

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

PRINTED: 09/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315056	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/07/2023
NAME OF PROVIDER OR SUPPLIER JERSEY SHORE POST ACUTE REHABILITATION AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET NEPTUNE, NJ 07753		
(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 An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 02/02/23. The facility was found to be in compliance with 42 CFR 483.73.	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 02/02/23 and was found not to be in compliance with 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 occupancy. Jersey Shore Post-Acute Rehabilitation and Nursing is a one-story building constructed in 1954 with an addition on the Star unit in 1965. The facility has concrete flooring, wood frame roofing and bearing walls and brick facade exterior. Jersey Shore Post-Acute Rehabilitation and Nursing is noted to be a type V (III) combustible construction with complete sprinkler system and complete fire alarm system with smoke detection in all bedrooms and corridors. The facility has a 60KW (kilowatt) diesel generator that operates at 30% of load when tested. The facility has 71 occupied beds. The facility has seven smoke zones.	K 000			
K 341	Fire Alarm System - Installation	K 341			3/10/23

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

TITLE

(X6) DATE

Electronically Signed

02/24/2023

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 341 SS=F	<p>Continued From page 1 CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: .</p> <p>Based on observations, document review and interviews, the facility failed to ensure that 10 of 190 photo electric smoke detectors were installed greater than 36 inches (910 mm) horizontal path from the supply registers of a forced air heating or cooling system and were installed outside of the direct airflow from those registers accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 edition) section 29.8.3.4.(6). This deficient practice had the potential to affect all 71 residents.</p> <p>Findings include:</p> <p>A review of the annual fire alarm inspection in the fire alarm tab provided to the surveyor by the</p>	K 341	<p>Jersey Shore Post Acute PLAN OF CORRECTION (POC) K341 Annual Survey 2023 Compliance Date:3/10/2023 How the corrective action will be accomplished for those residents found to be affected by this practice? ¿ Affecting all residents. ¿ All smoke detectors that were not greater than 36 inches horizontal path from the supply registers of a forced air heating or cooling system were moved, to be in compliance with NFPA 72 National Fire Alarm and Signaling Code.</p>		

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K 341	<p>Continued From page 2</p> <p>Maintenance Director dated 02/07/22 and 8/19/22 revealed the facility has 190 photo electric smoke detectors.</p> <p>An observation of a smoke detector in Sunroom on 02/02/23 at 9:45 AM revealed the smoke detector was directly above an air diffuser or ceiling fan.</p> <p>An observation of a smoke detector in the Minimum Data Set (MDS) office ceiling on 02/02/23 at 10:00 AM revealed the smoke detector was six inches from a heating and cooling air diffuser.</p> <p>An observation of a smoke detector in a storage area behind the nursing station in the front area ceiling on 02/02/23 at 10:05 AM revealed the smoke detector was 10 inches from an air diffuser.</p> <p>An observation of a smoke detector in the staffing office on the █ wing on 02/02/23 at 10:10 AM revealed a smoke detector was 15 inches from an air diffuser.</p> <p>An observation of a smoke detector in the corridor near bedroom █ ceiling on 02/02/23 at 10:20 AM revealed the smoke detector was 21 inches from an air diffuser.</p> <p>An observation of a smoke detector in the corridor at the entrance to the therapy gym ceiling on 02/02/23 at 10:40 AM revealed the smoke detector was 10 inches from an air diffuser.</p> <p>An observation of a smoke detector in the staff lounge ceiling on 02/02/23 at 10:45 AM revealed the smoke detector was 12 inches from an air</p>	K 341	<p>How the Facility will identify other residents having the potential to be affected by the same deficient practice?</p> <p>¿ All Residents have the ability to be affected by the facility not meeting the requirements to have all 190 photoelectric smoke detectors installed greater than 36 inches horizontal path from the supply registers of a forced air heating or cooling system and were installed outside of the direct airflow from those registers in accordance with NFPA 72 National Fire Alarm and Signaling Code. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>¿ The 10 photoelectric smoke detectors were moved to be greater than 36 inches horizontal path from the supply registers of a forced air heating or cooling system.</p> <p>¿ All photoelectric smoke detectors were measured by maintenance to ensure all 190 were in compliance.</p> <p>¿ Maintenance staff will perform routine checks on all 190 photoelectric smoke detectors throughout the building, weekly for 1 month and then monthly for 3 months followed by quarterly thereafter.</p> <p>¿ In Addition, Bi-annual inspections will be done by a licensed fire alarm company.</p>		

