STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315214	A. BUILDING **01** B. WING _____	**06/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CEDAR OAKS	**1311 DURHAM AVENUE** **SOUTH PLAINFIELD, NJ 07080**

(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 06/9/21 and Aristcare at Cedar Oaks 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. Aristacare at Cedar Oaks is a 3-story building that was built in the 80's and 90's. It is composed of Type II construction. The facility is divided into 15 smoke zones.	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 and interview on 6/9/21, it was determined that the facility failed to provide emergency lighting in 1 of 1 rooms with an emergency generator (Mechanical Room) in accordance with NFPA 101:2012 - 7.9, 19.2.9.1 as evidenced by the following:	K 291	Corrective Action: Emergency lighting independent of the facilities electrical system and emergency generator of at least 1.5 hour duration was placed in the mechanical room that contained the emergency generator□s	8/3/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/16/2021

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K 291	Continued From page 1 At 12:25 PM, the surveyor observed in the presence of the facility's Maintenance Director, that the mechanical room that contained the emergency generator's transfer switch was not equipped with emergency lighting independent of the building's electrical system and emergency generator. This finding was verified by the facility's Maintenance Director during the observation. The facility's Administrator was informed of this finding during the Life Safety Code survey exit conference at 1:30 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.9	K 291	transfer switch. Potential to Affect: All residents and staff have the potential to be affected. Systemic change: The Maintenance Director was in serviced on the importance of having emergency lighting independent of the facilities electrical system and emergency generator in a room that contained the emergency generators transfer switch. Monitoring: The Director of Maintenance/Designee will conduct audits of the emergency lighting in the mechanical room weekly x 4 weeks and monthly x 3 months. The results of these audits will be reviewed at the monthly Quality Assurance Steering Committee. Following the four months, the committee will determine the future need/ frequency of the audit.	
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview it was	K 911	Corrective Action:	8/3/21

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K 911	Continued From page 2 determined that the facility failed to maintain the required 36-inch clearance around electrical panels as required by NFPA 101:2012 - 15.5.1.1, 9.9,9.1.2, NFPA 99:2012 - 15.5.1.2 and NFPA 70:2011 - 110.26. This deficient practice was evidenced by the following: On 6/9/21 at 12:15 PM, in the presence of the facility's Maintenance Director the surveyor observed 1 of 2 electrical panels located in the mechanical room with a large plumber's snaking tool in a container stored directly in front of and within 5-inches. Also, on 6/10/21 at approximately 1:00 PM, in the presence of the Maintenance Director, the surveyor observed a large portable accordion type partition and medical equipment stored directly in front of and within 6-inch of the electrical panel located inside 1 of 1 closets in the 1st floor conference room. These findings were verified by the facility's Maintenance Director during the tour. The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference at 1:30 PM.	K 911	The large plumbers snaking tool in a container stored directly in front of and within 5 inches of an electrical panel was removed. The large portable accordion type partition and medical equipment stored directly in front of and within 6 inches of an electrical panel were removed. Potential to Affect: All residents and staff have the potential to be affected. Systemic change: The Maintenance Director was in serviced on the importance of maintaining the required 36-inch clearance around electrical panels. Monitoring: The Director of Maintenance/Designee will conduct random audits of our electrical panels weekly x 4 weeks and monthly x 3 months. The results of these audits will be reviewed at the monthly Quality Assurance Steering Committee. Following the four months, the committee will determine the future need/ frequency of the audit.	
K 923 SS=E	NJAC 8:39-31.2(e) Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and	K 923		8/3/21

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K 923	Continued From page 3 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 6/9/21, it was determined that the facility failed to comply with the oxygen storage requirements of NFPA 99.	K 923	Corrective Action: The extra oxygen cylinders stored behind the [redacted] floor nurses station and on the [redacted] unit were removed. Appropriate signage indicating full oxygen cylinders	

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K 923	Continued From page 4 This deficient practice was evidenced by the following: At 11:00 AM, the surveyor observed in the presence of the facility's Maintenance Director, 19 oxygen cylinders (e-tanks) were stored behind the [redacted] floor nurses station. The e-tanks were full and exceeded the maximum amount allowed (12 oxygen cylinders or 300 cubic feet) for storage in an open/unenclosed area. The e-tanks were not enclosed in an interior space of non or limited combustible construction with a secured door. Further, at 12:01 PM the surveyor observed 13 full e-tanks stored in the oxygen storage room located on the [redacted] unit. The room was not provided with any type of system or signage that would ensure that full and empty e-tanks were segregated. These findings were verified by the facility's Maintenance Director during the observation. The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference at 1:30 PM. NJAC 8:39-31.2(e)	K 923	and empty oxygen cylinders were placed behind the [redacted] floor nurses station and on the subacute unit. Potential to Affect: All residents and staff have the potential to be affected. Systemic change: The Maintenance Director was in serviced on the importance of the oxygen storage requirements of NFPA99 Monitoring: The Director of Maintenance/Designee will conduct random audits of our oxygen storage areas weekly x4 weeks and monthly x 3 months. The results of these audits will be reviewed at the monthly Quality Assurance Steering Committee. Following the four months, the committee will determine the future need/ frequency of the audit.	