STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315464	A. BUILDING **01** B. WING _____	**02/17/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EVESHAM	**870 EAST ROUTE 70** **MARLTON, NJ 08053**

(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 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.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 2/11/2022 and Care One at Evesham 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. Care One at Evesham is a single (1) story, Type I Fire Resistant building that was built in August 2000. The facility is divided into 6 smoke zones.	K 000		
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.	K 341		3/18/22

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

Electronically Signed | 03/11/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315464	A. BUILDING **01** B. WING _____	**02/17/2022**

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CAREONE AT EVESHAM	**870 EAST ROUTE 70** **MARLTON, NJ 08053**

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K 341	Continued From page 1 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 02/11/2022, in the presence of facility management, it was determined that the facility failed to provide notification by audible and visible signals in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9 The deficient practice was evidenced by the following: On 02/11/2022 during the building tour starting at 9:05 AM with the facility's Regional Maintenance Director (RMD) and Director of Maintenance (DOM), at 9:51 AM an inspection of the outside resident patio area was performed. The surveyor observed that the outside resident patio area did not have any occupant notification devices (horn/strobe tied into the fire alarm system). At that time, the surveyor asked the RMD and DOM if there was an audio and visual alarm that was connected the the buildings fire alarm and detection system to notify residents in the event of an fire alarm going on. The RMD looked around and said, "no." The findings were verified and confirmed by the RMD and DOM during the observations. The surveyor informed the Administrator of the	K 341	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. No residents were affected. How the facility will identify other residents having the potential to be affected by the same deficient practice. Residents have the potential to be affected. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. The Facility Plant Operations Manager or Designee immediately contacted the service provider for installment of audible and visible fire alarm system in courtyard. The alarm is hooked up and is a part of the fire alarm system. It will be monitored daily by the fire alarm system and will be checked every 6 months as part of the fire alarm inspection. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315464	A. BUILDING **01** B. WING _____	**02/17/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EVESHAM	**870 EAST ROUTE 70** **MARLTON, NJ 08053**

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K 341	Continued From page 2 finding at the Life Safety Code exit conference on 02/11/2022 at 1:31 PM. NJAC 8:39-31.2(a)	K 341	into place to monitor the continued effectiveness of the systemic change. Horn strobe fire alarm system will be installed by service provider. System will be monitored by the Facility Plant Operations Manager or Designee. Team, including Facility Plant Operations Manager, will meet monthly in QAPI. In addition, the quarterly QAPI will include fire alarm inspections.	
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observations and review of facility documentation on 02/11/2022, in the presence of facility management, it was determined the facility failed to perform and document on the tag attached to the fire extinguisher a monthly visual examination for 2 of 9 fire extinguishers, as required by code and National Fire Protection Association (NFPA) 10 and N.J.A.C. 5:70. requirements. This deficient practice was evidenced by the following: Reference: NFPA 10 Edition 2010 Standard for portable fire extinguishers reads, - 7.3 Maintenance.	K 355	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. No residents were identified. How the facility will identify other residents having the potential to be affected by the same deficient practice. Residents have the potential to be affected. What measures will be put into place or systemic changes will be made to ensure	2/18/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315464	A. BUILDING **01** B. WING _____	**02/17/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EVESHAM	**870 EAST ROUTE 70** **MARLTON, NJ 08053**

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K 355	Continued From page 3 - 7.3.1.1 All Fire Extinguishers. - 7.3.1.1.1 Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 years at the time of hydrostatic test, or when specifically indicated by an inspection or electronic notification. According to NFPA 10- 4-3.4 At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded at least monthly and that records shall be kept on a tag or label attached to the fire extinguisher. During the building tour starting at 9:05 AM in the presence of the facility's Regional Maintenance Director (RMD) and Director of Maintenance (DOM), the surveyor observed 9 portable fire extinguishers in various locations throughout the first floor. The surveyor observed that the fire extinguishers were last annually inspected March 2021 which was documented on the tags attached to the fire extinguishers. The surveyor observed two (2) fire extinguishers that had no evidence of a monthly visual examinations being performed and documented on the tags attached to two (2) fire extinguishers in the following locations, 1) At 10:53 AM, inside the facility Kitchen one (1) "Class K" wet chemical type fire extinguisher had no evidence of a monthly examination for December 2021 and January 2022 being performed and documented on the tag attached to the extinguisher. 2) At 11:31 AM, at the main entrance outside of the building one (1) ABC type fire extinguisher (facility identification #11) had no evidence of a	K 355	that the deficient practice will not recur. The Facility Plant Operations Manager or Designee immediately re-educated the Maintenance Department on visually inspecting the fire extinguishers monthly and keeping a record of the examination on the tag attached to the fire extinguisher in accordance with the regulations. Monthly visual inspections will be conducted and documented on the tag attached to the extinguisher in accordance with the regulation. The Director of Maintenance or Designee added the extinguishers to the fire extinguisher check list for monthly auditing. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change. The Director of Maintenance or Designee will audit the fire extinguisher inspections and present the results of the audit to the QAA Committee monthly x3 months, then quarterly x1 quarter. The QAA Committee will determine the need for further performance improvement.	

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K 355	Continued From page 4 monthly examination had no evidence of a monthly examination for December 2021 and January 2022 being performed and documented on the tag attached to the extinguisher. The RMD and DOM confirmed the finding at the time of the observation. The surveyor informed the Administrator of the finding at the Life Safety Code exit conference on 02/11/2022 at 1:31 PM. NJAC 8:39-31.1(c), 31.2(e) NFPA 10.	K 355		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315464 (Y1)	A. Building 01 - MAIN BUILDING 01 B. Wing (Y2)	7/13/2022 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EVESHAM	870 EAST ROUTE 70 MARLTON, NJ 08053

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 K0341	Correction Completed 03/18/2022	ID Prefix Reg. # NFPA 101 LSC K0355	Correction Completed 02/18/2022	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	
2/17/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO