

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

PRINTED: 08/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759	
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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 12/16/21, 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>The Nursing home is a 3- story building with a partial basement, that was built in 80's, It is composed of Type I Fire Resistant properties. The facility is divided into 10 smoke zones. The generator does approximately 50 % of the building as per the Maintenance Director.</p> <p>The facility utilized 1135 waivers allowing for regulatory flexibilities 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 165 certified beds. At the time of</p>	K 000		

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

TITLE

(X6) DATE

Electronically Signed

12/23/2021

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 000	Continued From page 1	K 000			
K 222	the survey the census was 145.				
SS=D	Egress Doors CFR(s): NFPA 101	K 222		2/16/22	
	Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS				

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K 222	<p>Continued From page 2</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/16/21, it was determined that the facility failed to ensure that exit doors locked with a delayed egress device were provided with instructional signage as per the requirements of NFPA 101:2012 - Chapter 7.2.1.6.1.1(4). This deficient practice was identified in 1 of 9 egress doors (floor █) and evidenced by the following:</p> <p>At 12:10 PM, the surveyor observed with the Maintenance Director that the egress door on floor █ by resident room # █, had a delayed egress device installed on the door for non-emergency egress. The door was not</p>	K 222	<ol style="list-style-type: none"> 1. Immediately placed egress sign to the identified door on floor █ by resident room █. Immediately checked all egress areas for signage and for operational egress compliance. 2. All residents have the potential to be affected. 3. During weekly exit door inspections, Maintenance Director/designee will ensure egress signage is intact, legible, and for operational egress compliance. 		

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K 222	Continued From page 3 provided with a readily visible sign with 1-inch letters indicating "Push Until Alarm Sounds, Door Can Be Opened in 15-Seconds." The door was provided with a push button keypad and opened with the activation of the fire alarm. The Maintenance Director confirmed the finding during the observation. The Administrator was informed of these findings during the Life Safety Code survey exit conference on 12/16/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.2.1.6.1(4)	K 222	4. Maintenance Director/designee will report findings to monthly QAPI committee x 4 months. QAPI committee will determine timeline of need for continued monitoring through QAPI.		
K 225 SS=D	Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/16/21, in the presence of Maintenance Director, it was determined that the facility failed to ensure that exit stairways were used for emergency egress and maintained free from obstructions. This deficient practice was identified for 1 of 3 stairwells (floor [REDACTED]) and evidenced by the following: At 11:28 AM, the surveyor observed that there	K 225	1. Immediately removed chair that was in front of egress door and garbage cans from stairwell on floor [REDACTED] All egress areas and stairwells were immediately checked to ensure the ability to exit safely in an emergency. Immediate education was completed with all departments/staff of the need to keep the egress areas/exit doors/stairwells free from debris, clutter, and garbage.	2/16/22	

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K 225	Continued From page 4 was a metal chair stored in front of the exit/egress door (interior) and 4 plastic 20-gallon plus trash cans stored in the back corner of the floor [REDACTED] stairwell. The chair was blocking the ability to exit safely from floor [REDACTED], down to the egress/exit door, then to the public way. The Maintenance Director confirmed the finding during the time of the observations. He stated that the stairwell cannot have any storage and must be maintained free from obstructions. The Administrator was informed of the finding at the Life Safety Code exit conference on 12/16/21.	K 225	2. All residents are potentially at risk. 3. Daily checks by Maintenance/designee to ensure the ability to exit safely in an emergency in all egress areas and stairwells. 4. Maintenance Director/designee will report findings to monthly QAPI committee x 4 months. QAPI committee will determine the need for continued monitoring through QAPI.		
K 351 SS=D	N.J.A.C. 8:39-31.2(e) NFPA 101- 2012 edition 19.2.5.1 section 7.5 Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING 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. 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. 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. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5,	K 351		6/1/22	

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K 351	<p>Continued From page 5</p> <p>19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 12/16/21, the facility failed to a.)provide complete sprinkler coverage as required by Centers for Medicare/Medicaid Services regulation § 483.90(a) physical environment and b.) to install the sprinkler system in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.3.5, 4.6.12 and 9.7, NFPA 13, 2012 Edition, Section 6.2.7.1, 8.1, 8.1.1, 8.5.2.1, 8.5.5, 8.5.5.2 8.15.7, 8.15.7.1 and 8.15.7.5. The lack of sprinkler coverage could delay or prevent the extinguishment of a fire in this area. The deficient practice was identified for 3 of 3 stairwells and evidenced by the following:</p> <p>1. At 11:18 AM, the surveyor observed with the Maintenance Director that the low-end stairwell under the floor █ landing had approximately a 10 foot x 10 foot accessible landing that was not provided with sprinkler coverage. The floor landing between floor █ and floor █ had approximately 4 foot x 8 foot that was not provided with sprinkler coverage.</p> <p>2. At 11:28 AM, the surveyor observed with the Maintenance Director that the high-end stairwell under the floor █ landing had approximately a 10 foot x 10 foot accessible landing that was not provided with sprinkler coverage. The floor landing between floor █ and floor █ had approximately 4 foot x 8 foot that was not provided with sprinkler coverage.</p> <p>3. At 11:37 AM, the surveyor observed with the Maintenance Director that the █ stairwell under the floor █ landing had approximately a 10 foot x</p>	K 351	<p>1. Sprinkler coverage was installed to the █ stairwell under the floor █ landing and landing between floor █ and █. Sprinkler coverage was installed in the █ stairwell under the floor landing and landing between floor █ and █. Sprinkler coverage was installed to the █-stairwell under the floor █ landing and landing between floor █ and █. Sprinkler coverage installed in the █ stairwell by the front entrance.</p> <p>2. All residents are potentially at risk.</p> <p>3. Quarterly vendor inspection on proper operation and condition of sprinklers. Daily maintenance inspection of all stairwells to ensure free from any items/clutter/debris.</p> <p>4. Maintenance Director/designee will report to QAPI committee on a quarterly basis that sprinklers are operating and in good condition with no stop date for reporting to QAPI committee.</p>	

