PRINTED: 11/19/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>			(X3) DATE SURVEY COMPLETED	
		315524	B. WING		04/28/2021		
	ROVIDER OR SUPPLIER  BROOK REHABILITATION	N AND HEALTHCARE CENTER		3718 CHUR	DRESS, CITY, STATE, ZIP CODE RCH ROAD AUREL, NJ 08054	-	
(X4) ID PREFIX TAG			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD B			(X5) COMPLETION DATE
E 000	Initial Comments		EC	00			
K 000	Appendix Z-Emergen Provider and Supplier	quirements for Long Term	ΚС	00			
		THE MINIMUM LIFE JUIREMENTS AS CMS-2786R.					
	the corridors, spaces resident rooms, There	emoke detection located in open to the corridors and in e are two generators 1. Senerator and Back Boiler anatural gas units.					
AROPATORY !	regulatory flexibilities Emergency for routine maintenance requirer 2020. The flexibilities following items: fire profire extinguisher monto operation monthly test testing of generators, means of egress in an	35 waivers allowing for during the Public Health e inspection, testing and ments beginning January 31, did not extend to the ump weekly/monthly testing, thly inspections, fire fighter sting for elevators, monthly and daily inspection of the reas of construction, repair,			TITLE		(X6) DATE

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.

**Electronically Signed** 

05/11/2021

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		315524	B. WING		04/28/2021
	ROVIDER OR SUPPLIER	N AND HEALTHCARE CENTER	;	STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
K 000	COVID-19 PHE as all All. The process revis approximately 50% of the barriers.	s. vas modified during this lowed by QSO Memo 20-31- ions excluded f the rooms and portions of	K 000		
K 281 SS=D	The facility has 220 certified beds. At the time of the survey the census was 161.  The requirement at 42 CFR Subpart 483.90(a) is NOT MET as evidenced by:  Illumination of Means of Egress CFR(s): NFPA 101  Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention.  18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation on 04/28/21 in the presence of facility Maintenance Director, it was determined that the facility failed to provide 2 sources of illumination at exit discharges to the common way for evacuation.  This deficient practice was evidenced by the following:		K 281	Preparation and/or execution of this p of correction does not constitute an admission or agreement by the Provid of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws to	er f
	egress door identified	surveyor observed at the as # by resident room ontained one-bulb and the		require it.  1.Maintenance Director/ designee replaced the one-bulb fixtures identifie	d in

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	ROVIDER OR SUPPLIER  BROOK REHABILITATION	N AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE  3718 CHURCH ROAD  MOUNT LAUREL, NJ 08054			•		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI)		×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 281	overlapping light patter fixtures, in the event a evacuation.  2. At 11:25 A.M., the egress door identified contained one-bulb at fixture was approxima surrounding was not put the event a resident each interview was con Director at the time of	s not provided with enough ern from neighboring a resident emergency  surveyor observed at the as # that the fixture and the next rooftop light ately 50' away and the provided with enough light in emergency evacuation.  ducted with the Maintenance of the observations and he aware of this requirement.	K 2	281	the Statement of Deficiencies (SOD) of before 5/14 to a double-bulb fixtures, doubling the lumens output.  2. All other exit discharges were audited the Maintenance Director/ designee on before 5/14 to ensure proper illuminated Any notable areas were addressed accordingly.  3. On or before 5/14, the regional Direct of Plant Operations/Designee will condin-service training to the maintenance staff on NFPA 101 proper illuminations means of egress.  4. Audit to be conducted bi-weekly by the maintenance director/designee on exit discharge illumination to ensure proper illumination. Audit will be conducted for months or until QAPI committee deems appropriate. QAPI committee will meet	d by or on.  tor luct at		
K 293 SS=E	Exit Signage 2012 EXISTING Exit and directional si accordance with 7.10 also served by the en 19.2.10.1 (Indicate N/A in one-s with less than 30 occ travel is obvious.) This REQUIREMENT by: Based on observatio in the presence of the was determined that the	gns are displayed in with continuous illumination nergency lighting system.  Itory existing occupancies upants where the line of exit is not met as evidenced an and interview on 04/28/21, Maintenance Director, it the facility failed to properly sign, which is neither an exit	K 2	293	Preparation and/or execution of this plof correction does not constitute an admission or agreement by the Provide of the truth or the facts alleged, or	an	5/14/21	

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		315524	B. WING	B. WING		04/28/2021	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		-
LAUDELE	DOOK DELIADII ITATIO	AND LIEAL THOADE CENTED		37	718 CHURCH ROAD		
LAUREL	SKOOK REHABILITATIO	ON AND HEALTHCARE CENTER		M	IOUNT LAUREL, NJ 08054		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
K 293		ess and is located or	K	293	conclusion set forth in the Statement c		
	_	y to be mistaken for an exit			Deficiencies. This plan of correction is		
		t" sign in accordance with			prepared and/or executed because the		
		tion, Section 7.10 and			provisions of Federal and State Laws	that	
	7.10.8.3.				require it.		
	The deficient practice following:	e was evidenced by the			Areas identified in the Statement of Deficiencies (SOD) as having no-exit, were outfitted with appropriate no-exit		
	1 At approximately 1	10:43 A.M., the surveyor			signage. This was completed by or be		
		or leading into the enclosed			5/14. Please see attachments.	010	
	courtyard by room	did not have a "NO EXIT"			2.All other areas appropriate for a no-e	-xit	
	sign.				sign were reviewed by the maintenance		
	oigin.				director/designee to ensure proper		
	2. At approximately 1	10:58 AM the surveyor			signage was in place. Anything identifi	ed	
		Center door leading to the			was addressed accordingly. This was	ou.	
		not an exit and displayed the			completed by or before 5/14.		
	incorrect sign "NOT				3.On or before 5/14, the regional Direct	ctor	
					of Plant Operations/Designee will cond		
	3. At approximately	11:15 A.M., the surveyor			in-service training to the maintenance		
		or in the Medical Records			staff on NFPA 101, Exit Signage, inclu	ding	
	office lead into the co	ourtyard and did not have a			the requirement to identify doors which		
	"NO EXIT" sign.	,			neither an exit nor a way of exit access		
					and is located or arranged so it is likely		
	The findings were ve	rified by the Maintenance			be mistaken for an exit shall have a		
	Director at the times				no-exit sign.		
					4.Audit to be conducted bi-weekly by t	he	
	The Administrator wa	as informed of the deficiency			maintenance director/designee on doc	rs	
	at the Life Safety Co	de exit conference.			which is neither an exit nor a way of ex	ĸit	
					access and is located or arranged so i	t is	
	NJAC 8:39-31.2(e)				likely to be mistaken for an exit to ensi	ıre	
	1				that have no-exit sign. Audit will be		
					conducted for 3 months or until QAPI		
					committee deems appropriate. QAPI		
					committee will meet monthly.		
K 321	Hazardous Areas - E	nclosure	K	321			5/14/21
SS=F	CFR(s): NFPA 101						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G <b>01</b>	(X3) DATE SURVEY COMPLETED
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K 321	having 1-hour fire r fire rated doors) or system in accordar When the approved system option is us separated from oth partitions and door. Doors shall be self-and permitted to ha protective plates th from the bottom of Describe the floor a hazardous areas th 19.3.2.1, 19.3.5.9  Area  Separation Na. Boiler and Fuel-lb. Laundries (large c. Repair, Maintenad. Soiled Linen Rode. Trash Collection (exceeding 64 gallof. Combustible Stor (over 50 square feeg. Laboratories (if Chazard - see K322 This REQUIREMED by:  Based on observation on 04/28/21, it was failed to ensure that 50-square feet and were equipped with	Enclosure re protected by a fire barrier resistance rating (with 3/4 hour an automatic fire extinguishing rice with 8.7.1 or 19.3.5.9. d automatic fire extinguishing riced, the areas shall be respaces by smoke resisting resisting or automatic-closing rated or field-applied at do not exceed 48 inches the door. and zone locations of reat are deficient in REMARKS.  Automatic Sprinkler RIA Fired Heater Rooms rethan 100 square feet) rence, and Paint Shops resisting r	К3	Preparation and/or execution of the of correction does not constitute an admission or agreement by the Proof the truth or the facts alleged, or conclusion set forth in the Statemed Deficiencies. This plan of correction prepared and/or executed because provisions of Federal and State La	n ovider ent of on is e the

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K 321	Facility's Maintenance observed resident rowinto a hazardous store provided with a self-control plastic planter pot an analysis of the room contained: plastic planter pot an analysis of the room contained: plastic planter pot an analysis of the room contend into a hazar not provided with a self-converted into a hazar not provided with a self-converted into a hazar provided with a self-converted resident room contained: cardboard with a self-converted with a	ing a building tour with the end Director, The surveyor on had been converted rage area and was not closure device on the door.  Tables, 2 mattresses, different many miscellaneous items.  Ing a building tour with the end Director, The surveyor and the room had been ardous storage area and was elf-closure device on the rained: plastic combustibles, and boxes and many  Ing a building tour with the end Director, The surveyor on that had been ardous storage area was not closure device on the door.  PPE storage and 100 plus and boxes.  Ing a building tour with the end Director, The surveyor on had been converted great and was not closure device on the door.  The surveyor on had been converted great and was not closure device on the door.  The surveyor on had been converted great and was not closure device on the door.  The surveyor on had been converted great and was not closure device on the door.  The surveyor on had been converted great and was not closure device on the door.  The surveyor on had been converted great and was not closure device on the door.	К3	require it.  1.Areas identified in the St Deficiencies (SOD) were of self-closing hardware on of 2.All other rooms in excess feet and storing combustibe reviewed for appropriate schardware. Nothing notewords. On or before 5/14, the result of Plant Operations/Design in-service training to the most staff on NFPA 101, Hazard Enclosure, including the result of the self-closing hardware excess of 50-square feet a combustibles.  4.Audit to be conducted biamintenance director/ design rooms in excess of 50-square storing combustibles to enself-closing hardware. Aud conducted for 3 months or committee deems appropring committee will meet monther than the self-closing hardware in the self-closing hardware in the self-closing hardware.	outfitted with or before 5/10 s of 50-square	d. tor luct o s in	

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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODER OF T	JLD BE COMPLETION		
provided with a self-c The room contained: cardboard boxes, fur  6. At 10:25 A.M., dur Facility's Maintenanc observed Mode into a hazardous stor provided with a self-c The room contained: couch and many mis  7. At 10:35 A.M., dur Facility's Maintenanc observed in the stora resident room #1 tha hazardous storage a self-closure device o contained 40 plus pla cans.  An interview was cor Director during the of was unaware of this The surveyor verbally Administrator of this	closure device on the door. many combustible niture and mattresses.  ing a building tour with the e Director, The surveyor room had been converted rage area and was not closure device on the door. chairs, 4- beds, mattresses, cellaneous items.  ing a building tour with the e Director, The surveyor rige room across from t was converted into a rea was not provided with a n the door. The room astic combustible garbage  aducted with the Maintenance requirement.  y informed the facility's finding during the Life Safety	K 32				
CFR(s): NFPA 101  Sprinkler System - M Automatic sprinkler a inspected, tested, an	aintenance and Testing and standpipe systems are d maintained in accordance	K 35	3	5/23/21		
	ROVIDER OR SUPPLIER  BROOK REHABILITATIO  SUMMARY ST (EACH DEFICIENC REGULATORY OR  Continued From page provided with a self-c The room contained: cardboard boxes, fur  6. At 10:25 A.M., dur Facility's Maintenance observed Model into a hazardous stor provided with a self-c The room contained: couch and many mis  7. At 10:35 A.M., dur Facility's Maintenance observed in the storal resident room #1 that hazardous storage at self-closure device of contained 40 plus plac cans.  An interview was corn Director during the of was unaware of this Code exit conference NJAC 8:39-31.2(e) Sprinkler System - M Automatic sprinkler at inspected, tested, an with NFPA 25, Stand	ROVIDER OR SUPPLIER  BROOK REHABILITATION AND HEALTHCARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 6 provided with a self-closure device on the door. The room contained: many combustible cardboard boxes, furniture and mattresses.  6. At 10:25 A.M., during a building tour with the Facility's Maintenance Director, The surveyor observed Model room had been converted into a hazardous storage area and was not provided with a self-closure device on the door. The room contained: chairs, 4- beds, mattresses, couch and many miscellaneous items.  7. At 10:35 A.M., during a building tour with the Facility's Maintenance Director, The surveyor observed in the storage room across from resident room #1 that was converted into a hazardous storage area was not provided with a self-closure device on the door. The room contained 40 plus plastic combustible garbage cans.  An interview was conducted with the Maintenance Director during the observation's and he stated he was unaware of this requirement.  The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code exit conference,  NJAC 8:39-31.2(e) Sprinkler System - Maintenance and Testing	ROVIDER OR SUPPLIER  BROOK REHABILITATION AND HEALTHCARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 6 provided with a self-closure device on the door. The room contained: many combustible cardboard boxes, furniture and mattresses.  6. At 10:25 A.M., during a building tour with the Facility's Maintenance Director, The surveyor observed Model room had been converted into a hazardous storage area and was not provided with a self-closure device on the door. The room contained: chairs, 4- beds, mattresses, couch and many miscellaneous items.  7. At 10:35 A.M., during a building tour with the Facility's Maintenance Director, The surveyor observed in the storage room across from resident room #11 that was converted into a hazardous storage area was not provided with a self-closure device on the door. The room contained 40 plus plastic combustible garbage cans.  An interview was conducted with the Maintenance Director during the observation's and he stated he was unaware of this requirement.  The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code exit conference,  NJAC 8:39-31.2(e)  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,	ROVIDER OR SUPPLIER  BROOK REHABILITATION AND HEALTHCARE CENTER    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG		