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K 341	Continued From page 3 diffuser. An observation of a smoke detector in the corridor near bedroom ceiling on 02/02/23 at 10:50 AM revealed the smoke detector was 24 inches from an air diffuser. An observation of a smoke detector in the corridor near bedroom ceiling on 02/02/23 at 11:15 AM revealed the smoke detector was 16 inches from an air diffuser. An observation of a smoke detector in the corridor near bedroom ceiling on 02/02/23 at 11:40 AM revealed the smoke detector was eight inches from an air diffuser. An interview with the Director of Facilities at the time of each observation verified the measurements of the ceiling smoke detectors to the heating and cooling air diffusers and ceiling fan. NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72 .	K 341	How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place?) ¿ The Maintenance staff /designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits		
K 372 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for	K 372		3/10/23	

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K 372	<p>Continued From page 4</p> <p>smoke compartments adjacent to the smoke barrier.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>.</p> <p>Based on observations and interviews, the facility failed to ensure penetrations in smoke barriers were protected by a system or material capable of restricting the transfer of smoke and smoke barriers were continuous in accordance with NFPA 101 Life Safety Code (2012 edition) Sections 8.5.2.1 and 8.5.6.2. This deficient practice had the potential to affect 38 residents.</p> <p>Findings include:</p> <p>An observation of the smoke/fire barrier wall near bedroom █ on 02/02/23 at 11:40 AM revealed one large hole measuring four feet high by four feet wide in a concrete block barrier wall. New duct work from recent remodeling was observed passing through the large hole.</p> <p>An observation of the smoke/fire barrier wall near the kitchen and bedroom █ on 02/02/23 at 11:45 AM revealed two large four inch pipes running through the wall sealed with orange foam.</p> <p>An observation of the smoke/fire barrier wall near bedroom █ on 02/02/23 at 11:50 AM revealed a six foot high by four foot wide hole in the concrete block barrier wall. New duct work from recent remodeling was observed passing through the large hole.</p> <p>An interview with the Director of Facilities at the</p>	K 372	<p>Jersey Shore Post Acute PLAN OF CORRECTION (POC) K372 Annual Survey 2023 Compliance Date: 3/10/2023 How the corrective action will be accomplished for those residents found to be affected by this practice?</p> <p>¿ Affecting 38 residents.</p> <p>¿ Maintenance staff properly repaired penetrations in smoke barriers with materials capable of restricting the transfer of smoke in accordance with NFPA 101 Life Safety Code.</p> <p>How the Facility will identify other residents having the potential to be affected by the same deficient practice?</p> <p>¿ All Residents have the ability to be affected by the facility not meeting the requirements to have smoke barriers protected by a system or a material capable of restricting the transfer of smoke and smoke barriers in accordance with NFPA 101 Life Safety Code Sections 8.5.2.1 and 8.5.6.2.</p> <p>What measures will be put in place or what systemic changes will be made to</p>		

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K 372	Continued From page 5 time of the observations verified the holes in the smoke/fire barriers as well as the use of foam to sealed smoke/fire barriers. NJAC 8:39-31.2(e) .	K 372	ensure that the deficient practice will not recur? ¿ The smoke barriers were properly repaired using materials that are capable of restricting the transfer of smoke. ¿ Maintenance staff will perform routine checks on smoke barriers throughout the building weekly for 1 month and then monthly for 3 months followed by quarterly thereafter. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place?) ¿ The Maintenance staff /designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315056	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 3/20/2023
NAME OF FACILITY JERSEY SHORE POST ACUTE REHABILITATION AND NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET NEPTUNE, NJ 07753	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # _____	Completed
LSC K0341	03/10/2023	LSC K0372	03/10/2023	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 2/7/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			