

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

PRINTED: 10/04/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AMBOY CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 LINDBERG AVENUE PERTH AMBOY, NJ 08861</b>
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(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
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E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS	K 000		
K 211 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 SURVEYED UNDER CMS-2786R.</p> <p>Means of Egress - General CFR(s): NFPA 101</p> <p>Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 3/15/21, it was determined that the facility failed to ensure that all exit doors were capable of immediately opening during an emergency.</p> <p>This deficient practice was evidenced by the following:</p> <p>During a tour of the building, the surveyor conducted a manual testing of all exit doors to</p>	K 211	<p>K-Tag-211</p> <p>1. The exit door on the [redacted] floor near room [redacted] was immediately repaired to assure that it opens immediately. All other exit doors in the facility were checked and found to be in proper working order.</p> <p>2. This deficient practice affects all residents and staff members due to the</p>	5/11/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  04/30/2021
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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 211	Continued From page 1 determine if they were capable of immediately opening. It was revealed that one of eight exit doors located on three nursing unit failed to immediately open.  At 12:55 PM, the surveyor observed in the presence of the facility's Corporate Physical Plant Manager (CPM), the exit door located at the end on the █ floor corridor by resident room █ did not open when the surveyor's full body weight (208 lbs.) pressure was applied. Also, the CPM attempted to open the door to no avail. The CPM acknowledged and confirmed that the door should have opened immediately. The CPM stated in an interview at 1:00 PM that the door was prevented from opening due metal rust that had accumulated on the top of the door and its metal doorframe. The door was immediately repaired.  The surveyor noted that this door was not routinely tested or opened due to the accumulated rust that prevented the door from opening and thereby obstructing a means of egress from this unit. The facility was unable to provide any additional information.  The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code Survey exit conference at 2:00 PM.  NJAC 8:39-31.2(e) NFPA 101:2012 - Chapt.7	K 211	fact that this point of egress was unable to open, can present a life safety hazard to anyone having to exit the building in an emergency.  3. The Corporate Maintenance Director in-serviced the Maintenance staff to check all exit in the building on a daily basis to ensure that they open easily. An in-service was done with all staff as to the danger of an exit door that will not open, and to report any exit door that does not open easily to the Maintenance department immediately.  4. The Director of maintenance as well as the ancillary maintenance staff will check all exit door daily ongoing to ensure that they are working properly. All findings will be reviewed at the Quality Assurance meeting x 2 quarters.		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101  Discharge from Exits	K 271		5/11/21	

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K 271	<p>Continued From page 2</p> <p>Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 3/15/21, it was determined that the facility failed to ensure that exit discharge paths were maintained in safe condition by providing a level walking surface.</p> <p>This deficient condition was evidenced by the following finding:</p> <p>During an exterior tour of the building with the facility's Corporate Physical Plant Manager (CPM) at 1:30 PM, the surveyor noted that one of two exit discharge paths for the [REDACTED] floor nursing unit was not provided with a safe surface. The surveyor observed that the exit discharge from the exit located by resident room [REDACTED] had concrete slabs with four sections which had deteriorated causing 2-feet by 3-feet wide voids on the surface. The voids had crumbled concrete and could prevent the a safe and timely means of egress from this unit. This finding was acknowledged and confirmed by the CPM during the tour.</p> <p>The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code Surveyor at 2:00 PM.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 7.7, 19.2.7</p>	K 271	<p>K Tag 271</p> <ol style="list-style-type: none"> <li>The two discharge exit paths for the [REDACTED] floor nursing unit were immediately repaired and the rest of the paths of egress were checked to ensure that there are no broken cement that can cause a tripping hazard for anyone exiting the building. There were no other areas found that needed repair.</li> <li>This deficient practice effects all occupants of the building due to the fact that while exiting the building during an emergency these cracks and gaps in the pathway can cause falls resulting in injury and will delay the quick exit from the building.</li> <li>The Corporate Physical Plant Manager in-serviced all staff about the danger of having broken concrete in paths of egress, and to report any broken concrete in paths of egress and to report any broken concrete or impediments in the paths of egress to the maintenance department immediately.</li> <li>The Maintenance department will inspect all paths of egress on a daily basis</li> </ol>	

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K 271	Continued From page 3	K 271			
K 345 SS=C	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 3/15/21, it was determined that the facility failed to ensure that there building's fire alarm system was maintained in a normal operating condition.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 12:15 PM, while touring the building's ■ floor in the presence of the facility's Corporate Physical Plant Manager (CPM), the surveyor observed that the fire alarm system's monitor indicated that the system was operating in a trouble mode as noted by the illuminated yellow caution indicator. The monitor's display screen further indicated that the fire alarm system's trouble was due to a DACT - Line 02. This finding was acknowledged and confirmed in an interview with the CPM during the tour. At 12:35 PM, the CPM stated that the facility's contracted fire alarm system's service</p>	K 345	<p>to assure that there are no cracks or impediments. T All findings will be reviewed at the Quality Assurance meeting x 3 quarters.</p> <p>K-tag 345</p> <p>1. On 4/7/2021,the fire alarm monitor in question was immediately repaired by the phone company who came to repair the secondary line. All other indicators on all monitors throughout the building were checked to assure that there were no other concerns.</p> <p>2. All residents and staff have the potential to be affected by this deficient practice when a monitor light is not working properly due to the fact that it can possibly cause failure of the fire alarm system and failure to alert the fire department. thus causing a delay in response time to a fire emergency.</p> <p>3. On 4/7/2021,an in-service was with all</p>	5/11/21	

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K 345	<p>Continued From page 4</p> <p>technician indicated to him via telephone that the trouble was specifically due to a fault in the fire alarm system's secondary phone line. The surveyor acknowledged that this problem did not immediately affect the operation of the building's fire alarm system, but had the potential to fail at automatically transmitting an emergency communication should the primary phone line fail.</p> <p>The surveyor verbally notified the facility's Administrator and CPM during the Life Safety Code Survey exit conference at 2:00 PM.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 9.7.5, 9.7.7, 9.7.8 NFPA 25</p>	K 345	<p>staff by the Corporate Plant Manager as to the danger of a failed fire alarm system and to report any kind of alarm that they discover coming from the fire alarm monitoring system to the maintenance department immediately.</p> <p>4. The Maintenance Director and Administrator will monitor the fire alarm mechanism on a daily basis to ensure that they are functioning properly ongoing. All findings will be reviewed at the Quality Assurance Meeting x 2 quarters.</p>		