

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

PRINTED: 08/02/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315259	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 12/23/2020
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING & REHAB - MOUNTAINSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
(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	E 000			
K 000	INITIAL COMMENTS	K 000			
K 345 SS=E	<p>LIFE SAFETY CODE 101:2012</p> <p>THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.</p> <p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>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 surveyor's observation, record review and interview on 12/18/20 and 12/21/20, it was determined that the facility failed to ensure that their building's fire alarm system was maintained in accordance with the requirements of NFPA 70 and 72 This deficient practice was evidenced by the findings noted below:</p>	K 345	<p>1. Residents affected by deficient practice.</p> <p>No resident/s has/have yet been affected by the deficient practice.</p> <p>2. Other residents who could be affected by the deficient practice.</p>	1/14/21	

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

TITLE

(X6) DATE

Electronically Signed

01/14/2021

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 345	<p>Continued From page 1</p> <p>1, Upon entering the building on 12/21/20 at 09:00 AM, the surveyor observed the fire alarm panel on the first floor, left of the receptionist desk to be in trouble mode. The annunciator panel indicated an internal fault along with an activated yellow trouble light. The surveyor then observed the second floor fire alarm panel and the main annunciator panel were all in the same trouble mode.</p> <p>At 09:45 AM, the finding noted above was confirmed by the facility's Maintenance Director (MD) in an interview. He stated that this problem started on that morning 12/21/20, when he arrived at the facility around 5:30 A.M. He then stated that he called the facility fire alarm vendor. The vendor stated that they would get a technician out ASAP, due to the upcoming holidays they have limited staff working.</p> <p>2, Record review of the fire alarm documentation dated 07/27/20 (annual report), 01/02/20 and 07/17/19 (annual report) all indicated on the document certification information that : The test(s) was/were conducted in accordance with requirements of the applicable National Fire Protection Association (NFPA) standards and in accordance with the requirements of the Fire Code. All 3 documents were marked: fail: x in this area.</p> <p>The document dated: 09/04/20 provided system deficiencies: Batteries in the main FACP replaced January, 18ah load tested at 24ah. power supply in panel is overcharging batteries. also AHJ zones 1-6 don't report to panel when tested. Switches may be bad and power may also be the issue.</p>	K 345	<p>All residents are at risk of being affected by the deficient practice.</p> <p>3. Measures taken to ensure deficient practice does not recur</p> <p>(a)Technicians were immediately called in on 12-18-20.</p> <p>(b)Technicians showed up same day, inspected and tested the system and determined that the system is in working order even though error mode was showing.</p> <p>(C) Technicians determined that error code was showing because of short in one of the fire ducts doors but could not delete error code immediately.</p> <p>(d) On 1/13/21 Technicians from company came back and fixed the short in the fire duct doors in the attic.</p> <p>(e)System code on alarm pane showed normal.</p> <p>(f)See evidence of repair attached.</p> <p>4. Plans to monitor to make sure solutions are sustained.</p> <p>(a) Maintenance Director to monitor alarm panel to ensure the code is at normal once daily x 30 days then once a week x 4 and then once a month x 3.</p> <p>(b) Alarm panel to be monitored monthly thereafter on a routine basis and if trouble mode returns, call technicians immediately.</p> <p>5. Discontinuation of or changes in corrective measures will be determined by QAPI committee in monthly and quarterly</p>		

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K 345	<p>Continued From page 2</p> <p>Under inspector notes and comments on the same document dated 09/04/20: Batteries in main FACP replaced January. 18ah load tested at 24 ah. Power Supply in panel is overcharging batteries. Addressable System but programming is all listed under 3 zones for all devices.</p> <p>In an interview with the Maintenance Director during the document review, he stated that when he communicated with the facility fire alarm vendor, they would never get back to him and respond to his issues.</p> <p>On 12/21/20 at 1:30 PM, the surveyor verbally informed the facility's Administrator of these findings during the life Safety Code exit conference.</p> <p>9.6.1.5* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code.</p> <p>NFPA 70 NFPA 72 NJAC 8:39-31.2(e)</p>	K 345	meetings.		