

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

PRINTED: 05/18/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>TROY HILLS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 REYNOLDS AVE PARSIPPANY, NJ 07054</b>		
(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	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The nursing home building construction in 60s with no current major renovations or noted additions. It is a one-story building Type II (222) protected construction and is fully sprinklered.</p> <p>There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The generator outside the facility is stated to be tied to the fire alarm control panel, cross corridor door hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life</p> <p>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.</p> <p>The 400 KW diesel generator does 100 % of the building. The building has 4-resident wings: 100, 200, 300, &amp; 400. The non-sleeping 5th wing has: Mechanical room, Physical Therapy, Kitchen, Main Dining room and lounge area. The 1-story building has 10 exit/egress doors to the public-way.</p> <p>The facility has 130 certified beds. At the time of the survey the census was 118.</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

03/23/2023

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 000	Continued From page 1	K 000			
K 324 SS=E	<p>The requirement at 42 CFR Subpart 483.90(a) is NOT MET as evidenced by:</p> <p><b>Cooking Facilities</b> CFR(s): NFPA 101</p> <p><b>Cooking Facilities</b> Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> <li>* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</li> <li>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</li> <li>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</li> </ul> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 02/17/23, in the presence of the Maintenance Director from a sister facility(MDSF), Maintenance staff member (MSM) and Dietary Director (DD), it was determined that the facility failed A). to ensure</p>	K 324	<p>1. The grease baffle from the left side #3 to #4 was positioned correctly to remove the gap on 2/17/23. The grease baffle from the left side #8 to #9 was positioned correctly to remove the</p>	3/23/23	

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K 324	<p>Continued From page 2</p> <p>that 3 of 9 exhaust hood grease baffles were in the proper position to protect against grease and fire from entering above the exhaust hood system as per NFPA 96. B). to ensure that 1 of 1 kitchen ansul system inspection tags were inspected monthly in accordance with NFPA 96 and NFPA 10. This deficient practice was evidenced by the following:</p> <p>Reference: NFPA 96 19.3.2.5.3* (10) Procedures for the use, Inspection, Testing, and Maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the Manufacturers instructions and are followed.</p> <p>A). At 10:46 AM, the surveyor observed in the kitchen that 3 of 9 kitchen hood grease baffles were not properly installed over the main commercial 12-burner cooking stove in the following locations:</p> <p>The grease baffle from the left -side #3 to #4 was installed with an approximately 1"gap.</p> <p>The grease baffle from the left -side #8 to #9 was installed with an approximately 1/2"gap.</p> <p>The grease baffle from the left -side #9 was installed with an approximately 1"gap to the end of the frame.</p> <p>An interview was conducted with the MDSF and Dietary Director, who acknowledged that 3 of 9 grease baffles over the cooking area, must be installed correctly to prevent a grease fire from entering the hood above the grease baffles.</p> <p>The Grease baffles are the first layer of protection in a commercial kitchen's grease management</p>	K 324	<p>gap on 2/17/23. The grease baffle from the left side #9 was positioned correctly to remove the gap on 2/17/23.</p> <p>2. All residents have the potential to be affected by the deficient practice.</p> <p>3. The Director of Maintenance and Food Service Director were educated on the proper positioning of grease baffles on 2/17/23.</p> <p>The kitchen ansul system was inspected on 3/23/23. The semi annual inspection is scheduled for May 2023.</p> <p>The Director of Maintenance or designee will audit the grease baffles weekly for four weeks then monthly for two months.</p> <p>The Director of Maintenance or designee will audit the ansul system weekly for four weeks then monthly for two months.</p> <p>4. The results of the audit will be discussed in the monthly Quality Assurance Performance Improvement meeting for three months with corrective action taken as needed.</p>		

