STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315044	A. BUILDING **01** B. WING _____	**12/03/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMECREST SUBACUTE AND REHABILITATION CENTER	**1 O'BRIEN LANE** **ANDOVER, NJ 07821**

(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 12/03/21, 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 Limecrest Subacute is a 2-story building that was built in 60's, It is composed of Type I fire resistant. The facility is divided into 10- smoke zones. The generator does approximately 80 % 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 159 certified beds. At the time of the survey the census was 121.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/15/2021

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 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 12/03/21, 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 12:14 PM, the surveyor and Maintenance Director, observed in the first floor maintenance/boiler 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 12/03/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	K291 1. A battery backup emergency light above the emergency generator transfer switch, independent of the buildings electrical system and emergency generators has been installed by an outside company on 12/13/2021. 2. An outside company has installed a battery backup emergency light above the emergency generator transfer switch, independent of the buildings electrical system and emergency generator on 12/13/2021. 3. Maintenance staff educated on the battery backup emergency light above the emergency transfer switch, independent of the buildings electrical system must be working at all times. 4. Maintenance Director and/ or designee will monitor 3x week for 3 months to make sure that the battery emergency backup light above the emergency generator transfer switch independent of the buildings electrical system and emergency generator to ensure is working properly. Results to be reported at the quarterly QAPI committee meeting.	12/13/21

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K 291	Continued From page 2	K 291	Date Completed: 12/13/2021 Modify #2 2. All residents in the facility have the potential to be affected if the emergency backup lighting doesn't come on above the emergency generator. Maintenance staff will do rounds and monitor that emergency backup lighting above the emergency transfer switch is working properly at all times. By doing this it will act to protect residents in our facility in similar situation(s) who could be affected. Emergency backup lighting allows maintenance staff to see the emergency generator transfer switch at all times.	
K 351 SS=E	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. 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	K 351		3/23/22

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K 351	Continued From page 3 by: Based on observation and interview on 12/03/21, 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: 1. At 11:48 AM, the surveyor observed with the Maintenance Director that the A-1 front stairwell under the first accessible landing, was not provided with sprinkler coverage. 2. At 11:58 AM, the surveyor observed with the Maintenance Director that the A-1 back stairwell under the first accessible landing, was not provided with sprinkler coverage. 3. At 12:10 PM, the surveyor observed with the Maintenance Director that the B-1 front stairwell under the first accessible landing, was not provided with sprinkler coverage. 4. At 12:32 PM, the surveyor observed with the Maintenance Director that the B-1 back stairwell under the first accessible landing, was not provided with sprinkler coverage. An interview was conducted with the Maintenance Director who stated and agreed that the areas above did not have fire sprinkler coverage. The Administrator was informed of the	K 351	K351 1. A sprinkler coverage will be installed in the A1 front stairwell under the first accessible landing. 2. Outside company came in on December 9, 2021 and checked the A1 front stairwell under the first accessible landing. 3. Outside company is coming for the installation of the A1 front stairwell, under the first accessible landing. Maintenance staff were re-educated and re-informed the need for the A1 front stairwell under the first accessible landing. 4. Maintenance Director/ or designee will monitor to make sure that all areas will be provided with the appropriate sprinkler coverage once a week x3 months. Data/ findings to be reported at the quarterly QAPI meeting. Completion Date: 12/9/2021 K351 1. A sprinkler coverage will be installed in the A1 back stairwell under the first accessible landing. 2. Outside company came in on December 9, 2021 and checked the A1 back stairwell under the first accessible landing. 3. Outside company is coming for the installation of the A1 back stairwell, under the first accessible landing. Maintenance	

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K 351	Continued From page 4 deficiencies at the Life Safety Code exit conference on 12/03/21. NJAC 8:39-31.2(e)	K 351	staff were re-educated and re-informed the need for the A1 front stairwell under the first accessible landing. 4. Maintenance Director/ or designee will monitor to make sure that all areas will be provided with the appropriate sprinkler coverage once a week x3 months. Data/ findings to be reported at the quarterly QAPI meeting. Completion Date: 12/9/2021 K351 1. A sprinkler coverage will be installed in the B1 front stairwell under the first accessible landing. 2. Outside company came in on December 9, 2021 and checked the B1 front stairwell under the first accessible landing. 3. Outside company is coming for the installation of the B1 front stairwell, under the first accessible landing. Maintenance staff were re-educated and re-informed the need for the A1 front stairwell under the first accessible landing. 4. Maintenance Director/ or designee will monitor to make sure that all areas will be provided with the appropriate sprinkler coverage once a week x3 months. Data/ findings to be reported at the quarterly QAPI meeting. Completion Date: 12/9/2021	

