STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315103	A. BUILDING **01** B. WING _____	**12/02/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY GARDENS NURSING CENTER	**296 HAMBURG TURNPIKE** **WAYNE, NJ 07470**

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E 000	Initial Comments This facility is not 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 12/02/21,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 Regency Gardens is a 2- story building with a basement, that was built in 70's, It is composed of Type II protected. The facility is divided into 9-smoke zones as per the Maintenance Director. 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 120 certified beds.	K 000		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101	K 291		12/13/21

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

Electronically Signed | 12/14/2021

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 291	Continued From page 1 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 12/02/21, it was determined that the facility failed to 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 12:20 PM, the Surveyor and Maintenance Director, observed in the basement sprinkler/mechanical 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 Maintenance Director at the time of observation. The Administrator was notified of the above findings, at the Life Safety Code exit conference on 12/02/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	K291 Emergency Lighting Emergency Lighting with a 90-minute battery back-up run time was installed in the Electrical Room on the Lower Level above the “generator transfer switch panel” on December 13, 2021. The manufacturer is Commercial Electric Light Model # 1003 866 837 (LED Combo Emergency Light with Battery Back-up). The Emergency Lighting is a 115 V that is grounded to the electric panel and has a NiCd Rechargeable AA700 mAh 9.6 V battery. The Emergency Lighting will be tested monthly and logged by the Maintenance Dept. The log book will be documented in a binder labeled “Emergency Lighting Test Log Tracker” and will be housed in the Maintenance Director Office. Fino Electric LLC located at 96 Ford Road, Suite 16 in Denville, New Jersey will perform the annual testing for the verification of the emergency lighting for The Township of Wayne Fire Bureau. The Electrical Room is in a Non-resident area and “resident(s)” have No access to the Electrical Room. The Emergency Lighting is a safety precaution that will illuminate the “generator transfer switch panel” in the event that power is down allowing maintenance staff to be able to safely navigate the Electrical Room. This plan will be implemented and	

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K 291	Continued From page 2	K 291	the corrective action evaluated for its effectiveness. This plan of correction is integrated into the Quality Assurance Performance Improvement (QAPI) program. The Quality Assurance Performance Improvement Committee, chaired by the Administrator, shall review the audits on a quarterly basis to ensure compliance. Regency Gardens respectfully disputes the accuracy of these survey findings. Nothing in this plan of correction represents an admission that the facility accepts the alleged facts or conclusions to be true or that it admits to any liability thereto. This POC is being filed in accordance with state and federal requirements.	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.	K 351		12/3/21

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K 351	Continued From page 3 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/02/21, the facility did not provide complete sprinkler coverage as required by Centers for Medicare/Medicaid Services regulation § 483.90(a) physical environment. Also, the facility failed to install the sprinkler system in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.3.5, 4.6.12 and 9.7, NFPA 13, 2012 Edition, Section 6.2.7.1, 8.1, 8.1.1, 8.5.2.1, 8.5.5, 8.5.5.2 8.15.7, 8.15.7.1 and 8.15.7.5. The lack of sprinkler coverage could delay or prevent the extinguishment of a fire in this area. The deficient practice was evidenced by the following: At approximately 12:52 PM, the Surveyor observed with the Maintenance Director that the floor 1 nursing storage closet, by the nurse station and resident room [redacted], approximately 3' x 3' in size was observed to have no fire sprinkler couverage. An interview was conducted with the Maintenance Director and he stated and agreed that the nursing storage closet, did not have any fire sprinkler coverage. The Administrator was informed of the deficiencies at the Life Safety Code exit conference on 12/02/21. NJAC 8:39-31.2(e)	K 351	K351 Sprinkler There was one closet located on the [redacted] floor [redacted] across from the nursing station without a sprinkler head that was deconstructed from a closet by removing the door, the shelves and the contents. The former closet is no longer a closet and is open to the hallway as an alcove with no storage. The deconstructed closet is in a common area Not affecting any individual. Any and all future construction will be inspected to ensure compliance with all building codes and regulations. This plan will be implemented and the corrective action evaluated for its effectiveness. This plan of correction is integrated into the Quality Assurance Performance Improvement (QAPI) program. The Quality Assurance Performance Improvement Committee, chaired by the Administrator, shall review the audits on a quarterly basis to ensure compliance. Regency Gardens respectfully disputes the accuracy of these survey findings. Nothing in this plan of correction represents an admission that the facility accepts the alleged facts or conclusions to be true or that it admits to any liability thereto. This POC is being filed in accordance with state and federal	

