STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315091	A. BUILDING **01** B. WING _____	**08/04/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	**205 BIRCHWOOD AVE** **CRANFORD, NJ 07016**

(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	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 08/03/2022 and 08/04/2022 and Cranford Rehabilitation and Nursing Center 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 Occupancies. Bayshore Healthcare Center is a two story, Type II Protected building that was built in January 1970. The facility is divided into 10 smoke zones.	K 000		
K 291 SS=E	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 8/03/2022 in the presence of facility management, it was determined that the facility failed to provide a fully functioning battery backup emergency light above 1 of 1 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:	K 291	No residents were found to be affected by the deficient practice. The battery backup emergency light above the emergency generator transfer switch was fixed immediately. All residents in the facility have the potential to be affected by the deficient practice. Education: The Maintenance Director educated all Maintenance Staff fully functioning battery	9/3/22

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

Electronically Signed | 08/24/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 291	Continued From page 1 During the survey entrance on 08/03/2022 at 10:25 AM, a request was made to the facility's Administrator and Maintenance Director (MD) if the facility had an emergency generator. The MD said, yes we have one. Later during the building tour with the facility MD at 01:50 PM, an inspection inside the mechanical room where the emergency generator and Automatic Transfer Switch (ATS) are located was performed. During a test of the battery backup emergency light for the ATS, the light did not function properly. This finding was verified by the facility's MD at the time of inspection. The Administrator was notified of the finding at the Life Safety Code exit conference on 08/04/2022 at 1:22 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	backup emergency light above emergency generators. System Change: The battery backup light will be tested daily as part of the maintenance checklist. Monitor: The maintenance director or designee will utilize an audit to check the function of the battery backup emergency up weekly for twelve weeks. The Maintenance Director will present the audit at the quarterly QAPI meeting. The QAPI Committee reviews, evaluates and makes recommendations to sustain compliance.	
K 293 SS=E	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293		9/3/22

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	315091	A. BUILDING **01** B. WING _____	**08/04/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	**205 BIRCHWOOD AVE** **CRANFORD, NJ 07016**

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K 293	Continued From page 2 by: Based on observation and review of facility provided documentation on 8/03/2022, it was determined that the facility failed to ensure that illuminated exit signs were in two (2) locations to clearly identify the exit access path for one of one enclosed center courtyards in the facility. This deficient practice was evidenced by the following: Reference: NFPA. Life Safety Code 2012 7.10.1.5.1 Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants. NFPA Life Safety Code 2012 7.10.5.2.1 Continuous Illumination. Every sign required to be illuminated by 7.10.6.3, 7.10.7, and 7.10.8.1 shall be continuously illuminated as required under the provisions of section 7.8, unless otherwise provided in 7.10.5.2.2 On 8/03/2022 (day one of the survey) during the survey entrance at 10:25 AM, a request was made to the Administrator and Maintenance Director (MD) to provide a copy of the facility layout which identifies the various rooms and smoke compartments. A review of the facility provided layout identified that there is one (1) enclosed center courtyard in the facility. Starting at 10:53 AM, in the presence of the facility MD a tour of the building was conducted. During the tour the surveyor observed the following locations that failed to have illuminated exit signs to clearly identify the exit access route:	K 293	No residents were found to be affected by the deficient practice. All residents have the potential to be affected by the deficient practice. Education: The Maintenance Director educated all Maintenance Staff fully functioning Exit and directional signs . Systems Change: Two locations identified as needing an illuminated exit sign in the courtyard had the illuminated exit signs installed on August 22, 2022. Monitoring: The Maintenance Director will tour the entire building monthly to complete a standardized audit of the physical environment. The Maintenance Director will report the results at the Quarterly QAPI meeting. The QAPI Committee reviews, evaluates and makes recommendations to sustain compliance	

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	315091	A. BUILDING **01** B. WING _____	**08/04/2022**

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BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	**205 BIRCHWOOD AVE** **CRANFORD, NJ 07016**

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K 293	Continued From page 3 1. At 12:08 PM, the surveyor observed in the outside enclosed center courtyard (located between Wing #3 and Wing #4) failed to have two (2) illuminated exit signs. One illuminated exit sign above each of the two (2) exit access doors leading you out of the enclosed center courtyard. This finding was verified by the facility's Maintenance Director at the time of inspection. The Administrator was notified of the finding at the Life Safety Code exit conference on 8/04/2022 at 1:22 PM. Fire Safety Hazard. NJAC 8:39 -31.1 (c) NFPA Life Safety Code 101	K 293		
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		9/3/22

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	315091	A. BUILDING **01** B. WING _____	**08/04/2022**

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BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	**205 BIRCHWOOD AVE** **CRANFORD, NJ 07016**

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K 351	Continued From page 4 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 observations and interview on 8/03/2022, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the facility, as required by National Fire Protection Association (NFPA) 13 for Installation of Sprinkler Systems. The New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy. The evidence includes the following: On 8/03/2022 (day one of the survey) during the survey entrance at 10:25 AM, a request was made to the Administrator and Maintenance Director (MD) to provide a copy of the facility layout which identifies the various rooms and smoke compartments in the facility. Starting at approximately 10:50 AM, in the presence of facility's MD a tour of the building was conducted. Along the tour the surveyor observed that the facility failed to provide proper fire sprinkler protection in the following location: 1. At 12:15 PM, on Wing 3 next to the double smoke doors by Resident room #301 the surveyor observed no evidence of fire sprinkler protection inside the four (4) feet six (6) inch deep by two (2) feet six (6) inch wide alcove area. At this time the surveyor asked the MD, do you see a fire sprinkler in the alcove. The MD looked inside and said, no. This finding was verified by the facility's	K 351	No residents were found to be affected by the deficient practice. All residents in the area of W301 have the potential to be affected. Education: The Maintenance Director educated all Maintenance Staff regarding approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. . System change: The identified alcove area was removed from the facility. Monitoring: The Maintenance Director will tour the entire building monthly to complete a standardized audit of the physical environment. The Maintenance Director will report the audit findings at the Quarterly QAPI meeting. The QAPI Committee reviews, evaluates and makes recommendations to sustain compliance	

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K 351	Continued From page 5 Maintenance Director at the time of inspection. The Administrator was notified of the finding at the Life Safety Code exit conference on 08/04/2022 at 1:22 PM. Fire Safety Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.	K 351		
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 observations on 8/03/2022 and 8/04/2022 in the presence of facility management, it was determined that the facility failed to ensure that the facility's ventilation systems were being properly maintained for 2 of 12 resident bathroom exhaust systems as per the National Fire Protection Association (NFPA) 90A. This deficient practice was evidenced by the following: During the survey entrance on 8/03/2022 at 10:25 AM, a request was made to the facility's Administrator and Maintenance Director (MD) to provide a copy of the facility layout which	K 521	No residents were found to be affected by the deficient practice. Residents in odd numbered rooms in Wing One have the potential to be affected by the deficient practice. Education: The Maintenance Director educated all maintenance staff regarding resident bathroom exhaust systems as per the National Fire Protection Association (NFPA) 90A. System change:	9/3/22

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K 521	Continued From page 6 identified the various rooms in the facility. Starting at 10:53 AM, in the presence of the facility's MD, an inspection of 12 Resident rooms was performed. This inspection identified when the bathroom exhaust systems were tested (by placing a piece of single ply tissue paper across the grills to confirm ventilation is present), the exhaust did not function properly in 2 of 12 resident bathrooms in the following locations: On 08/03/2022, 1. At 11:04 AM, inside Resident room #113 bathroom, when tested the exhaust system did not function properly. At this time, the surveyor informed the MD that the exhaust system did not function properly. 2. At 11:11 AM, inside Resident room #107 bathroom, when tested the exhaust system did not function properly. All the bathrooms had no windows with an area that would open. The bathrooms would rely on mechanical ventilation. This finding was verified by the facility's Maintenance Director at the time of inspection. The Administrator was notified of the finding at the Life Safety Code exit conference on 08/04/2022 at 1:22 PM. NFPA 90A. NJAC 8:39- 31.2 (e).	K 521	The exhaust system was repaired on August 22, 2022. The maintenance checklist was modified to include bathroom exhaust system tests. Monitor: The Maintenance Director or designee will complete the Exhaust Systems Audit weekly of at least 2 rooms on each wing. The audits will be weekly for twelve weeks. The Maintenance Director will present the Exhaust Systems Audit results at the quarterly QAPI meeting. The QAPI Committee reviews, evaluates and makes recommendations to sustain compliance.	

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K 912	Continued From page 7	K 912		
K 912 SS=D	Electrical Systems - Receptacles CFR(s): NFPA 101 Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation on 8/03/2022, in the presence of facility management, it was determined that the facility failed to ensure that 1 of 6 electrical outlets located next to a water source was equipped with proper working Ground-Fault Circuit Interrupter (GFCI) protection. This deficient practice was evidenced by the following: During the survey entrance on 8/03/2022 at 10:25 AM, a request was made to the facility's Administrator and Maintenance Director (MD) to provide a copy of the facility layout which identified the various rooms in the facility. Starting at 10:53 AM, in the presence of the facility's MD, a tour of the building was conducted. Along the tour, the surveyor tested six (6) Ground-Fault Circuit Interrupter (GFCI) outlets located in wet locations with a GFCI tester to de-energize the outlets.	K 912	No residents were found to be affected by the deficient practice. All residents utilizing the soiled utility room on Wing 4 had the potential to be affected by the deficient practice. The GCFI outlet was replaced on August 4, 2022. Education: The Maintenance Director educated all Maintenance staff. Systems Change: The GCFI outlet was replaced on August 4, 2022. GCFI checks will be added to the Maintenance checklist. The Maintenance Director will complete an audit of 5 GCFI outlets weekly for twelve weeks. The Maintenance Director will present the audit at the Quarterly QAPI Committee Meeting.	9/3/22

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K 912	Continued From page 8 At 1:33 PM, one GFCI electrical outlet inside Wing four (4) Soiled utility room when tested did not de-energize as required by code. The GFCI tester identified the GFCI outlet as having the Ground and Hot wires reversed. This finding was verified by the facility's Maintenance Director at the time of inspection. The Administrator was notified of the finding at the Life Safety Code exit conference on 8/04/2022 at 1:22 PM. NJAC 8:39 -31.2 (e) NFPA 99	K 912	The QAPI Committee reviews, evaluates and makes recommendations to sustain compliance.	
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 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	K 918		9/3/22

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K 918	Continued From page 9 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 observation and interview on 8/03/2022 , in the presence of the facility management, it was determined that the facility failed to ensure a remote manual stop station for 1 of 1 emergency generator was installed in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. The deficient practice could affect all residents and was evidenced by the following: During the survey entrance on 8/03/2022 at 10:25 AM, a request was made to the facility's Administrator and Maintenance Director (MD) if the facility had an emergency generator. The MD said, yes we have one. Later during the building tour with the facility MD 1:50 PM, an inspection inside the mechanical room where the emergency generator is located was performed.	K 918	No residents were found to be affected by the deficient practice. All residents have the potential to be affected by the deficient practice. The remote manual stop station was relocated on August 4, 2022. Education: The Maintenance Director educated all Maintenance Staff regarding remote manual stop stations. System Changes: The stop station was relocated to a remote area on August 4, 2022. Monitor: The Maintenance Director will tour entire building monthly to complete a	

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K 918	Continued From page 10 The surveyor observed that the generator's emergency stop button was located on the front of the generator control panel At this time the surveyor asked the MD, do you have a remote stop button somewhere else for the generator. The MD said, no that is the emergency stop button. This finding was verified by the facility's Maintenance Director at the time of inspection. The Administrator was notified of the finding at the Life Safety Code exit conference on 8/04/2022 at 1:22 PM. NJAC 8:39-31.2(e), 31.2(g) NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.	K 918	standardized audit of the physical environment. The Maintenance Director will present the audit at the Quarterly QAPI Meeting. The QAPI Committee reviews, evaluates and makes recommendations to sustain compliance	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315091 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	10/19/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	205 BIRCHWOOD AVE CRANFORD, NJ 07016

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. # NFPA 101	Completed
LSC K0291	09/03/2022	LSC K0293	09/03/2022	LSC K0351	09/03/2022
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0521	09/03/2022	LSC K0912	09/03/2022	LSC K0918	09/03/2022
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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
8/4/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO