

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

PRINTED: 02/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315523	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2021
NAME OF PROVIDER OR SUPPLIER CONTINUING CARE AT LANTERN HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 537 MOUNTAIN AVENUE NEW PROVIDENCE, NJ 07974	
(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 712 SS=F	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 10/19/2021, and 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>Continuing Care at Lantern Hill is a Type II Protected building that was built in October 2016. The skilled nursing facility is divided into two smoke zones.</p> <p>Fire Drills CFR(s): NFPA 101</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>18.7.1.4 through 18.7.1.7</p>	K 712		11/11/21

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

TITLE

(X6) DATE

Electronically Signed

11/12/2021

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 712	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on facility document review, interview, and facility policy review, it was determined the facility failed to ensure required fire drills were conducted each quarter for each shift and under varying conditions and ensure staff were trained and prepared to provide for resident safety in the event of a fire or other fire emergency. This failed practice could affect all 36 residents. Findings included: 1. A review of the fire drill documentation for the last 12 months indicated that no fire drills were conducted on the 1st shift for the 3rd quarter of 2021; or on the 3rd shift for the 4th quarter of 2020. During an interview on 10/19/2021 at 2:02 PM, the Associate Executive Director and Senior Facility Manager acknowledged the aforementioned fire drills were not conducted as required. A review of the facility policy titled, "CC Fire Drills," dated 06/01/2021, indicated, "Fire drills shall be conducted by Security and Emergency Services (SES), or an approved vendor, at unexpected times under varying conditions, at least once quarterly on each shift..."	K 712	1. No residents in the facility were affected by the deficient practice. 2. The facility acknowledges that all residents have the potential to be affected by the deficient practice. 3. Senior Facilities Manager "SFM" was re-educated that fire drills need to be conducted and documented each quarter for each shift in accordance with NFPA 101 and provide documentation to the Administrator. "SFM" contacted vendor and requested a hard copy of the drills once drills are completed each month to be reviewed by the SFM. Security supervisor conducted in service on 11/11/21 fire safety with 1st and 3rd shift on 11/11/21. 4. SFM or designee will review fire drill records and will provide these records on a monthly basis to the Administrator. The Administrator will review at QAPI committee meeting monthly until 1/1/22 and quarterly thereafter until 1/1/2023. The completion date for compliance is 11/11/21.		
K 761 SS=F	New Jersey Administrative Code § 8:39-31.6(b) Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested	K 761		11/16/21	

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K 761	<p>Continued From page 2</p> <p>annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 18.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (NFPA 80) This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility document review and interview, it was determined the facility failed to annually inspect and test all fire-rated door assemblies, in accordance with National Fire Prevention Association (NFPA) 80, Standard for Fire Doors and Other Opening Protectives. This deficient practice could affect all 36 residents, staff, and visitors.</p> <p>Findings included:</p> <p>1. On 10/19/2021, a review of the facility's life safety code inspection reports provided by the Senior Facility Managers, indicated that no fire door assemblies were inspected and tested annually. These tests and inspections were not included on the report as part of the review.</p> <p>During an interview on 10/19/2021 at 1:15 PM, the Associate Executive Director and Senior Facility Managers stated they were not aware of the required annual fire barrier doors inspection.</p> <p>New Jersey Administrative Code 8:39-31.2(e)</p>	K 761	<p>1. No residents in the facility that were affected by the deficient practice.</p> <p>2. The facility acknowledges that all residents have the potential to be affected by the deficient practice.</p> <p>3. Senior Facilities Manager "SFM" was educated that the inspection of door assemblies are to be done on an annual basis in accordance with NFPA 80 and documentation is to be provided to the Administrator once completed. SFM will educate maintenance department to complete the inspection of assemblies in the absence of the SFM. The SFM performed inspection of door assemblies on 11/16/21.</p> <p>4. SFM or designee will complete annual inspection and complete documentation. Documentation will be provided on an annual basis to the Administrator after</p>		

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K 761	Continued From page 3	K 761	inspection is complete. If inspection would need to be rescheduled, it will be scheduled in the following quarter. Administrator will address in QAPI committee meeting of the quarter if the inspection was completed successfully until 1/1/2023.		
K 918 SS=F	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>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 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</p>	K 918	The cocompletion date will be 11/16/22.	11/12/21	

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K 918	<p>Continued From page 4</p> <p>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 facility document reviews and interview, it was determined the facility failed to maintain and test the essential emergency power generator in accordance with the National Fire Prevention Association (NFPA) 110, Standard for Emergency and Standby Power Systems. This could result in a failure of the emergency power system which would leave the facility without egress and task lighting in the event of a power failure, which would potentially endanger all 36 residents, staff, and/or visitors within the facility.</p> <p>Findings included:</p> <p>1. On 10/19/2021, a review of the facility's emergency generator weekly inspection, in the presence of the Senior Facility Manager, indicated the required weekly emergency power generator inspections were only completed on 08/06/2021, 08/12/2021, 08/23/2021, 09/08/2021, 09/17/2021, 09/27/2021, and 10/05/2021. There was no documentation of weekly inspections prior to August 2021, and some weekly inspections had been missed.</p> <p>During an interview on 10/19/2021 at 11:15 AM, the Senior Facility Manager acknowledged the aforementioned weekly generator inspections were not completed and stated, "We just found</p>	K 918	<p>1. No residents in the facility were affected by the deficient practice.</p> <p>2. The facility acknowledges that all residents have the potential to be affected by the deficient practice.</p> <p>3. The SFM was re-educated on weekly generator inspections in accordance NFPA 110 and to complete documentation that will be given to the Administrator on a monthly basis. SFM will educate Maintenance department and Security department to complete weekly inspections in the absence of the SFM. Weekly generator testing was completed on 11/12/21 for compliance.</p> <p>4. SFM will review weekly documentation and provide documentation to Administrator on a monthly basis. The results of these reviews will be presented to the monthly QAPI committee meeting until 1/1/22 and quarterly thereafter until 1/2023 by the Administrator.</p> <p>The completion date will be on 11/12/2021 and monitoring thereafter.</p>		

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K 918	Continued From page 5 out about this in August when the licensed company came and did their inspection." 2. On 10/19/2021, a review of the facility's emergency generator monthly inspections, in the presence of the Senior Facility Manager, indicated the required monthly generator testing under load for 30 minutes was not performed in the last year. The facility management staff could not provide documentation of the generator being exercised under load 30 minutes 12 times a year in 20-40 day intervals. New Jersey Administrative Code § 8:39-31.2 (g)	K 918			