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NAME OF PROVIDER OR SUPPLIER  LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054	,		
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K 353	maintenance, inspect maintained in a secula available.  a) Date sprinkler synology b) Who provided synology c) Water system sunology Provide in REMARK any non-required or system. 9.7.5, 9.7.7, 9.7.8, a This REQUIREMEN by: Based on observation it was determined the that the building's aumaintained in safe of following:  1. Automatic sprinkles foreign materials where their operation. At 1 Laundry room in the Maintenance Directors automatic sprinkles commercial washing area's that had a heat sprinkler heads.	Records of system design, ction and testing are are location and readily system last checked system test apply source  S information on coverage for partial automatic sprinkler and NFPA 25 T is not met as evidenced on and interview on 04/28/21, at the facility failed to ensure atomatic sprinkler system was condition as evidenced by the ser heads were not free of ich could prevent or delay 2:15 PM, during a tour of the presence of the facility's or, the surveyor observed 5 of a heads located in front of the machine and clothes dryer avy amount of lint on the	K 35	Preparation and/or execution of of correction does not constitute a admission or agreement by the P of the truth or the facts alleged, o conclusion set forth in the Statem Deficiencies. This plan of correct prepared and/or executed becaus provisions of Federal and State L require it.  1.Building sprinkler system areas identified in the Statement of Defi (SOD) as not being maintained in condition were fixed. Please see attachment.  a.The sprinkler heads with decay	an rovider r eent of cion is se the aws that diciencies a a safe and		
	of this condition and interview during the 2. One automatic fire	nance Director was unaware acknowledge such in an observation.  e sprinkler head, behind the s dryers had paint on the		paint are being replaced by control or before 5/23.  b.The penetrations identified in S fixed by the maintenance director/designee on 4/28.  c.The North System Gong identification SOD was fixed by the fire safety of the safety	OD were		

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NAME OF PE	ROVIDER OR SUPPLIER			S1	TREET ADDRESS, CITY, STATE, ZIP CODE				
I AURFI F	ROOK REHABII ITATION	N AND HEALTHCARE CENTER		37	718 CHURCH ROAD				
		TAND HEADINGARE GENTER		M	OUNT LAUREL, NJ 08054				
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 353	Continued From page The facility's Maintena of this condition and a interview during the o  3. In the Activities roo missing and a fire spr of the area. The oper gasses and smoke paspace above.  The facility's Maintena of this condition and a interview during the o  4. The facility provide 03/11/21 from their Fire document indicated underwind the condition and indivendor was short of more spond as soon as paspace above.  The facility's Maintena this condition and indivendor was short of more spond as soon as paspace.  The facility's Maintena informed of this findin Code exit conference	ance Director was unaware acknowledge such in an bservation.  m a 2' x 2' ceiling tile was inkler head was within 4 feet ning would now allow hot ast the sprinkler into the ance Director was unaware acknowledged such in an bservation.  d documentation dated re Sprinkler vendor. The nder Deficiencies: 'I the working, should be ance Director was aware of ficated that the fire sprinkler nanpower and would ossible to repair the 'I mance Director was verbally g during the Life Safety	K3	853	on 4/28.  2.  a.All other sprinklers were audited to ensure their integrity. This was complet on 4/28 by the maintenance staff. b.All areas were audited to ensure their were not any penetrations. Nothing remarkable was noted. This was completed on 4/28 by the maintenance staff. c. All facility sprinkler system was audited, including the gongs, and found be in good working order. This was completed on 4/28 by the maintenance staff. 3. a.On or before 5/14, the regional Director of Plant Operations/Designee will condin-service training to the maintenance staff on maintaining the sprinkler system in good working order, including keeping the sprinkler heads free of debris and dust, keeping the gogs in workable ord and ensuring there aren □t any fire-safe penetrations. 4. a.An audit will be conducted the maintenance director/designee monthly on the sprinkler system to review the integrity of all sprinkler heads. Results these audits will be presented to the Quommittee who will decide duration of the sprinkler who will decide du	e d to tor uct m ng er ety			
	NFPA 25 NJAC 8:39-31.2(e)				audits.  b.An audit will be conducted by the maintenance director/designee monthly ensure all ceiling tiles are in place.  Results of these audits will be presente to the QAPI committee who will indicate the duration of the audits.	/ to ed			

