

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

PRINTED: 08/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2019
NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D 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 LIFE SAFETY CODE 101:2012	K 000		
K 353 SS=D	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</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:</p>	K 353		11/15/19

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

TITLE

(X6) DATE

Electronically Signed

10/22/2019

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 353	Continued From page 1 Based on surveyor observation on 10/22/15 in the presence of the Maintenance Director and Regional Maintenance Director, it was determined that the facility failed to maintain all parts of their automatic sprinkler system in optimal condition as per section 5.2.1.1.1 of National Fire Prevention Association (NFPA) 25. This deficient practice was evidenced by the following: At 12:10 P.M. the surveyor observed 10 of 14 sprinkler heads in the facility's kitchen with a green coating of oxidation/corrosion. When interviewed at that time, the Maintenance Director and Regional Maintenance Director agreed that the 10 fire sprinkler heads had a green coating of oxidation/corrosion. NJAC 8:39 - 31.1(c), 31.2(e) NFPA 13, 25	K 353	1. Sprinkler heads in the kitchen were inspected. They found them in need of replacing. A quote was received and approved for replacement of the corroded sprinkler heads. 2. Sprinkler Heads in the kitchen will be replaced. 3. Maintenance staff will be educated regarding inspection of sprinkler heads and procedure to report potential concerns. 4. The Director of Maintenance will conduct random inspections of sprinkler heads weekly for the next 12 weeks. Areas of concern will be addressed. Results of the audits will be reviewed at the Quality Assurance Performance Improvement meeting monthly for the next three month with follow up as needed		
K 521 SS=D	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 10/1/19 in the presence of the facility Maintenance Director and Regional Maintenance Director, it	K 521	1. A quote was received and approved for the repairs of bathroom vents.	11/15/19	

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K 521	<p>Continued From page 2</p> <p>was determined that the facility failed to ensure that the ventilation systems were being properly maintained in accordance with the National Fire Protection Association (NFPA) 90A. This deficient practice was evidenced by the following:</p> <p>Starting at 11:48 A.M. the surveyor observed that the ventilation vents did not function when tested in the bathrooms of resident rooms [REDACTED], and [REDACTED] on the [REDACTED]. The surveyor had the Regional Maintenance Director confirm if the units were functioning by placing a piece of single ply toilet tissue paper across the grills to check for ventilation. The resident bathrooms were not provided with a window and would rely on mechanical ventilation.</p> <p>An interview was conducted with the Maintenance Director and Regional Maintenance Director and they agreed that the exhaust vents in those resident room bathrooms did not function when tested.</p> <p>NFPA 90A NJAC 8:39-31.2(e)</p>	K 521	<p>2. Repairs will be made to the bathroom vents to ensure that they are operating properly.</p> <p>3. The Director of Maintenance inspected all of the bathroom ventilation systems to verify they were operating properly. No additional issues were identified. The Director of Maintenance re-educated the maintenance department regarding ventilation system checks.</p> <p>4. The Director of Maintenance will randomly inspect five bathroom vents weekly for the next 12 weeks to verify proper ventilation. Areas of concern will be addressed. Results of these audits will be reviewed at the Quality Assurance Performance Improvement meeting monthly for the next three months with follow up provided as needed.</p>		