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K 351	Continued From page 4	K 351	requirements.	
K 521 SS=E	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 and interview on 12/02/21, in the presence of the facility Maintenance Director, it was determined that the facility failed to ensure resident bathroom ventilation systems for [redacted] units were adequately maintained, in accordance with the National Fire Protection Association (NFPA) 90 A, B. This deficient practice was evidenced by the following: 1. While touring the building on 12/02/21, from 10:30 AM, to 02:30 PM, the Surveyor and Maintenance Director observed that the ventilation in the following resident room bathrooms did not function: #[redacted], and [redacted] The surveyor requested that the Maintenance Director, confirm if the units were functioning by placing a piece of single-ply toilet tissue paper	K 521	K521 HVAC Ventilation The exhaust fans on the roof have been replaced with a Dayton Direct Drive Blower Motor, 1/3 HP, Permanent Split Capacitor, Nameplate RPM, 1650 Model # 4HZ67. As a result, the bathroom exhaust vents can effectively rid the bathroom air of excess moisture and humidity Going forward, Ventilation systems will be inspected and logged at least monthly to ensure proper air ventilation in resident bathrooms. The Ventilation Testing will be logged by the Maintenance Dept. The log book will be documented in a binder labeled “Ventilation Testing” and will be housed in the Maintenance Director Office. Resident(s) and the community as a whole will benefit from the exhaust fans reducing odors. This plan will be implemented and the corrective action evaluated for its effectiveness. This plan of correction is integrated into the Quality	12/13/21

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K 521	Continued From page 5 across the ceiling grills to confirm ventilation. When tested, the tissue did not hold in place. The resident bathrooms were not provided with a window and required reliance on mechanical ventilation. At that time, the Surveyor interviewed the Maintenance Director who confirmed that the exhaust vents in the above resident room bathrooms, were not functioning when tested. The Administrator was informed of this deficiency at the Life Safety Code exit conference on 12/02/21. NFPA 90 A NFPA 101-2012 -19.5.2.1 section 9.2.2 NFPA 101-2012- 19.5.2.1 Chapter 9.1 Utilities 9.2.1 NJAC 8:39-31.2(e)	K 521	Assurance Performance Improvement (QAPI) program. The Quality Assurance Performance Improvement Committee, chaired by the Administrator, shall review the audits on a quarterly basis to ensure compliance. Regency Gardens respectfully disputes the accuracy of these survey findings. Nothing in this plan of correction represents an admission that the facility accepts the alleged facts or conclusions to be true or that it admits to any liability thereto. This POC is being filed in accordance with state and federal requirements.	
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	K 918		12/3/21

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K 918	Continued From page 6 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. 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 12/02/21, 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 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: 11/26/21, 10/29/21, 09/28/21, 08/27/21, 07/27/21, 06/28/21, 05/28/21, 04/26/21, 03/29/21, 02/25/21, 01/28/21 and 12/29/21	K 918	K918 Generator Testing R&J Control Inc. – Emergency Generator Systems located at 58 Harding Avenue in Dover, New Jersey will perform the generator testing quarterly and will verify the emergency lighting when completing the quarterly generator testing. At the community level, the Maintenance Department will test the generator monthly and logged by the Maintenance Dept. The log book will be documented in a binder labeled “Generator Test” and will be housed in the Maintenance Director Office. The monthly Full-Load Generator testing will also include transfer switch time data. This data will be logged monthly, to ensure the generator provides power to the facility within 10 seconds. The Generator is located outside in a	

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K 918	Continued From page 7 An interview was conducted with the Maintenance Director at the time of the record review, who confirmed there was no transfer time data on 12 of 12 monthly load tests documented on his report. The Administrator was informed of the deficiency at the Life Safety Code exit conference on 12/02/21.. NJAC 8:39-31.2(e), 31.2(g) NFPA 99	K 918	Non-resident area and Generator Testing is performed by the maintenance staff. This plan will be implemented and the corrective action evaluated for its effectiveness. This plan of correction is integrated into the Quality Assurance Performance Improvement (QAPI) program. The Quality Assurance Performance Improvement Committee, chaired by the Administrator, shall review the audits on a quarterly basis to ensure compliance. Regency Gardens respectfully disputes the accuracy of these survey findings. Nothing in this plan of correction represents an admission that the facility accepts the alleged facts or conclusions to be true or that it admits to any liability thereto. This POC is being filed in accordance with state and federal requirements.	