenced by the following:</p> <p>The following resident room door's did not close properly and latch into its frame:</p> <ol style="list-style-type: none"> 1. G-8 the door hardware prevented the door from closing properly into its frame and latching. 2. A-20 the door hardware prevented the door from closing properly into its frame and latching. 3. C-55 the door hardware prevented the door from closing properly into its frame and latching. 4. C-67 the door hardware prevented the door from closing properly into its frame and latching. 5. C-68 the door hardware prevented the door from closing properly into its frame and latching. <p>An interview was conducted with the Maintenance Director who stated and confirmed that 5 of 45 resident room doors did not close properly and latch into its frame.</p> <p>The Administrator was informed of the finding at the Life Safety Code exit conference on 12/30/21.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p>	K 363	<ol style="list-style-type: none"> 3. The administrator will in-service the maintenance director regarding the importance of ensuring appropriate closing and latching of resident room doors into its door frame. 4. The administrator or designee will monitor the latching of all corridor doors weekly for two months ensuring that door frames are properly closed and latched in order to properly confine fire and smoke products and properly defend occupants in place. All findings will be reported at the next quarterly quality assurance meeting. 		