STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315282	A. BUILDING **01** B. WING _____	**11/23/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AT MANALAPAN	**104 PENSION ROAD** **MANALAPAN, NJ 07726**

(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 11/23/21 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 Occupancy Pine Brook Care Center is a 1-story building that was built in 80's, It is composed of Type I fire resistant. The facility is divided into 7- smoke zones. The generator does 100 % of the building. The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions. The facility has 132 certified beds. At the time of the survey the census was 54.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/08/2021

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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 11/23/21, it was determined that the facility failed provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following: At 11:48 AM, the Surveyor, in the presence of the Administrator and Housekeeping Director, observed in the housekeeping supply/transfer switch room, where the emergency generator transfer was located, that the room was not equipped with emergency lighting independent of the building's electrical system and emergency generator. This finding was verified by the Administrator and Housekeeping Director at the time of observation. The Administrator was notified of the above findings, at the Life Safety Code exit conference on 11/23/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	1.Corrective action for residents found to be affected by deficient practice. -No residents were identified as being affected by this deficient practice. 2. Identification of other residents with potential to be affected by deficient practice. -All residents could be affected by the alleged deficient practice. 3. Measures put into place to ensure the deficient practice will not recur. -Emergency lightening, which is independent of facilities electrical system and emergency generator, has been installed 12/02/2021. 4. How will facility monitor corrective action to ensure deficient practice will not recur. -Maintenance Director was educated and will complete monthly audits to assure proper functioning of newly installed emergency lightening. -Maint Dir will report results of audits to the QAPI committee at the monthly QAPI	12/2/21

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K 291	Continued From page 2	K 291	meeting.	
K 521 SS=D	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 observation, interview, and record review conducted on 11/23/21 in the presence of the Administrator, and Housekeeping Director, it was determined that the facility failed to maintain their Packaged Terminal Air Conditioner (PTAC) units in a safe and optimal condition. This deficient practice was identified for 1 of 25 PTAC units and was evidenced the following: On 11/23/21 at 11:00 AM, the surveyor observed a PTAC unit in resident room [redacted] that was on and producing a loud sound. The resident was interviewed during the observation and stated that the PTAC unit was loud and not functioning properly. When interviewed at the time of the observations, the Housekeeping Director agreed that the PTAC unit in resident room [redacted] needed to be replaced. No policy and procedure on the maintenance of	K 521	1. Corrective action for residents found to be affected by deficient practice. -One residents was identified as being affected by this deficient practice. PTAC unit in resident room [redacted] was replaced with new unit from in house stock. 2. Identification of other residents with potential to be affected by deficient practice. -All residents could be affected by the alleged deficient practice. 3. Measures put into place to ensure the deficient practice will not recur. -Maintenance Director was educated. All PTAC units checked for appropriate	11/26/21

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K 521	Continued From page 3 PTAC units were provided at the time of the Life Safety Code exit. The Administrator was notified of the deficiency at the Life Safety Code exit conference on 11/23/21. N.J.A.C. 8:39 - 31.2(e) 19.5.2.1 Heating, Ventilating, and Air-Conditioning.	K 521	working order. 4. How will facility monitor corrective action to ensure deficient practice will not recur. -Maintenance Director will repeat monthly audits to ensure proper functioning of all PTAC units. -Maint Dir will report results of audits to the QAPI committee at the monthly QAPI meeting.	
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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 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	K 918		12/14/21

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K 918	Continued From page 4 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on interview and review of facility documents on 11/23/21, in the presence of the Administrator and Housekeeping 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 time frame, in accordance with NFPA 99 for emergency electrical generator systems. This deficient practice was evidenced by the following: A review of the generator records for the previous twelve months did not reveal documented certification that the generator would start and transfer power to the building within ten seconds, when the load test was conducted on the following dates: 11/01/21, 10/04/21, 09/02/21, 08/02/21, 07/05/21, 06/04/21, 05/03/21, 04/05/21, 02/25/21, 02/01/21, 01/04/21 and 12/07/21. The Maintenance Director (who was out sick) was called by the Administrator, who confirmed there was no transfer time data on the current monthly	K 918	1. Corrective action for residents found to be affected by deficient practice. -No resident was identified by alleged deficient practice. 2. Identification of other residents with potential to be affected by deficient practice. -All residents could be affected by the alleged deficient practice. 3. Measures put into place to ensure the deficient practice will not recur. -Transfer time was added to the current load test log. -Independent company tested the 10 second requirement on 12/09/2021. -Maint Dir. educated and will certify the time needed to transfer generator power to the building, within the 10 second time frame, on the monthly load test log each month.	

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K 918	Continued From page 5 load tests documented on his report. The Administrator was informed of the deficiency at the Life Safety Code exit conference on 11/23/21. NJAC 8:39-31.2(e), 31.2(g) NFPA 99	K 918	4. How will facility monitor corrective action to ensure deficient practice will not recur. -Maintenance Director will complete monthly audits to assure proper functioning. -Maint Dir will report results of audits to the QAPI committee at the monthly QAPI meeting.	
K 923 SS=D	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 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	K 923		12/31/21

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K 923	Continued From page 6 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 observations and interview on 11/23/21, in the presence of Administrator and Housekeeping Director, it was determined that the facility failed to store cylinders of compressed oxygen in a manner that would protect the cylinders against tipping and rupture in accordance with NFPA 99. This deficient practice was identified for 1 of 14 portable oxygen cylinders and was evidenced by the following: On 11/23/21 at 10:55 AM, the surveyor along with the facility's Administrator and Housekeeping Director observed in the oxygen storage room by resident room 114 that 1 of 14 portable oxygen cylinders were observed to be freestanding and not secured from tipping and rupture. An interview was conducted during the observations and the Administrator and Housekeeping Director stated that the cylinders must be individually secured from tipping and rupture at all times in the facility.	K 923	1. Corrective action for residents found to be affected by deficient practice. -no identified resident was affected by this alleged deficient practice 2. Identification of other residents with potential to be affected by deficient practice. -All residents could be affected by the alleged deficient practice. 3. Measures put into place to ensure the deficient practice will not recur. -The identified Oxygen tank was secured appropriately. -All staff will be inserviced to secure oxygen tanks at all times. -Maint Dir will make daily rounds to assure oxygen tanks are secured from tipping and rupture in the oxygen storage room.	

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K 923	Continued From page 7 NJAC 8:39-31.2(e) NFPA 99	K 923	4. How will facility monitor corrective action to ensure deficient practice will not recur. -Maintenance Director will complete weekly audits x 4 weeks, monthly auduts x 3 months, and quarterly therafter to assure oxygen tanks are secured from tipping/rupture in the oxygen storage room. -Maint Dir will report results of audits to the QAPI committee at the monthly QAPI meeting.	