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K 324	Continued From page 3 and exhaust ventilation system. Their purpose is to prevent flames and flammable debris from entering the exhaust duct and capture grease-laden vapors produced from cooking equipment. If this grease were not captured, it would build up in the ventilation system and become a significant fire hazard.  B). 10:51 AM, the surveyor observed in the kitchen, that the ansul activation pull station was provided with a monthly inspecion tag that was blank. The ansul system was inspected by the facility vendor on November 2022.  The MDSF and DD both confirmed the finding during the observation.  The Administrator was notified of the finding's at the life safety code exit conference on 02/17/23.	K 324			
K 345 SS=F	NJAC 8:39-31.2(e) NFPA 96, 19.3.2.5.3*(10) Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on documentation review and interviews conducted on 02/17/23, in the presence of the	K 345	1. The smoke detectors were reinspected on 3/13/23. The correct number of smoke	3/13/23	

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K 345	<p>Continued From page 4</p> <p>Maintenance Director from a sister facility (MDSF) and Maintenance Staff Member (MSM), it was determined that the facility failed to ensure the fire alarm system was in optimal condition. This deficient practice was evidenced for 1 of 1 fire alarm systems by the following:</p> <p>1). At 10:15 AM, the surveyor reviewed all fire alarm documentation from the vendor. The report from the fire alarm vendor dated 09/02/22 indicated that 129 heat detectors were tested and "FAILED". The report indicated under comments: "need site to replace 129 heat detectors plus wire". A project completion &amp; acceptance document dated: 11/15/22 from a different fire alarm vendor indicated the vendor replaced 110 out dated heat detectors (135 W rate of rise) new system sensor 5601P were installed throughout the building. The number of heat detectors replaced did not tally with the document dated: 09/02/22.</p> <p>The MDSF and MSM confirmed the finding during the review of the two documents dated: 09/02/22 and 11/15/22.</p> <p>At 10:48 AM, the surveyor reviewed the facility vendor fire alarm report dated: 09/02/22 indicating total smoke detectors: 48 and tested 48 smoke detectors. The surveyor reviewed the smoke detector test report dated: 03/12/21 marked annual inspection &amp; function test. the report indicated the sensitivity range and alarm point. The report of smoke detectors on 03/12/21 (48) did not tally with the report dated: 09/02/23 (51).</p> <p>The MDSF and MSM confirmed and stated they did not know why the number did not match.</p>	K 345	<p>detectors were inspected.</p> <p>2. All residents have the potential to be affected by the deficient practice.</p> <p>3. The Director of Maintenance will review the inspection reports to ensure that the correct number of smoke detectors are inspected.</p> <p>The Director of Maintenance will audit inspections weekly for four weeks then monthly for two months.</p> <p>4. The results will be discussed in the monthly Quality Assurance Performance Improvement meeting for three months with corrective action as needed.</p>		

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K 345	Continued From page 5	K 345			
K 353 SS=F	<p>The Administrator was informed of the findings at the Life Safety Code exit conference on 02/17/23.</p> <p>NJAC 8:39-31.2(e) NFPA 72</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> <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 interviews on 02/17/23, in the presence of Maintenance Director from a sister facility (MDSF) and Maintenance Staff Member (MSM), it was determined that the facility failed to maintain the sprinkler system by ensuring that the ceiling was smoke resistant and fire rated in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.5.1,</p>	K 353	<ol style="list-style-type: none"> <li>1. The facility entered into a contract with a provider to repair the ceiling tile.</li> <li>2. All residents have the potential to be affected by the deficient practice.</li> <li>3. The Director of Maintenance will inspect the boiler room ceiling for ceiling</li> </ol>	4/11/23	

