

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

PRINTED: 05/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315174	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2021
NAME OF PROVIDER OR SUPPLIER DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	
(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 LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000		
K 324 SS=D	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		4/20/21

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

TITLE

(X6) DATE

Electronically Signed

03/04/2021

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 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 conducted on 2/16/21, it was determined that the facility failed to ensure that 5 of 15 exhaust hood grease baffles were properly positioned to prevent grease and fire from entering exhaust hood system located directly above the cooking apparatus.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 1:15 PM, while touring the building's kitchen in the presence of the facility's Maintenance Director and Food Service manager, the surveyor observed 5 of 15 exhaust hood grease baffles over the main cooking area with 1-inch to 2-inch gaps between them. One of these baffles had a bent frame that prevented it from fitting securely in the exhaust hood's assembly. This finding was acknowledged by the facility's Maintenance Director and Food Service Manager during the observation.</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 is not captured, it would build up in the ventilation system and become a major fire hazard.</p>	K 324	<ol style="list-style-type: none"> 1. The baffles were immediately realigned to its proper position to ensure there are no gaps. Any baffles that needed replacement have been replaced with new ones. 2. All residents have the potential to be affected by the deficient practice. 3. The maintenance director and Food service director (FSD) have been in-serviced on NFPA 96, standard for ventilation control and fire protection of commercial cooking operations, specifically to ensure proper alignment of hood grease baffles with no gaps. An Audit tool will be created to ensure baffles are positioned correctly. 4. The maintenance director or designee will conduct an audit on the positioning of hood grease baffles, and performance of the exhaust system. both will be monitored weekly x4 weeks for 1 month and then monthly x3. The findings of the audit will be reported to the QAPI committee monthly for review and follow up. 		

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K 324	Continued From page 2 The surveyor conducted an interview with the Maintenance Director and Food Services Director during the observations, who acknowledged that 3 of 10 kitchen hood grease baffles over the main cooking area must be in the correct position with no gaps, to prevent grease and fire from entering the hood above the grease baffles. The facility Administrator was verbally informed of this finding during the Life Safety Code survey exit conference at 1:30 PM. NJAC 8:39-31.2(e) NFPA 96	K 324			
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall	K 741		3/5/21	

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K 741	<p>Continued From page 3</p> <p>be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review conducted on 2/16/21, it was determined that the facility failed to comply with the provisions of their adopted smoking policy/regulations.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor noted that 1 of 2 designated smoking areas had evidence that participants were smoking in an unsafe manner. At 1:00 PM, in the presence of the facility's Maintenance Director (MD), the surveyor toured the facility's resident designated smoking area, located outside of the building in an enclosed courtyard, and observed the following:</p> <ol style="list-style-type: none"> 1). The flat concrete surface of the entire area was littered with extinguished cigarette butts (ECBs). 2). Puddles of water throughout the area contained extinguished ECBs. 3). Mulch beds along the perimeter of this smoking area were littered with ECBs. 4). Mounds of snow in various stage of melt were littered with ECBs. <p>A review of the facility's documented smoking policy revealed that page 2 #8 noted that the designated smoking area is cleaned and ashtrays emptied regularly. Also, page 2 #9 noted that the</p>	K 741	<ol style="list-style-type: none"> 1. All extinguished cigarette butts that were noted in various spots on the smoking patio were cleaned up and removed. 2. All residents have the potential to be affected by the deficient practice. 3. All recreation and/or smoking aids were in-serviced on the facility smoking policy and procedure to ensure all ECBs are discarded in the approved cigarette bud receptacles. Additionally, all recreation/smoking staff as well as housekeeping staff were in-serviced on keeping the smoking area free of any ECBs on and around the smoking area, smoking aids will ensure the smoke area is cleaned after every smoke break. all smoking residents were educated by the recreation director to dispose all ECB's into the proper cigarette butt receptacles. 4. The recreation director or designee will conduct an audit on the cleanliness of the smoking patio weekly x4 weeks for 1 month and then monthly x3. The findings of the audit will be reported to the QAPI committee monthly for review and follow up. 	

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K 741	<p>Continued From page 4</p> <p>facility can restrict smoking to ensure resident safety. The observations noted above indicated the neither were done. The grounds/area were so overwhelmed with ECBs that the volume of such could not be determined within the time constraints of the survey. Residents permitted to smoke were haphazardly throwing the cigarettes on concrete surfaces, mulch beds, water puddles and snow to extinguish instead of consistently using the nine approved cigarette butt receptacles located throughout the area. This unsafe practice could cause the occurrence of fire if extended into dryer months of Spring and Summer.</p> <p>The above findings were acknowledged by the facility's Maintenance Director in an interview during the observation and discussed with the facility's Administered during the Life Safety Code exit conference 1:30 PM.</p> <p>NJAC 8:38-31.2(e)</p>	K 741			