STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315423	A. BUILDING **01** B. WING _____	**07/11/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC	**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
K 000	INITIAL COMMENTS The nursing home building construction was stated to be 1990s with no current major renovations or noted additions. It is a three story building Type II (222) protected construction and is fully sprinklered. The 200 KW interior Cummins diesel generator does approximately 60% of the facility.The 3-story building has 11-smoke zones with 2-elevators. There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The (interior) generator is stated to be tied to the fire alarm control panel, cross corridor door hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life The facility has 218 certified beds. At the time of the survey, the census was 195. The requirement at 42 CFR Subpart 483.90(a) was NOT MET.	K 000		
K 920 SS=F	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power	K 920		8/25/23

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

Electronically Signed | 08/03/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315423	A. BUILDING **01** B. WING _____	**07/11/2023**

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K 920	Continued From page 1 strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/29/2023, in the presence of the Maintenance Director (MD), Regional Plant Operations Director (RPOD), and Administrator (ADMIN), it was determined that the facility failed to prohibit the use of extension cords and power cords, beyond temporary installation, as a substitute for adequate wiring, exceeding 75% of the capacity, in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.5, 19.5.1, 9.1, 9.1.2. NFPA 70, 2011 LSC Edition, Section 400.8 and 590.3 (D). NFPA 99, 2012 LSC Edition, Section 10.2.3.6 and 10.2.4. This deficient practice does not ensure prevention of an electrical fire or electric shock hazard and was identified by three electronic items located in one (1) of four (4) offices observed and was evidenced by the following: On that same date at 11:12 AM, the surveyor, MD, RPOD, and ADMIN observed in the 1st floor Hamilton nurse main office (across from the dining room), that three (3) refrigerators were plugged into one (1) multi-outlet power strip. The	K 920	This deficient practice did not affect any residents, staff or visitors but had the potential to affect all residents, staff and visitors. I. Corrective action(s) accomplished for resident(s) affected: The appliances plugged into the multi-outlet power strip located in the 1st floor nursing office were removed from the power strip and plugged directly into an outlet. The multi-outlet power strip was removed. II. Residents identified having the potential to be affected and correction action taken: Residents residing in the facility had the potential to be affected by this practice. No residents were identified as having any negative effects from this practice. An audit was conducted by Maintenance personnel for high draw appliances and	

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	315423	A. BUILDING **01** B. WING _____	**07/11/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC	**2300 HAMILTON AVE** **HAMILTON, NJ 08619**

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K 920	Continued From page 2 multi-outlet power strip was then plugged into a duplex wall outlet. The findings were verified by the MD, RPOD, and ADMIN at the time of the observations, where they stated and confirmed that high draw appliances cannot be plugged into multi-outlet power strips in the facility. The MD, RPOD, and ADMIN were informed of the finding at the Life Safety Code Exit Conference on 06/29/2023. NJAC 8:39-31.2(e)	K 920	determined that no other power strips were in use. III. Measures will be put into place to ensure the deficient practice will not recur: Maintenance personnel upon receiving the results of this survey noting the deficient practice, immediately re-educated staff that power strips and extension cords are prohibited beyond temporary installation, as a substitute for adequate wiring, in accordance with the requirements of NFPA guidelines. The Maintenance Department added routine checks of high draw appliances to their routine maintenance checklist to assure power strips and extension cords are not utilized. IV. Corrective actions will be monitored to ensure the deficient practice will not recur: Designated Maintenance staff will conduct weekly (one time per week) audits for the next four weeks then monthly x 2 months on high draw appliances to ensure that no power strips are in use. Any untoward findings will be corrected immediately by Maintenance personnel and reported to the Administrator. The designated Maintenance staff member will report the results of the weekly and monthly high draw appliance audits to the Quality Assessment and Assurance (QAA) Committee for the next quarter. The QAA Committee will determine the need for any additional	

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	315423	A. BUILDING **01** B. WING _____	**07/11/2023**

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K 920	Continued From page 3	K 920	monitoring of these audits at the next quarterly meeting.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315423	A. Building 01 - MAIN BUILDING 01 B. Wing	8/31/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC	2300 HAMILTON AVE HAMILTON, NJ 08619

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 Reg. # NFPA 101 LSC K0920	Correction Completed 08/25/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 7/11/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			☐ YES ☐ NO