

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

PRINTED: 02/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/03/2021
NAME OF PROVIDER OR SUPPLIER ALAMEDA CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 303 ELM STREET PERTH AMBOY, NJ 08861		
(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	K 000			
K 291 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/03/2021 and Alameda Center for Rehabilitation and Healthcare 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.</p> <p>Alameda Center for Rehabilitation and Healthcare is a six (6) story, Type I Fire Resistant building that was built in January 1, 1972. The facility is divided into 11 smoke zones.</p> <p>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 observations on 11/03/2021, in the presence of facility management, it was determined that the facility failed to maintain 5 of 10 battery back up emergency lighting in proper working order.</p>	K 291	<p>No residents in rooms # [REDACTED] were adversely affected. However all residents can potentially be affected.</p> <p>All emergency battery back ups were</p>	12/1/21	

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

TITLE

(X6) DATE

Electronically Signed

11/25/2021

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 291	<p>Continued From page 1</p> <p>This deficient practice was evidenced by the following:</p> <p>During the building tour starting at 9:15 AM, in the presence of the facility's Director of maintenance (DOM), the surveyor observed the battery back up emergency lights when tested did not function properly in the following locations:</p> <ol style="list-style-type: none"> 1. At 9:32 AM, one (1) battery back up emergency light in the Commercial Laundry room. 2. At 11:18 AM, one (1) battery back up emergency light in the corridor to the left of Resident room # [REDACTED] 3. At 10:45 AM, one (1) battery back up emergency light in the corridor to the left of Resident room [REDACTED] 4. At 11:33 AM, one (1) battery back up emergency light in the corridor to the left of Resident room [REDACTED] 5. At 11:40 AM, one (1) battery back up emergency light in the corridor to the left of Resident room # [REDACTED] <p>During the tour, the DOM confirmed that the battery back up emergency lights failed to function properly when tested.</p> <p>The Administrator was informed of the findings at the Life Safety Code exit conference at 2:33 PM on 11/03/2021.</p> <p>NJAC 8:39 -31.2(e).</p>	K 291	<p>audited to ensure proper function. All malfunctioning battery packs will be immediately replaced to ensure compliance.</p> <p>All the ones needing repair or replacement were replaced and repaired.</p> <p>Emergency lighting will be checked bi-weekly by Maintenance director/designee for 6 months to ensure proper functions.</p> <p>Fire Marshall will continue conducting quarterly inspections and will provide findings to maintenance director/designee.</p> <p>Results of the audits completed by Maintenance director /Designee will be recorded for 6 months at the quarterly QAPI meeting.</p>		

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K 355 SS=D	<p>Portable Fire Extinguishers CFR(s): NFPA 101</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observations and record review, in the presence of facility management, it was determined that the facility failed to maintain 1 of 40 portable fire extinguishers in proper working condition in accordance with NFPA 10 and N.J.A.C. 5:18.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the building tour on 11/03/2021, in the presence of the facility's Director of Maintenance (DOM), the surveyor observed 40 fire extinguishers in various locations throughout the basement, first, second, third, fourth, fifth, and sixth floors.</p> <p>At 12:53 AM, the surveyor observed one (1) "Class K" wet chemical portable fire extinguisher inside the main kitchen, with the pressure indicating needle was in the "RED" discharge zone on the gauge. This would not allow the fire extinguisher to function properly in the event of a fire.</p> <p>The Administrator was informed of the finding at the Life Safety Code exit conference at 2:33 PM on 11/03/2021.</p>	K 355	<p>No Residents were adversely affected.</p> <p>All fire extinguishers were audited to ensure compliance.</p> <p>Fire extinguisher in kitchen class-k has been replaced. Maintenance personnel have been in-service on how to properly check fire extinguisher during monthly inspection of extinguishers.</p> <p>Maintenance will do monthly inspections of fire extinguishers ongoing.</p> <p>Results of inspections will be reported to the quarterly QAPI meeting for 6 months.</p>	12/1/21	

