

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

PRINTED: 04/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2020
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002	
(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	<p>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.</p> <p>INITIAL COMMENTS</p> <p>LIFE SAFETY CODE 101:2012 Existing</p> <p>This facility is not in substantial compliance with the minimum life safety code requirements as surveyed under CMS-2786R.</p>	K 000		
K 351 SS=D	<p>Complaint #NJ 000131581</p> <p>Sprinkler System - Installation</p> <p>CFR(s): NFPA 101</p> <p>Spinkler System - Installation</p> <p>2012 EXISTING</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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)</p> <p>This REQUIREMENT is not met as evidenced</p>	K 351		3/23/20

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

TITLE

(X6) DATE

Electronically Signed

02/29/2020

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 351	Continued From page 1 by: Based on observation and interview on 01/30/20 in the presence of facility management, it was determined that the facility failed to provide automatic fire sprinkler protection to hydraulic elevator shafts in accordance with NFPA 13. This deficient practice was evidenced by the following: At 11:10 AM, the surveyor, along with the facility's Director of Maintenance (DM) and Director of Environmental Services, observed that there was no fire sprinkler protection to the elevator shaft. In an interview, at that time, the DM confirmed there was no protection to the elevator shaft. NJAC 8:39-31.1(c), 31.2(e) NFPA 13	K 351	All residents have the potential to be affected by the deficient practice. Administration has accepted a quote for the installation of the fire sprinkler protection to hydraulic elevator shaft. Request for required work permit will be submitted Monday, March 9, 2020. Upon receipt of approved permit, installation will be scheduled timely. Contractor will inspect sprinkler system on a quarterly basis. Results of inspection will be submitted at the monthly Quality Assurance Committee by the Director of Maintenance or designee.		
K 353 SS=D	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 _____	K 353		3/23/20	

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K 353	<p>Continued From page 2</p> <p>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 documentation review and interview on 01/29/20 in the presence of facility management, it was determined that the facility failed to inspect the automatic fire sprinkler system quarterly in accordance with NFPA 25.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the facility's automatic fire sprinkler system inspections for the previous 12 months revealed that the system was inspected 3 of 4 required times by the licensed vendor. These inspections were dated 04/29/19, 09/30/19, and 12/18/19.</p> <p>In an interview, at 11:00 AM, the facility's Director of Maintenance was not aware of the lapse in time between inspections.</p> <p>NJAC 8:39-31.1(C), 31.2(e) NFPA 25</p>	K 353	<p>All resident have the potential to be affected by the deficient practice. The maintenance director was educated on proper testing of sprinkler system. The automatic fire sprinkler system will be tested prior to date of compliance. The maintenance director or his designee will do quarterly audits on the sprinkler inspection. Administrator or his designee will do quarterly checks for one year. The maintenance director or his designee will bring results of his quarterly audits to the monthly safety meeting and to the quarterly QA meeting to assure the facility stays in compliance.</p>		