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K 351	Continued From page 5	K 351	K351 1. A sprinkler coverage will be installed in the B1 back stairwell under the first accessible landing. 2. Outside company came in on December 9, 2021 and checked the B1 back stairwell under the first accessible landing. 3. Outside company is coming for the installation of the B1 back stairwell, under the first accessible landing. Maintenance staff were re-educated and re-informed the need for the A1 front stairwell under the first accessible landing. 4. Maintenance Director/ or designee will monitor to make sure that all areas will be provided with the appropriate sprinkler coverage once a week x3 months. Data/ findings to be reported at the quarterly QAPI meeting. Completion Date: 12/9/2021 Modify 1. A sprinkler coverage will be installed in the A1 front and back stairwell. B1 front and back stairwell under the first accessible landing. An outside company came in on 12/9/2021 to look at the area and price quote was received on 12/21/2021. A check deposit has been sent to the company. Outside company is gathering the information to make the plans for engineering, get the drawing then file for a permit.	

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K 351	Continued From page 6	K 351	2. All residents, staff and visitors have the potential to be affected by the deficient practice. Our resident, staff and visitors will be protected by installing needed sprinkler coverage on A1 and B1 front and back stairwells. 3. Maintenance staff were re-educated to make rounds throughout the building checking to make sure that all sprinklers are in place and are not broken. 4. Maintenance Director/ or designee will monitor to make sure that all areas will be provided with appropriate sprinkler coverage once a week x3 months. Data/ findings to be reported at the quarterly QAPI meeting. Completion Date March 01, 2022 Modify 1. A sprinkler coverage has been installed in the A1 front and the A1 Back stairwell under the first accessible landing. And B1 front and B1 Back Stairwell under the first accessible landing. It was installed on March 3/23/2022. 2. All residents, staff and visitors have the potential to be affected by the deficient practice. Our resident, staff and visitors is protected with the installation of sprinkler coverage on A1 and B1 front and back stairwells under the first accessible landing. 3. Maintenance staff were re-educated to	

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K 351	Continued From page 7	K 351	make rounds throughout the building checking to make sure that all sprinklers are in place and are not broken. 4. Maintenance Director/ or designee will monitor to make sure that all areas will be provided with the appropriate sprinkler coverage once a week x3 months. Data/ findings to be reported at the quarterly QAPI meeting. Completion Date 3/23/2022	
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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, interview and review of other facility documentation on 12/03/21, the facility failed to maintain the sprinkler system by	K 353	K353 1. A monthly churn test has been done by an outside company on 12/15/2021	12/15/21

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K 353	Continued From page 8 not performing an electric fire pump monthly test in accordance with NFPA 101, 2012 Edition, Section 19.3.5.1, 4.6.12 and 9.7.5 and NFPA 25,complete sprinkler system inspection and testing is out of compliance. This deficient practice was evidenced by the following: At approximately 10:45 AM, the surveyor requested the fire pump Churn test log from the Maintenance Director (MD). The MD currently could not provide any documentation indicating a monthly churn test was done. He stated that the fire pump was tested and inspected quarterly by the facility fire sprinkler vendor and provided the following dates: 09/14/21, 07/30/21, 05/04/21, 03/05/21 and 12/10/21 (annual report). The missed monthly tests of 11/21, 10/21, 08/21, 06/21, 04/21, 02/21 and 01/21 were not documented on any log provided. The MD stated that he did not test the fire pump and relied on the quarterly and annual testing from the facility vendor. The Maintenance Director stated that he did not know a monthly test of the electric fire pump was required. The Administrator was informed of the findings at the Life Safety Code exit conference on 12/03/21. NJAC 8:39-312(e) NFPA 25	K 353	and will be done monthly thereafter. 2. An outside company came in on December 9, 2021 and gave a proposal to do the monthly churn test. Has been signed. The monthly churn test will be done every month starting 12/15/2021. 3. Outside company is coming to do a monthly churn test. Maintenance staff were re-educated on the need to do a monthly churn test. 4. Maintenance director or designee will review and monitor to make sure that a monthly churn test is done. This will be done once a month x3 months. Data to be reported to the quarterly QAPI committee meeting. Completion Date: 12/15/2021 Modify #2 2. All residents in the facility have the potential to be affected if the monthly fire pump (Churn test) isn't done. The facility will protect our residents by maintenance staff completing the monthly fire pump (churn test). This ensures that the fire sprinkler system is working properly at all times. Thus, protecting our residents.	
K 918 SS=E	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	K 918		12/4/21

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K 918	Continued From page 9 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 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 12/03/21, 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.	K 918	K918 □ Electrical System (10 seconds) Essential Electrical System 1. Transfer time data has been added on the weekly generator inspection and exercise form. (Copy of form attached). 2. Maintenance Director or Designee will check/ receive the weekly generator inspection and exercise form to make	

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K 918	Continued From page 10 This deficient practice was evidenced by the following: A review of the generator records for the previous fifteen 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: 11/14/21, 10/30/21, 10/16/21, 10/03/21, 09/13/21, 08/22/21, 07/29/21, 07/18/21, 06/12/21, 05/02/21, 04/03/21, 03/07/21, 02/07/21, 01/09/21 and 12/26/21. An interview was conducted with the Maintenance Director at the time of the record review, who confirmed there was no transfer time data on 15 of 15 monthly load tests documented on his report's. The Administrator was informed of the deficiency at the Life Safety Code exit conference on 12/03/21.. NJAC 8:39-31.2(e), 31.2(g) NFPA 99	K 918	sure that the Transfer time data is being recorded and that it is within the required 10-second time frame. 3. All maintenance staff were educated on making sure that the transfer Time Data is being recorded and it is within the required 10 second time frame. 4. Maintenance Director or designee will monitor and review the weekly Generator inspection and exercise form have the transfer Data recorded and it is within the required 10 second time frame. This will be done 2x per week x3 months. Data/ finding to be reported at the quarterly QAPI Committee meeting. Completion Date: 12/4/2021 Modify #2 2. All residents in the facility have the potential to be affected if the transfer to the emergency generator during power outage does not occur. By recording the actual transfer time data, maintenance staff could easily detect if there is any problem or issue on the transfer time and if any will be addresses immediately. By doing this, will be able to protect the residents by making sure that the emergency power source is always fully functioning. Completion date 12/4/2021	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords	K 920		12/4/21

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LIMECREST SUBACUTE AND REHABILITATION CENTER	**1 O'BRIEN LANE** **ANDOVER, NJ 07821**

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K 920	Continued From page 11 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/03/21 in the presence of Maintenance Director, it was determined that the facility failed to maintain electrical wiring in accordance with NFPA 70, National Electrical Code. This deficient practice was evidenced by the following: At 12:20 PM, the surveyor observed in the unoccupied beauty salon that two curling irons and one blow dryer was plugged into a green multi-outlet power strip. The power strip was then plugged into the duplex wall outlet. The two curling irons were on and warm when observed in the unoccupied room. An interview was conducted with the Maintenance	K 920	K920-Electrical equipment power cords and extensions. 1. The two curling irons and blow dryer were immediately turned off and unplugged from the mini-outlet power strip. The green multi outlet power strip was also unplugged and taken out of the beauty salon. 2. Maintenance Director or designee will check all residents room and all the rooms in the facility to make sure no power strips are being used. 3. All staff were rein-serviced on making	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315044	A. BUILDING **01** B. WING _____	**12/03/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 920	Continued From page 12 Director at the time of the observations and he stated and agreed, that the multi-outlet power strip must not be used for high draw electrical appliances. The Administrator was informed of the observation at the Life Safety Code exit conference on 12/03/21. NJAC 8:39-31.2(e) NFPA 70, 99	K 920	sure that no electrical equipment is plugged-in unattended/ that no power strips are used in the facility. 4. Maintenance director or designee will monitor and check 2x per week for 3 months. All the rooms in the facility were checked to make sure that no power strips are used in the facility. Data/ findings to be reported to quarterly QAPI Committee Meeting. Completion Date: 12/4/2021	