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K 355	Continued From page 3 NJAC 8:39-31.1(c), 31.2(e) NFPA 10.	K 355			
K 521 SS=E	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observations and interview conducted on 11/03/2021, it was determined that the facility failed to ensure that the facility's ventilation systems were being properly maintained for 7 of 9 resident bathroom exhaust systems as per the National Fire Protection Association (NFPA) 90A. This deficient practice was evidenced by the following: During a tour of the building starting at 9:53 AM, in the presence of the facility's Assistant Administrator (AA) and Director of Maintenance (DOM), an inspection inside of nine (9) resident bathrooms was performed. This inspection identified when the bathroom exhaust systems were tested (by placing a piece of single ply tissue paper across the grills to confirm ventilation is present), the exhaust did not function properly in 7 of 9 resident bathrooms in the following locations:	K 521	No residents in room [REDACTED] [REDACTED] were adversely affected. All Residents have the potential to be affected by this deficient practice. The facility signed a quote with their HVAC vendor to install a new mushroom fan on the rooftop to ensure the exhaust fans are working properly in rooms # [REDACTED] [REDACTED] The HVAC vendor will also install an exhaust system in the bathroom of room [REDACTED] All Maintenance staff were educated on importance of ensuring that all exhaust fans are working properly. Maintenance director/Designee will preform Audits on 10 rooms weekly to ensure proper function.		2/15/22

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K 521	Continued From page 4 1. At 10:05 AM, in Resident Room [REDACTED] bathroom, the surveyor observed an approximately 5" x 9" ventilation grill. When tested by placing a single ply of tissue across the grill, the tissue identified there was air blowing into the bathroom and did not hold in place. The exhaust system did not function properly. 2. At 10:25 AM, in Resident Room [REDACTED] bathroom, the exhaust system did not function properly when tested. At that time, the AA and DOM confirmed that the bathroom exhaust system did not function properly. 3. At 10:50 AM, in Resident Room [REDACTED] bathroom, the exhaust system did not function properly when tested. 4. At 10:56 AM, in Resident Room [REDACTED] bathroom, the exhaust system did not function properly when tested. 5. At 11:11 AM, in Resident Room [REDACTED] bathroom, the exhaust did not function properly when tested. 6. At 11:22 AM, in Resident Room [REDACTED] bathroom, the surveyor observed that there was no evidence of an exhaust system in the bathroom or window. At that time, the surveyor asked the AA if he saw an exhaust in the bathroom. The AA looked around the bathroom and said, no. 7. At 11:34 AM, in Resident Room [REDACTED] bathroom, the exhaust did not function properly when tested.	K 521	Audits will be reported to quarterly QAPI meeting.		

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K 521	Continued From page 5 All the bathrooms had no windows with an area that would open. The bathrooms would rely on mechanical ventilation. The Administrator was informed of the findings at the Life Safety Code exit conference at 2:33 PM on 11/03/2021. NFPA 90A. NJAC 8:39- 31.2 (e).	K 521			
K 531 SS=E	Elevators CFR(s): NFPA 101 Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: REPEAT DEFICIENCY, Based on observations and interview on	K 531	No residents were adversely affected because elevator #2 deficient practice. However any resident can be affected by	12/16/21	

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K 531	<p>Continued From page 6</p> <p>11/03/2021, in the presence of facility management it was determined that the facility failed to maintain elevator emergency communications for 2 of 3 elevators tested, in accordance with ASME/ANSI A17.3.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the survey entrance at 9:05 AM, a request was made to the Director of Maintenance (DOM) asking how many elevators were in the building. The DOM told the surveyor that there were three (3) elevators. The DOM also told the surveyor that elevator number 3 was not working and out of service.</p> <p>During the tour in the presence of the facility DOM at 9:53 AM, a test of elevator #2's emergency telephone was performed. When the surveyor tested the phone it did not function properly. Later, at 10:40 AM, a test of elevator #1's emergency telephone was performed. When the surveyor tested the phone it did not function properly.</p> <p>An interview was conducted during the observation with the DOM. He acknowledged and confirmed that the emergency communication telephones in elevators #1, #2 and #3 did not function.</p> <p>The Administrator was informed of the findings at the Life Safety Code exit conference at 2:33 PM on 11/03/2021.</p> <p>This deficiency was cited during the 11/01/2019 Re-Certification survey.</p>	K 531	<p>practice</p> <p>All 3 elevators have been repaired , our service elevator has proper function.</p> <p>Maintenance director/designee will conduct Audits monthly to ensure proper function of elevator phones.</p> <p>Audits will be reported to quarterly QAPI meeting.</p>		

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K 531	Continued From page 7 NJAC 8:39-31.2(e) ASME/ANSI A17.3	K 531			