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K 353	Continued From page 6 Section 4.6.12, Section 9.7, NFPA 13, 2010 Edition, Section 6.2.7.1 and NFPA 25, 2011 Edition, Section 5.1, 5.2.2.1. This deficient practice was identified for 1 of 5 Hazardous areas observed and was evidenced by the following:  During a tour of the building with the MDSF and MSM, the surveyor observed the following:  At 09:48 AM, the surveyor observed in the large Boiler room approximately 50' x 50' that the drop ceiling was compromised for the majority of the ceiling. The drop ceiling grid was in place in many areas of the ceiling and missing in many other areas, ceiling tile was not observed in place. The fire sprinkler system heads were installed as part of the drop ceiling system, and now with the tiles and grid not in place, The fire sprinkler heads were now compromised from proper activation due to the delay from smoke and heat having to fill the area above the ceiling before banking down at the temperature required to activate the sprinkler heads.  The MDSF and MSM both confirmed the observation's during the building tour and both stated that it would be an issue when observed.  The Administrator was informed of the findings at the Life Safety Code exit conference on 02/17/23.  NJAC 8:39-31.2(e) NFPA 101, 2012 LSC Edition, Section 19.3.5.1, Section 4.6.12, Section 9.7, NFPA 13, 2010 Edition, Section 6.2.7.1 and NFPA 25, 2011 Edition, Section 5.1, 5.2.2.1.	K 353	tiles weekly for one month then monthly for two months.  4. The results of the audit will be discussed in the monthly Quality Assurance Performance Improvement meeting for three months with corrective action as needed.		
K 712 SS=F	Fire Drills CFR(s): NFPA 101	K 712		3/23/23	

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K 712	Continued From page 7  Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on document review and interview on 02/17/23, in the presence of the Maintenance Staff Member (MSM), it was determined that the facility failed to conduct in-house fire drills with varying activation types and simulation of emergency fire conditions in accordance with NFPA 101, 2012 Edition, Section 19.7.1.4 through 19.7.1.7. This deficient practice was evidenced by the following:  Based on document review and interview on 02/17/23, with the MSM, the facility fire drill reports revealed method for the simulation of emergency fire conditions were not varied:  Date Type of alarm transmission: Pull, Smoke or Page  - 01/18/23 Transmission: Receptionist-Page and Type: N/A - 12/17/22 Transmission: Receptionist-Page and Type: Gas - 11/16/22 Transmission: Receptionist-Page and Type: Trash	K 712	1. The Administrator and Director of Maintenance discussed the findings with the fire drill vendor on 3/21/23 and drills will be varied for activation types and simulations.  2. All residents have the potential to be affected by the deficient practice.  3. The Director of Maintenance will discuss the type of alarm activation and simulation with the vendor prior to the drill to ensure there is variation.  The Director of Maintenance or designee will audit the fire drills monthly for three months and as needed.  4. The results of the audit will be discussed in the monthly Quality Assurance Performance Improvement meeting for three months with corrective action.		



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K 712	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- 10/24/22 Transmission: Receptionist-Page and Type: Electrical</li> <li>- 09/27/22 Transmission: Receptionist-Page and Type: N/A</li> <li>- 08/20/22 Transmission: Receptionist-Page and Type: Electrical</li> <li>- 07/27/22 Transmission: Receptionist-Page and Type: N/A</li> <li>- 06/20/22 Transmission: Receptionist-Page and Type: N/A</li> <li>- 05/16/22 Transmission: Receptionist-Page and Type: Electrical</li> <li>- 04/07/22 Transmission: Receptionist-Page and Type: N/A</li> <li>- 03/24/22 Transmission: Receptionist-Page and Type: Trash</li> <li>- 02/20/22 Transmission: Receptionist-Page and Type: Trash</li> </ul> <p>The MSM confirmed during document review that the fire alarm vendor indicated : Type of Transmission was for 12 of 12 months "Receptionist Page" and Type of Fire/Emergency was for 7 of 12 months and did not include activations from smoke and pull stations throughout the building, just page at the receptionist area only.</p> <p>The Administrator was informed of the finding at the Life Safety Code exit conference on 02/17/23.</p> <p>NJAC 8:39-31.2(e) NFPA 101 Life Safety Code 2012 edition 19.7.1.4 through 19.7.1.7</p>	K 712			