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K 351	Continued From page 6 10 foot accessible landing that was not provided with sprinkler coverage. The floor landing between floor █ and floor █ had approximately 4 foot x 8 foot that was not provided with sprinkler coverage. 4. The █ stairwell by the front entrance was not provided with sprinkler coverage from the top to the bottom level of the stairs. An interview was conducted with the Maintenance Director at the time of these findings, who confirmed that the areas above did not have fire sprinkler coverage. The Administrator was informed of the deficiencies at the Life Safety Code exit conference on 12/16/21.	K 351			
K 531 SS=D	NJAC 8:39-31.2(e) Elevators CFR(s): NFPA 101 Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key	K 531		2/16/22	

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K 531	Continued From page 7 recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator (redacted) smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: Based on interview on 12/16/21, the facility failed to ensure that elevators were inspected and tested monthly in accordance with NFPA 101, 2012 Edition, Section 19.5.3, 9.4.2, 9.4.3, 9.4.6, 9.4.6.2 and ASME A17-1 Safety Code for Elevators and Escalators 2004 Edition Section 8.11.1.3 and Table N. This deficient practice was identified for 2 of 2 elevators and evidenced by the following: On 12/16/21 at approximately 11:00 AM, the surveyor interviewed the Maintenance Director at the start of the building tour who stated that he currently did not have a record that Firefighter's Monthly Service test was performed and documented monthly. The Administrator was informed of this finding at the Life Safety Code exit conference on 12/16/21. NJAC 8:39-31.2(e) ASME/ANSI A17.3	K 531	1. Immediate fire recall check and inspection was completed on both elevators. 2. All residents are potentially at risk. 3. New log was created to identify monthly recall check and inspection findings. 3. Maintenance Director/designee will report findings to monthly QAPI committee x 4 months. QAPI committee will determine the need for continuation of reporting to QAPI dependent on monthly findings.		
K 918 SS=E	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a	K 918		12/24/21	

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K 918	<p>Continued From page 8</p> <p>process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of facility documents on 12/16/21, in the presence of the Maintenance Director, it was determined that the facility failed to certify the time needed by their generator to transfer power to the building was within the required 10-second time frame, in accordance with NFPA 99 for emergency electrical generator systems. This deficient practice was identified in 12 out of 12 required</p>	K 918	<p>1. Immediately ran generator for ten minutes to ensure the generator started and transferred power within the maximum allowable transfer time of 10 seconds or less.</p> <p>2. All residents have the potential to be at risk.</p>		

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K 918	<p>Continued From page 9</p> <p>monthly load tests and evidenced by the following:</p> <p>A review of the generator records for the previous 12-months, did not reveal documented certification that the generator would start and transfer power to the building within ten seconds, when the load test was conducted on the following dates:</p> <p>12/15/21, 12/08/21, 12/01/21, 11/24/21, 11/17/21, 11/10/21, 11/03/21, 10/27/21, 10/13/21, 10/06/21, 09/23/21, 09/22/21 (power failure), 09/15/21, 09/08/21, 09/01/21, 08/25/21, 08/18/21, 08/11/21, 08/04/21, 07/28/21, 07/21/21, 07/14/21, 07/07/21, 06/30/21, 06/23/21, 06/16/21, 06/09/21, 06/02/21, 05/26/21, 05/19/21, 05/12/21, 05/05/21, 04/28/21, 04/21/21, 04/14/21, 04/07/21, 03/31/21, 03/24/21, 03/17/21, 03/10/21, 03/03/21, 02/24/21, 02/17/21, 02/10/21, 02/03/21, 01/27/21, 01/20/21, 01/13/21, 01/06/21, 12/30/2020, 12/23/2020, 12/16/2020, 12/09/2020 and 12/02/2020.</p> <p>An interview was conducted with the Maintenance Director at the time of the record review, who confirmed there was no transfer time data on 54 of 54 weekly load tests documented on his reports.</p> <p>The Administrator was informed of the deficiency at the Life Safety Code exit conference on 12/16/21.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 99</p>	K 918	<p>3. Immediately added the transfer power timeframe to the generator log to ensure transfer power to the building is within ten seconds, in accordance with NFPA 99 for emergency electrical generator systems.</p> <p>4. Maintenance Director/designee will report findings to QAPI committee x 4 months. QAPI committee will determine the timeframe for continued need to report to QAPI committee dependent on findings.</p>		