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G <b>01</b>		(X3) DATE SURVEY COMPLETED	
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K 353	Continued From page		K 3:	c.The facility sprinkler system, the gongs, will be audited mon months, to ensure they are in gworking order. Results of these will be reported to the QAPI co. The QAPI committee will meet	thly, for 5 good e findings ommittee.		
	CFR(s): NFPA 101  Electrical Systems - E Maintenance and Tes The generator or oth and associated equip service within 10 sec criterion is not met du process shall be prov	er alternate power source ment is capable of supplying onds. If the 10-second uring the monthly test, a rided to annually confirm this	К9	10		5/14/21	
	capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.  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						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>			(X3) DATE SURVEY COMPLETED			
		315524	B. WING _	B. WING		04/28/2021			
	ROVIDER OR SUPPLIER  BROOK REHABILITATIO	N AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  3718 CHURCH ROAD  MOUNT LAUREL, NJ 08054					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF		ID PREFII TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
K 918	the possibility of dam source is a design co installations. 6.4.4, 6.5.4, 6.6.4 (NI 111, 700.10 (NFPA 70 This REQUIREMENT by: Based on documenta 04/27/21 in the prese Director, it was detern to certify the time need transfer power to the required 10 second the with NFPA 99 for both generator systems.  This deficient practice following:  At 10:30 a.m., a reviet testing and inspection generators revealed to the previous 12 months of documented certificat start and transfer power sources.	age of the emergency power insideration for new  FPA 99), NFPA 110, NFPA  (i)  It is not met as evidenced attorn review and interview on ince of the Maintenance mined that the facility failed aded by their generator to building was within the imeframe in accordance in emergency electrical  (i)  It is not met as evidenced on the facility failed and the facility failed and the facility failed are was evidenced by the and the facility's generator in documentation for both the following:	K	918	Preparation and/or execution of this pof correction does not constitute an admission or agreement by the Provid of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws require it.  1. The generator identified in the Statement of Deficiencies (SOD) was reviewed to ensure that the time needs to transfer power to the facility was with the required 10 second timeframe in accordance with NFPA 99. This was certified by the maintenance director/designee on 4/29.  2. All facility generator systems were inspected to ensure they are in	er f s e hat			
	documented times or	stated that there were no the current logs, indicating start and transfer power to seconds.			compliance with capability of supplying service within 10 seconds.  3. The maintenance director/designee provided with in-service education on testing and certifying the facility general system to ensure it has the capability of supplying service within 10 seconds. The was done by the regional director of ploperations on or before 5/12.  4. The Maintenance Director/designee review the generator records monthly ensure that there was documentation	was ator of his ant			

AND DUAN OF CORDECTION IDENTIFICATION NUMBER.		(X2) MULTIF	LE CONSTRUCTION 6 01	(X3) DATE SURVEY COMPLETED	
		315524	B. WING		04/28/2021
	ROVIDER OR SUPPLIER  BROOK REHABILITATION	N AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
K 918	Continued From page	e 11	K 91	certifying that generator would star transfer power to the building within seconds. Results will be reported to QAPI committee for follow up. The committee will determine duration audit based on outcomes of the aud QAPI committee will meet monthly	n 10 o the of the dits.