

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

PRINTED: 09/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315423	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/20/2022
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE HAMILTON, NJ 08619		
(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 271 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 5/18/22 and 5/19/22. Hamilton Grove Healthcare and Rehabilitation 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.</p> <p>Hamilton Grove Healthcare and Rehabilitation is a three story, Type II Protected building that was built in January 1931. The facility is divided into 11 smoke zones.</p> <p>Discharge from Exits CFR(s): NFPA 101</p> <p>Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation on 5/18/22 and 5/19/22,</p>	K 271	No residents were identified as having	5/31/22	

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

TITLE

(X6) DATE

Electronically Signed

05/27/2022

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 271	<p>Continued From page 1</p> <p>the facility failed to provide exit discharges with a hard packed all-weather travel surface and maintain a level walking surface, free of all obstructions and impediments to reach a public way (street or parking lot) in accordance with NFPA 101, 2012 Edition, Section 19.2, 19.2.1, 19.2.7, 7.7, 7.7.1, 7.7.3.2, 7.1.6, 7.1.6.2, 7.1.6.3, 7.1.10, 7.1.10.1.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 5/18/22, during the Life Safety Code survey entrance at 9:00 AM, a request was made to the Administrator and Maintenance Assistant (MA) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments.</p> <p>During the building tour on 5/19/2022, in the presence of the Regional Plant Operations Director (RPOD) and MA at 11:30 AM, an inspection of the Executive Order 26, 4.b.) unit was performed. This inspection identified an outside enclosed courtyard with a gate. The surveyor observed a 4' (four feet) wide by 3' -6 " (three feet six inch) long section of unlevelled grassy area to reach the gate out of the enclosed courtyard. Further inspection on the outside of the gate identified a 4' (four feet) wide by 4' (four feet) long section of unlevelled various size stone area to reach a public way. The 7'- 6" (seven feet six inch) path consisted of various size stones, dirt and grassy area to reach a public way.</p> <p>The RPOD and MA confirmed the findings at the time of the observation.</p>	K 271	<p>negative impact from this deficient practice.</p> <p>The deficient practice had the potential to affect residents and staff exiting the outside enclosed courtyard with gate off of the Executive Order 26, 4.b.) Unit.</p> <p>The outside enclosed courtyard with gate off of the Executive Order 26, 4.b.) Unit was repaired on May 31st with a sidewalk to maintain a leveled walking surface, free of all obstructions or impediments to full instant use in the case of fire or other emergency in accordance with NFPA guidelines.</p> <p>The Regional Director of Maintenance provided education to Maintenance Department staff on the importance of maintaining a level walking surface, free of obstructions or impediments to reach a public way (parking lot) in the case of fire or other emergency in accordance with NFPA guidelines 101, 2012 Edition guidelines.</p> <p>The Director of Maintenance/Designee will conduct monthly audits of exit doors to ensure that exit door surfaces are maintained at level walking surfaces, free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>The Director of Maintenance/Designee will present the findings from the monthly audits at the next quarterly QAA meeting for follow-up and to determine if additional oversight of this area is required.</p>		

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K 271	Continued From page 2 The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 5/18/2022 at 1:52 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.7, 19.2.7	K 271			
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 and interviews conducted on 5/18/22 and 5/19/22, 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 5 of 10 resident bathroom exhaust systems as per the National Fire Protection Association (NFPA) 90A. This deficient practice was evidenced by the following: On 5/18/22, during the Life Safety Code survey entrance at 9:00 AM, a request was made to the Administrator and Maintenance Assistant (MA) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments.	K 521	No residents were identified as having negative impact from this deficient practice. The deficient practice had the potential to affect residents residing in the identified areas. The Maintenance Department repaired the 5 identified exhaust systems on May 31st. The Regional Director of Maintenance provided education to the Maintenance Department on the importance of maintaining the HVAC system including checking to ensure the exhaust systems are functioning properly.	5/31/22	

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K 521	<p>Continued From page 3</p> <p>Starting at 9:28 AM, in the presence of facility's Regional Plant Operation Director (RPOD) and MA, an inspection of seven (7) resident rooms and four (4) unisex resident bathrooms was performed. The 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 5 of 10 resident bathrooms in the following locations:</p> <p>On 5/18/22 at 10:33 AM, inside the [redacted] Unit (Physical Therapy) ADL [Activities of Daily Living] resident unisex bathroom, the exhaust system did not function properly when tested.</p> <p>At that same time, the surveyor informed the RPOD and MA that the exhaust system did not function properly.</p> <p>On 5/19/2022, the following observations were identified:</p> <p>At 11:21 AM, inside Resident room [redacted] bathroom, the exhaust system did not function properly when tested.</p> <p>At 11:26 AM, inside the [redacted] unisex bathroom, the exhaust system did not function properly when tested.</p> <p>At 11:29 AM, inside Resident room [redacted] bathroom, the exhaust system did not function properly when tested.</p> <p>At 11:42 AM, inside the [redacted] unisex bathroom (near room [redacted]), the exhaust system did not function properly when tested.</p>	K 521	<p>The Director of Maintenance/Designee will conduct monthly rounds to ensure all exhaust systems are functioning and in working order. Audits will be logged in a preventative maintenance log and submitted to the Administrator.</p> <p>The Director of Maintenance will present the findings from the monthly audits at the next quarterly QAA meeting for follow-up and to determine if additional oversight of this area is required.</p>		

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K 521	<p>Continued From page 4</p> <p>All the bathrooms had no windows with an area that would open. The bathrooms would rely on mechanical ventilation.</p> <p>The RPOD and MA confirmed the findings at the time of the observation.</p> <p>The surveyor informed the Administrator of the deficiency at the Life Safety Code exit conference on 5/18/22 at 1:52 PM.</p> <p>NFPA 90A. NJAC 8:39- 31.2 (e).</p>	K 521		

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E 000	Initial Comments	E 000			
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/04/21 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</p> <p>Hamilton Grove is a 3-story building that was built in 90's, It is composed of Type II protected. The facility is divided into 11 smoke zones. The generator does approximately 60 % of the building.</p> <p>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.</p> <p>The facility has REDACTED certified beds. At the time of</p>	K 000			

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11/25/2021

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K 000	Continued From page 1	K 000			
K 352 SS=E	<p>the survey the census was REDACTED.</p> <p>Sprinkler System - Supervisory Signals CFR(s): NFPA 101</p> <p>Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 11/04/21, in the presence of the Regional Plant Operations Director, it was determined that the facility failed to maintain the fire sprinkler system in accordance with NFPA 13 and 72, by failing to ensure that the water supply valves were provided with tamper alarms.</p> <p>This deficient practice was identified for 1 of 1 post indicator valve and was evidenced by the following:</p> <p>At 12:30 PM, the surveyor observed on the outside of the Boiler room that the red locked post indicator valve was not monitored. Although the valve was chained with a pad lock, the valve was not provided with an alarm to notify the facility, if the water was turned off and that the fire sprinkler system was inactive.</p> <p>During an interview at the time of the observations, the Regional Plant Operations</p>	K 352	<p>No residents or staff were identified to have had negative impact from this deficient practice.</p> <p>The deficient practice has the potential to affect all residents residing at this facility.</p> <p>The identified locked post indicator valve was provided with a monitor tamper device to notify the facility if the water is turned off and the fire sprinkler system is inactive in accordance with NFPA guidelines. Staff were educated on the locked post indicator valve and the new tamper switch functionality that was installed.</p> <p>The Director of Maintenance will ensure that the sprinkler company will inspect it with their required quarterly inspections.</p> <p>The Director of Maintenance will present</p>	12/30/21	

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K 352	Continued From page 2 Director stated that he was unaware of the requirement. The Administrator was notified of the finding at the Life Safety Code exit conference at 2:15 PM on 11/04/21. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25, 72 NFPA 101 2012 edition Life Safety Code 9.7.2.1* (Supervisory Signals)	K 352	the findings of these inspections at the next quarterly QAA meeting for follow-up and to determine if additional oversight of this area is required.		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames	K 363		12/16/21	

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K 363	<p>Continued From page 3</p> <p>shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 10/19/21, the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5. This deficient practice of not ensuring that room doors will close, and latch restricts the ability of the facility to properly confine fire and smoke products and to properly defend occupants in place.</p> <p>This deficient practice was observed in 12 of 20 resident room doors during the building tour from 9:00 AM to 12:15 PM and was evidenced by the following:</p> <p>The following double door sets to resident room's in the [redacted] unit were observed to have gaps, due to the rubber like gasket missing or torn from its original installation location:</p> <p>Executive Order 26, 4.b., [redacted] and [redacted]</p>	K 363	<p>No residents were identified to have had negative impact from this deficient practice.</p> <p>The deficient practice had the potential to affect all residents residing on the [redacted] Unit where double door sets are located.</p> <p>The Director of Maintenance/Designee replaced the rubber like gaskets that were missing from the original installation on the doors to ensure that the room doors close and latch to confine fire and smoke products to properly defend occupants in place.</p> <p>The Director of Maintenance was educated and will audit all doors on the [redacted] unit monthly to make certain that all rubber like gaskets are intact without gaps between the doors so as to resist the passage of smoke.</p> <p>The Director of Maintenance will present</p>		

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K 363	Continued From page 4 An interview was conducted with the Regional Plant Operations Director and Administrator, who both stated and confirmed that 12 of 20 resident room doors in the [REDACTED] unit were observed to have gaps from missing and/or torn rubber like gaskets. The Administrator was informed of the finding at the Life Safety Code exit conference on 11/04/21. NJAC 8:39-31.1(c), 31.2(e)	K 363	the findings from these monthly audits at the next quarterly QAA meeting for follow-up and to determine if additional oversight of this area is required.		