

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

PRINTED: 04/25/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/15/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>255 EAST MAIN ST MOORESTOWN, NJ 08057</b>	
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E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS	K 000		
K 324 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 09/14/21, 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>Cambridge is a 2-story building that was built in 80's. It is composed of Type II unprotected construction. The facility is divided into 8-smoke zones. The 2-generators do approximately 65 to 70% of the building as per the Regional Plant Operations Director. The 1-generator works with the operation of the fire pump as per the Regional Plant Operations Director. This building's new owners are still learning all the operations of this facility.</p> <p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small</p>	K 324		11/16/21

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

TITLE

(X6) DATE

Electronically Signed

09/24/2021

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 324	<p>Continued From page 1</p> <p>appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</p> <p>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 09/14/21, in the presence of the Maintenance Director, Regional Plant Operations Director and Dietary Director, it was determined that the facility failed to ensure that 1 of 13 exhaust hood grease baffles were in the proper position to protect against grease and fire from entering above the exhaust hood system as per NFPA 96. This deficient practice was evidenced by the following:</p> <p>Reference: NFPA 96 19.3.2.5.3* (10) Procedures for the use, Inspection, Testing, and Maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the Manufacturers instructions and are followed.</p> <p>At approximately 12:25 PM, the surveyor</p>	K 324	<ol style="list-style-type: none"> <li>1. No residents were affected by the 1 gap to the baffle above the 6-burner cooking stove.</li> <li>2. All residents could be affected if the baffle isn't properly installed to eliminate gaps in the exhaust ventilation system.</li> <li>3. Maintenance staff ordered and installed baffles over 6-burner cooking stove according to code. Receipts of purchases are available for review.</li> <li>4. To monitor and maintain ongoing compliance the maintenance director will audit baffles weekly for one month and then monthly for 2 months. Results will be presented to the QAPI team monthly for continued review and recommendations.</li> </ol>		

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K 324	Continued From page 2 observed in the kitchen that 1 of 13 kitchen hood grease baffles were not properly installed over the main 6-burner cooking stove, now leaving an approximately 1" gap into the above exhaust hood system.  An interview was conducted with the Maintenance Director, Regional Plant Operations Director and Dietary Director, who acknowledged that 1 of 13 grease baffles over the cooking area, must be in complete sets and installed correctly to prevent grease fire from entering the hood above the grease baffles.  The Grease baffles are the first layer of protection in a commercial kitchen's grease management and exhaust ventilation system. Their purpose is to prevent flames and flammable debris from entering the exhaust duct and capture grease-laden vapors produced from cooking equipment. If this grease were not captured, it would build up in the ventilation system and become a significant fire hazard.  The Administrator was notified of the deficiency at the life safety code exit conference on 09/14/21.  NJAC 8:39-31.2(e) NFPA 96, 19.3.2.5.3*(10)	K 324			
K 351 SS=E	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	K 351		1/14/22	

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K 351	<p>Continued From page 3</p> <p>Installation of Sprinkler Systems.</p> <p>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.</p> <p>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.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 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 09/14/21, the facility did not provide complete sprinkler coverage as required by Centers for Medicare/Medicaid Services regulation § 483.90(a) physical environment. Also, the facility failed 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 evidenced by the following:</p> <p>1. At approximately 12:10 PM, the Surveyor observed with the Maintenance Director and the Regional Plant Operations Director that the hall-A stairwell under the first accessible landing, was not provided with sprinkler coverage.</p> <p>2. At approximately 12:30 PM, the Surveyor observed with the Maintenance Director and the Regional Plant Operations Director that the hall-B stairwell under the first accessible landing, was</p>	K 351	<p>1. No residents were affected by the lack of sprinkler coverage on the stairwell under the first accessible landing in multiple stairwells and outside elevator #3.</p> <p>2. All residents could be affected by lack of sprinkler coverage in stairwells and outside elevator #3.</p> <p>3. Maintenance staff contacted certified vendor and received quote for installation of all necessary sprinklers in the stairwells and outside elevator #3 to be completed no later than 1/15/2022 and work was completed on 1/14/2022.</p> <p>4. Vendor has certified that all required sprinklers are installed and inspected in accordance with standing regulations. Results presented to the QAPI team whom meet monthly.</p>		

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K 351	Continued From page 4 not provided with sprinkler coverage.  3. At approximately 12:45 PM, the Surveyor observed with the Maintenance Director and the Regional Plant Operations Director that the hall-C stairwell under the first accessible landing, was not provided with sprinkler coverage.  4. At approximately 02:28 PM, the Surveyor observed with the Maintenance Director and the Regional Plant Operations Director that the floor 2 corridor by elevator #3 outside the entrance to the Grace assisted Living section, that approximately a 22' x 8' area of the building was not provided with fire sprinkler coverage.  An interview was conducted with the Maintenance Director and Regional Plant Operations Director and they stated and agreed that the areas above did not have fire sprinkler coverage.  The Administrator was informed of the deficiencies at the Life Safety Code exit conference.	K 351			
K 353 SS=E	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, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.	K 353		11/15/21	

