STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315005	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/03/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING GROVE REHABILITATION AND HEALTHCARE CENTER	**144 GALES DRIVE** **NEW PROVIDENCE, NJ 07974**

(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 05/27/21 and Spring Grove R&HCC 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. Spring Grove R&HCC is a one story multi-phase building that was built in the 60's and 70's. It is composed of Type II construction. The facility is divided into four smoke zones.	K 000		
K 771 SS=E	Engineer Smoke Control Systems CFR(s): NFPA 101 Engineer Smoke Control Systems 2012 EXISTING When installed, engineered smoke control systems are tested in accordance with established engineering principles. Test documentation is maintained on the premises. 19.7.7 This REQUIREMENT is not met as evidenced by: Based on record review and interview on 05/27/21, it was determined that the facility failed to ensure that smoke control systems were maintained in a safe operating condition. This deficient practice was evidenced by the following: At 10:00 AM, during a review of the facility's inspection and testing reports for their internal fire/smoke extinguishing and detection equipment it was revealed that some of the building's smoke	K 771	CORRECTIVE ACTION ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED: a. The 13 malfunctioning fire dampers replaced 7/21/2021 THE FACILITY INDENTIFIED OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE PRACTICE:	7/21/21

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

Electronically Signed | 06/25/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315005	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/03/2021**

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K 771	Continued From page 1 dampers failed when tested. The inspection report provided by the facility dated 6/22/21 indicated that 13 of 38 (34%) of smoke dampers failed. This finding was verified by the corporate Vice President of Operations in an interview at 10:00 AM. The facility provided a documented proposal addressing this issue but no evidence indicating that this issue was resolved. The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code survey exit at 1:45 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 8.4.6.2, 19.7.7	K 771	a. All residents have the potential to be affected. b. All malfunctioning fire dampers are located in common areas or hall walls, should a smoke event occur, Resident will be safely secured in their rooms. c. All staff have been in-serviced on fire procedures MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: a. Maintenance director has in-serviced by VP of plant operations on the importance of immediately addressing any deficient practice 5/27/2021. The fire dampers will be added to our preventive maintenance program. Per regulation, every four years fire damper will be inspected by a license contractor. THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR: a. . The maintenance director or designee will ensure the current fire dampers will be visually inspected to ensure proper functionality monthly for the next 90 days and document in our fire damper log. b. The results of the audits conducted by the Maintenance Director/Designee will be	

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K 771	Continued From page 2	K 771	presented in the Quality Assurance Committee that meets Monthly. c. The Quality Assurance Committee will meet monthly to review audits and will determine the need for further audits and/or action plans.	