

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

PRINTED: 02/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315251	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/02/2021
NAME OF PROVIDER OR SUPPLIER HARTWYCK AT OAK TREE			STREET ADDRESS, CITY, STATE, ZIP CODE 2048 OAK TREE ROAD EDISON, NJ 08820		
(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 353 SS=E	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/27/21 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 Occupancies.</p> <p>Hartwyck at Oak Tree is a three story building that was built in 1980's. It is composed of Type II construction. The facility is divided into 6- smoke zones. The generator does approximately 35% of the building (including Vent units).</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p>	K 353		7/31/21	

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

TITLE

(X6) DATE

Electronically Signed

06/16/2021

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 353	<p>Continued From page 1</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/27/21, the facility failed to maintain the sprinkler system, ensuring the ceiling level was smoke resisting in accordance with NFPA 101, 2012 Edition, Section 19.3.5.1, 4.6.12, 8.5.6, 8.5.6.2 and 9.7. NFPA 25, 2011 Edition, Section 5.1, 5.2.2.1. The deficient practice of failing to provide a complete smoke resisting ceiling at the level of the installed sprinklers would not ensure prompt and proper operation of the sprinklers. Based on observation and interview, the facility failed to maintain the sprinkler system, ensuring sprinklers free from loading (obstruction), sprinklers obstructed by devices and piping from detecting fire and proper distribution of water in accordance with NFPA 101, 2012 Edition, Section 19.3.5.1, 4.6.12, 9.7.5 and NFPA 25, 2011 Edition, Section 5.1, 5.2.1.1.2, 5.4.1.4 and NFPA 13, 2010 Edition, Section 7.1.4, 8.5.5.2.1, 8.5.6.1.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. At 11:21 AM, the surveyor observed in the floor 3 electrical closet that above the following electrical panels: ELS/2A/ELS/3A, ECR/3A, PPL/3A, PPL/3A, LP-3A and LP-3A there were ceiling penerations from the electric conduit around the ceiling, that would allow hot gases and</p>	K 353	<p>K353</p> <p>1. The ceiling tiles in the identified areas have been replaced and/or adjusted to ensure they are in the proper position. Ceiling penetrations in the electrical closet have been repaired with fire proofing material. Sprinkler heads in the laundry and kitchen areas have been cleaned.</p> <p>2. All residents have the potential to be affected by the deficient practice. All sprinkler heads within the facility were inspected by Maintenance to ensure they were free from dust build up. Maintenance Director made rounds to identify any gaps in ceiling tiles and replaced where needed. Maintenance staff were inserviced on proper identification and visual inspections, corrections, and plans regarding dust on sprinkler heads and gaps in ceiling tiles.</p> <p>3. Observation of sprinkler heads to ensure they are dust-free, and observation of any ceiling tile gaps will be added to the Life Safety Checkbook as part of maintenance department monthly rounds checklist. Maintenance will log any</p>		

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K 353	<p>Continued From page 2</p> <p>smoke pass the sprinklers into the space above.</p> <p>2. At 11:30 AM, the surveyor observed outside the floor 3 elevators and nurse station in the corridor, 6 of 15 fire sprinkler heads were dirty with a heavy dust build-up.</p> <p>3. At 12:10 PM, the surveyor observed in the ground floor dry storage closet that an approximately 4' drop ceiling track was not in the proper position leaving a 1" opening that would allow hot gases and smoke pass the sprinklers into the space above.</p> <p>4. At 12:15 PM, the surveyor observed in the ground kitchen area in the dish washing area that 3 of 3 fire sprinklers had the following issues:</p> <ol style="list-style-type: none"> 1. dirty grease build-up 2. escutcheon plate not in the intended position, leaving a gap around the ceiling cut. 3. coating of green oxidation/corrosion <p>5. At 12:22 PM, the surveyor observed in the main kitchen cooking/serving area that 3 of 8 fire sprinkler heads had the following issues:</p> <ol style="list-style-type: none"> 1. heavy dirty grease build-up over the food serving area 2. escutcheon plate not in place by the coffee serving area 3. heavy dirty grease build-up by the ceiling vent <p>6. At 12:41 PM, the surveyor observed in the laundry room commercial washing machine</p>	K 353	<p>repairs /cleaning on the fire extinguisher inspection log on a monthly basis, or more often as needed.</p> <p>4. Monthly log will be reviewed by Maintenance Director and any discrepancies will be reported to the Administrator. A status report will be provided to the QI committee on a quarterly basis.</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission/agreement of the provider of the truth of the facts alleged or conclusions set forth in any statement of deficiencies.</p> <p>This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal or State Law.</p>		

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K 353	Continued From page 3 section that 2 of 2 fire sprinkler heads were dirty with a lint build-up. 7. At 12:45 PM, the surveyor observed in the commercial dryer section of the laundry room, that 3 of 4 fire sprinkler heads were dirty with a lint build-up. also the fire alarm activation head was loaded with a dirty lint build-up. 8. At 12:58 PM, the surveyor observed in the trash room corridor that 5 of 8 fire sprinkler heads were dirty with a heavy dust build-up. 9. At 01:02 PM, the surveyor observed in the main fire alarm panel closet above the panel, the conduit into the ceiling left gaps that would allow hot gases and smoke pass the sprinklers into the space above. The findings were verified by the Maintenance Director at the times of the observation. The Administrator was notified of the findings at the Life Safety Code exit conference. NJAC 8:39-31.2(e) NFPA 25	K 353			
K 916 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer	K 916		8/6/21	

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K 916	<p>Continued From page 4</p> <p>system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview conducted on 05/27/21 in the presence of facility management, it was determined that the facility failed to provide a remote annunciator panel for the emergency electrical system in accordance with NFPA 99.</p> <p>This deficient practice was evidenced by the following:</p> <p>Throughout a tour of the facility, beginning at 10:45 AM, the surveyor observed that there was no remote annunciator panel for the emergency electrical systems to alert operating staff of the emergency generator's status and condition outside the generating room. The facility did have an annunciator panel in the maintenance work/office area on the ground floor, but it was not occupied all the time.</p> <p>In an interview at 10:50 AM, the facility's Director of Maintenance stated and agreed that the facility did not have a remote annunciator panel for the facility's emergency generators outside of the maintenance work/office area to alert operating staff of the emergency generator's status and condition at this time.</p> <p>NJAC 8:39-31.2(e) NFPA 99, 110</p>	K 916	<p>K916</p> <p>1. Requirement for location of annunciator panel in a more visible location was missed by Maintenance Director. Panel location will be moved from Maintenance area to an area more visible to all staff. Director was updated on requirement and inserviced maintenance staff as well. All staff were educated on where panel is located and to contact maintenance director if there is a power outage. Nursing Supervisor will have access on off shift until panel is relocated.</p> <p>2. All residents are potentially affected by the deficient practice. A vendor has been contacted regarding placement of the annunciator panel outside of the maintenance work area. Vendor will be at facility on June 23, 2021, and will provide a quote for the requested work. Work is anticipated to be completed by July 31, 2021. Annunciator panel will be located in an area readily observed by operating personnel. Photos of relocated panel are included in upload.</p> <p>3) Annunciator panel signal will be logged by maintenance staff and/or maintenance director when monthly generator full load test is done. Signal showing power loss will be logged at the time of the test. This will be done monthly for 6 months to</p>		

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K 916	Continued From page 5	K 916	ensure panel is responding appropriately.		
K 918 SS=D	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test</p>	K 918	<p>4) Maintenance Director will audit logs and present results to the QAPI Committee and Safety Officer on a quarterly basis.</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission/agreement of the provider of the truth of the facts alleged or conclusions set forth in any statement of deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal or State Law.</p>	7/31/21	

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K 918	<p>Continued From page 6</p> <p>under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on documentation review and interview on 05/27/21 in the presence of the Maintenance Director, it was determined that the facility failed to certify the time needed by their generator to transfer power to the building was within the required 10 second timeframe in accordance with NFPA 99 for both emergency electrical generator systems.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 10:30 AM, a review of the facility's generator testing and inspection documentation generators revealed the following:</p> <p>A review of the generator records for the previous 12 months revealed that there was no</p>	K 918	<p>K918</p> <p>1) Maintenance and testing of the generators and transfer switches are performed in accordance with NFPA 110 and NFPA 99. Maintenance Director reviewed NFPA manual to ensure procedures are in compliance with the requirement of testing the generator and certifying that transfer of power to the building occurs within the required 10 second time frame. Generator was tested to verify the 10 second time frame.</p> <p>2) All residents are potentially affected by this deficient practice. Any equipment that would significantly impact residents was identified and confirmed to have battery</p>		

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K 918	<p>Continued From page 7</p> <p>documented certification that the generator would start and transfer power to the building within 10 seconds.</p> <p>In an interview, at 11:00 AM, the facility's Maintenance Director stated that there were no documented times on the current load-test log, indicating the generator would start and transfer power to the building within 10 seconds. He stated he was unaware of this requirement.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 99</p>	K 918	<p>back up in case of loss of power. Maintenance staff was educated on the importance of accurate maintenance of the logs.</p> <p>3) Documentation on the monthly generators' load-test log has been adjusted. Load-test will reflect that the generator starts and transfers power to the building within 10 seconds. Generator full load test is done monthly. Maintenance Director or designee will perform the test and report any deviation from the 10 seconds of transfer of power to the Administrator.</p> <p>3) Maintenance Director will be responsible to ensure testing is being done and logged as required. Variations from the 10 seconds of transfer of power will be reported to the Administrator and Corporate Facilities for further follow up and evaluation. Results of audit variations will be reported to quarterly QAPI Committee and Safety Officer.</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission/agreement of the provider of the truth of the facts alleged or conclusions set forth in any statement of deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal or State Law.</p>		

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