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K 353	<p>Continued From page 5</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of other facility documentation on 09/14/21, the facility failed to maintain the sprinkler system by not performing an electric fire pump monthly test and documentation and that the fire pump was run under emergency power on an annual basis in accordance with NFPA 101, 2012 Edition, Section 19.3.5.1, 4.6.12 and 9.7.5 and NFPA 25, complete sprinkler system inspection and testing is out of compliance. This deficient practice was evidenced by the following:</p> <p>At approximately 10:00 AM, the surveyor requested the fire pump Churn test log from the Maintenance Director and Regional Plant Operations Director. They currently could not provide any documentation indicating a monthly test was done. The Regional Plant Operations Director stated that the electric fire pump was somehow tied into the small generator and was not completely sure how the system worked due to the fact they just took over the facility. The fire sprinkler vendor indicated on the 03/24/21 Annual Water-Based fire Protection Systems Inspection report, that under Deficiencies-Fire Pump (Diesel Engine) response from the Technician: pump flow test performance not within "ACCEPTABLE"</p>	K 353	<ol style="list-style-type: none"> <li>1. No residents were affected by the lack of monthly testing to the electric fire pump and annual fire pump test under emergency power.</li> <li>2. All residents could be affected by lack of monthly testing to the electric fire pump and annual fire pump test under emergency power.</li> <li>3. Maintenance staff completed a monthly churn test. Maintenance contacted a certified vendor and their review of the annual testing performed on 3/24/2021 did include a test under emergency power.</li> <li>4. Churn test has been added to buildings electronic preventative maintenance program for monthly testing and an annual fire pump test under emergency power. Results will be presented to the QAPI team that meets monthly, when full compliance is reached and ongoing thereafter.</li> </ol>		

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K 353	Continued From page 6 limits of manufacturer rating, further investigation is needed.  At approximately 10:15 AM, the Maintenance Director provided a document dated : 03/23/21 indicating "Annual Fire Pump Flow Test". The flow test passed and the inspection report stated the fire pump electrical testing was not performed in accordance with TIA 1364 & TIA 1287. In an interview with the Maintenance Director and Regional Plant Operations Director during the document review revealed, the facility failed to provide electric fire pump monthly testing and inspection reports (churn test log),and there was no documentation the fire pump had been run under emergency power or testing of the automatic transfer switch.  The Administrator was informed of the findings at the Life Safety Code exit conference on 09/14/21.  NJAC 8:39-312(e) NFPA 25	K 353			
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 observation and interview on 09/14/21, the facility failed to visually inspect fire extinguishers monthly and ready for use in accordance with the requirements of NFPA 101,	K 355	1. No residents were affected by the lack of monthly inspection to the K type extinguisher in the kitchen. 2. All residents could be affected by lack	11/16/21	

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K 355	Continued From page 7 2012 Edition, Section 19.3.5.12, 9.7.4.1 and NFPA 10, 2010 Edition, Sections 7.2, 7.2.1.2, 7.2.2, 7.2.4.3 and 7.2.4.4 and 7.2.4.5. The deficient practice was evidenced by the following:  At approximately 12:59 PM, the Surveyor along with the Maintenance Director and Regional Plant Operations Director observed in the kitchen that the K type fire extinguisher was inspected May 2021. The inspection tag was blank after May 2021 and did not indicate that a monthly inspection (date and initials) had been completed.  An interview was conducted during the observation with the Maintenance Director and Regional Plant Operations Director, and they stated and agreed that the inspection tag was last filled out in May 2021.  The Administrator was informed of the deficiency at the Life Safety Code exit conference on 09/14/21.  NJAC 8:39-31.2(e) NFPA 10	K 355	of monthly inspection to the K type extinguisher in the kitchen. 3. Maintenance staff completed an inspection to the K type extinguisher in the kitchen. 4. Maintenance Director or designee will audit K type extinguisher monthly for 3 months and monthly thereafter as required by regulation and electronic preventative maintenance report findings will be presented to the QAPI committee at its monthly held meeting.		
K 916 SS=E	Electrical Systems - Essential Electric System CFR(s): NFPA 101  Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator.	K 916		11/19/21	



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K 916	<p>Continued From page 8</p> <p>6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interview on 09/14/21/21, in the presence of the Maintenance Director and Regional Plant Operations Director, it was determined that the facility failed to provide a remote annunciator for 1 of 2 generators (emergency electrical system) in a location with the ability to alert staff of the system's condition in accordance with NFPA 99. This deficient practice was evidenced by the following:</p> <p>A tour of the facility revealed that the lower basement (outside)generator was provided with a remote annunciator as required, but the location was in the lower basement and no staff was in the area to readily observe the annunciator panel alarm conditions.</p> <p>An interview was conducted during the observation with the Maintenance Director and Regional Plant Operations Director, and they both stated and agreed that the current location would not be readily observed by staff of the alarm conditions.</p> <p>The Administrator was informed of the deficiency at the Life Safety Code exit conference.</p> <p>NJAC 8:39-31.2(e) NFPA 99, 110</p>	K 916	<ol style="list-style-type: none"> <li>1. No residents were affected by the lack of a remote annunciator of 1 of 2 generators.</li> <li>2. All residents could be affected by lack of a remote annunciator of 1 of 2 generators.</li> <li>3. A certified vendor installed the remote annunciator for 1 of 2 generators at the Hartford Glen nursing station where 24 hour nursing staff will monitor for system condition of the generator. Nursing was educated to the operation of the annunciator, frequency of monitoring and actions to take should the annunciator indicate an alarm. Installation was completed 11/19/21.</li> <li>4. Maintenance Director or designee will report to QAPI committee monthly when the remote annunciator is relocated and facility is in full compliance.</li> </ol>		