

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

PRINTED: 08/03/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315284</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT MONMOUTH, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>229 BATH AVENUE LONG BRANCH, NJ 07740</b>	
(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 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 7/14/2021 Monmouth Care Center 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>Monmouth Care Center is a two story Type II protected building that was built in April 2011. The facility is divided into 8 smoke zones.</p> <p><b>Cooking Facilities</b> CFR(s): NFPA 101</p> <p><b>Cooking Facilities</b> 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 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 * 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>	K 324		9/7/21

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

TITLE

(X6) DATE

Electronically Signed

08/05/2021

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>* 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 7/14/2021, the facility failed to ensure that the main cooking stove exhaust hood grease baffles were in the proper position to protect against the extension of fire in accordance with NFPA 96. The evidence includes the following,</p> <p>On 7/14/2021 at 9:48 AM in the presence of the Corporate Food Service Director (CFSD), facility Food Service Director (FSD) and Maintenance Director an inspection inside of the main kitchen was performed. The surveyor observed over the six burner stove that there were five grease baffles in the exhaust hood. There was approximately a three inch gap between two of the baffles. At this time, the surveyor pointed to the opening and asked the FSD why there was an opening between the baffles. The FSD stated that baffles use to fit in there ok.</p> <p>In the event of a fire, the openings in the hood grease baffles would not prevent fire from entering the exhaust hood area, up and above the open areas of the grease baffles, and</p>	K 324	<p>0324 - NFPA 101 Cooking Facilities</p> <p>I. Immediate Correction The FSD in conjunction with Director of Maintenance, immediately communicated with contractor to ensure that the main cooking stove exhaust hood grease baffles were in the proper position to protect against the extension of fire in accordance with NFPA 96. The contractor responded immediately to the facility, repositioned the hood grease baffles, and closed the approximate three-inch gap between two of the baffles. This ensured the cooking equipment was protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.</p> <p>The contracted companies' Regional FS Director immediately verbally re-in-service the FSD and staff on the five grease baffles in the exhaust hood to ensure compliance with NFPA and LSC rules.</p>		

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K 324	Continued From page 2 extending up to the roof of the facility.  The facility's Administrator was notified of this finding during the Life Safety Code survey exit conference at 2:17 PM.  NJAC 8:39-31.2(e) NFPA 96, 19.3.2.5.3* (10)	K 324	<p>II. Identification of Other Areas All residents have the potential to be affected. A facility audit was done by the Director of Maintenance and FSD, no other cooking stove exhaust hood grease baffles within the facility were found.</p> <p>The Management Company Regional Director re-in-serviced with return demonstration the FSD on properly positioning the main cooking stove exhaust hood grease baffles to protect against the extension of fire in accordance with NFPA 96. FSD was also re-in-serviced on facility policy and procedures for maintaining the main cooking stove exhaust hood grease baffles. Documentation will be held for validation and verification.</p> <p>III. Systematic Changes The FSD will audit the position of the baffles daily, and submit an ongoing written report weekly, for 12 weeks to Administrator and the Reginal FS Director to ensure the position of grease baffles remain in proper position to protect against the extension of fire in accordance with NFPA are in compliance with NFPA and LSC regulations. The Director of Maintenance will specifically include on monthly Preventative Maintenance Rounds Log the main cooking stove exhaust hood grease baffles positioning to ensure the position of grease baffles remain in proper position to protect against the extension of fire in accordance with NFPA are in compliance with NFPA</p>		

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K 324	Continued From page 3	K 324	and LSC regulations.		
K 351 SS=D	<p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>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 Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for</p>	K 351	<p>IV. Quality Assurance Monitoring: The FSD will audit the position of the baffles daily, and submit an ongoing written report weekly, for 12 weeks to Administrator and the Reginal FS Director to ensure the position of grease baffles remain in proper position to protect against the extension of fire in accordance with NFPA are in compliance with NFPA and LSC regulations. The Director of Maintenance will specifically include on Monthly Preventative Maintenance Rounds Log the main cooking stove exhaust hood grease baffles positioning to ensure the position of grease baffles remain in proper position to protect against the extension of fire in accordance with NFPA are in compliance with NFPA and LSC regulations. The Maintenance Director will track and trend compliance and findings will be presented to the QAPI Committee quarterly for further review and recommendations.</p>	9/7/21	

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K 351	<p>Continued From page 4</p> <p>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, interview and review of facility provided documentation on 7/14/2021, it was determined that the facility failed to provide automatic fire sprinkler protection to all areas in accordance with NAPA 13. This deficient practice was evidenced by the following:</p> <p>During the survey entrance at 8:49 AM, the surveyor requested the Administrator to provide a copy of the facility's floor plan. A review of the floor plan identified the building had two (2) floors and has two (2) separate basements.</p> <p>During the building tour on 7/14/2021 with the Maintenance Director (MD) at 9:30 AM, an inspection of the "old" basement was performed. This inspection identified in the kitchen storage room a 27 inch deep by 5 feet 4 inch wide air conditioning/ sump pump room that had no evidence of a fire sprinkler inside. At this time the surveyor asked the MD, to point out the sprinkler inside the closet. The MD looked up and around and confirmed that there was no fire sprinkler.</p> <p>The Administrator was notified of the finding at the Life Safety Code survey exit conference at 2:17 PM.</p>	K 351	<p>0351 - NFPA 101 Sprinkler System - Installation (LSC 2012 Health Existing)</p> <p>Immediate Correction: The Director of Maintenance (MD), immediately communicated with fire protection/sprinkler contractor and received an estimate to install one sprinkler head from existing branch piping for the "old" basement kitchen storage room, the 27 inch deep by 5 feet 4-inch-wide air conditioning/ sump pump room. The contractor completed the install on 7/27/2021.</p> <p>II. Identification of Other Areas All residents have the potential to be affected. The MD checked all other areas in the facility. It was determined that the facility has automatic fire sprinkler protection to all areas in accordance with NAPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>III. Systematic Change: The MD will add automatic fire sprinkler protection to the Preventative</p>	

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K 351	Continued From page 5  NJAC 8:39-31.1(c), 31.2(e) NFPA 13.	K 351	Maintenance Monthly Round Log to ensure where required by construction type, sprinklers are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Copies will be retained for reference and validation.  IV. Quality Assurance Monitoring: The Safety Officer or MD will submit written findings to the QAPI Committee Quarterly. The Safety Officer or MD will also inform the Administrator immediately of any negative findings immediately regarding sprinkler protection to ensure corrections are made timely.		
K 374 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101  Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of	K 374	0374 - NFPA 101 Subdivision of Building	9/7/21	

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K 374	<p>Continued From page 6</p> <p>facility provided documentation on 7/14/2021, it was determined that the facility failed to provide smoke barrier wall doors that completely closed to resist the passage of smoke, flame or gases during a fire in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.7, 19.3.7.1, 19.3.7.8, 8.5, 8.5.2, 8.5.4, 8.5.4.1.</p> <p>This deficient practice was observed for 1 of 7 sets of double smoke doors tested for closure and was evidenced by the following:</p> <p>During the survey entrance at 8:49 AM, the surveyor requested the Administrator and Maintenance Director (MD) to provide a copy of the facility's floor plan. A review of the floor plan identified the building had two (2) floors and seven (7) sets of corridor double smoke doors.</p> <p>Starting at 9:13 AM, with the facility's MD, an inspection tour of the building was performed.</p> <p>At 10:32 AM, during a closure test of a set of corridor double smoke doors by resident room [REDACTED] when both doors were released from the magnetic hold open devices, one of the doors had not moved and self-closed into its frame. The door was stuck on the floor, leaving a 43 inch opening. This test was repeated a second time with the same result. The finding was verified by the MD at the time of the observation.</p> <p>This would allow fire, smoke and poisonous gasses to pass from one smoke compartment to another in the event of a fire.</p> <p>The Administrator was notified of the finding at the Life Safety Code survey exit conference on 7/14/2021 at 2:17 PM.</p>	K 374	<p>Spaces - Smoke Barrie (LSC 2012 Health Existing)</p> <p>Immediate Correction: The Director of Maintenance, communicated with a smoke barrier contractor, estimate was immediately approved. The effected door of the 1 of 7 sets of double smoke doors by resident room [REDACTED], remained self-closed into its frame, until the correction was made by contractor on 8/6/2021.</p> <p>II. Identification of Other Areas All residents have the potential to be affected. The Director of Maintenance re-checked all other smoke barrier wall doors to ensure they completely closed to resist the passage of smoke, flame or gases during a fire in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.7, 19.3.7.1, 19.3.7.8, 8.5, 8.5.2, 8.5.4, 8.5.4.1. No other issued were identified.</p> <p>III. Systematic Change: The Director of Maintenance will preform checks every two weeks, for a two-month period, then monthly. Preventative maintenance records will be retained for reference and validation.</p> <p>IV. Quality Assurance Monitoring: The Safety Officer or Director of Maintenance will submit written findings to the QAPI Committee Quarterly. The Safety Officer or Director of Maintenance will also inform the Administrator immediately of any negative findings</p>		

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K 374	Continued From page 7	K 374			
K 712 SS=E	<p>NJAC 8:39-31.2(e) 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. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on interview and record review on 7/14/2021, it was determined that the facility failed to ensure that fire drills or staff training for fire response procedures were conducted quarterly on each shift. The deficient practice was evidenced by the following:</p> <p>During the survey entrance at 8:49 AM, the surveyor requested the facility Administrator and Maintenance Director to provide all fire and disaster drills for the last 13 months ( May 2020 through June 2021).</p> <p>At 12:45 PM, the surveyor reviewed the facility's fire drills and staff training for the previous 13-month period and identified that the facility failed to keep all required documentation for 3 of 4 quarters. The records reflected the following:</p>	K 712	<p>regarding smoke barrier doors to ensure corrections are made timely.</p> <p>0712 - NFPA 101 Fire Drills (LSC 2012 Health Existing)</p> <p>Immediate Correction: The employee responsible to ensure that fire drills or staff training for fire response procedures were conducted quarterly on each shift is no longer employed by the facility. The current Director of Maintenance removed photocopied signature pages for fire drills dated 5/10/20, 6/11/2020, 8/24/2020, 12/17/2020, 1/8/2021, and 2/20/2021 and replaced with backup stating - Due to the pandemic, strict interpretation of infection control practices, and inability to share writing instruments - the staff were not required to sign attendance sheet. The Director of Maintenance reviewed with the</p>	9/7/21	



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K 712	<p>Continued From page 8</p> <p>1. Contracted Fire Company Record of In-Service Training dated in-service 5/10/2020 with a start time of 9:45 AM and a finish time of 10:19 AM for the 7:00 AM to 3:00 PM shift, reflected that "attached you will find an in-service for staff." The line afterwards was blank. Attached was an undated photocopied staff sign-in sheet with 28 employee signatures.</p> <p>2. Contracted Fire Company Record of Fire Drill dated drill date 6/11/20 with a start time of 6:00 PM and finish time of 6:45 PM for the 3:00 PM to 11:00 PM shift was blank for the number of staff who participated in. The attached photocopied undated sign-in sheet reflected 28 employee signatures. The sheet reflected the same employees, employee signatures, and signing order as the sign-in sheet provided for 5/10/2020.</p> <p>3. Contracted Fire Company Record of Fire Drill dated drill dated 8/24/2020 with a start time of 2:00 PM and finish time of 2:30 PM for the 7:00 AM to 3:00 PM shift. The document included that 29 staff members participated in the drill. The attached photocopied sign-in sheet with a handwritten date of 8/24/2020 written next to the employee signature on line 21, reflected 29 employee signatures.</p> <p>4. Contracted Fire Company Record of Fire Drill dated drill date 12/17/2020 reflected the drill started at 9:00 PM and finished at 9:30 PM for the 3:00 PM to 11:00 PM shift. The document reflected that eight staff participated in the drill. A review of the attached photocopied sign-in sheet with a handwritten date of 12/17/2020 that was written over another date on signature line 21 next to the employees signature, with 29 employee names. This sheet reflected the same</p>	K 712	<p>facility's Contracted Fire Company planned fire drills to ensure compliance.</p> <p>The Administrator held a safety meeting with the Safety Team including but not limited to Contracted Fire Company, and the facilities Safety Officer to review policy and procedures, ensure staff reediness and plan 3 additional fire drills on all three shifts to ensure fire response procedures include the transmission of a fire alarm signal and simulation of emergency fire conditions, held at expected and unexpected times under varying conditions, at least quarterly on each shift, and that the staff is familiar with procedures and is aware that drills are part of established routine.</p> <p>II. Identification of Other Areas All residents have the potential to be affected. The Director of Maintenance reviewed the facilities fire drill policy and procedures in addition to re-reviewing the fire and disaster drill documentation. No other issues were found.</p> <p>The Administrator held a safety meeting with the Contracted Fire Company and the facilities Safety Officer to review policy and procedures, ensure staff reediness and plan 3 additional fire drills on all three shifts to ensure fire response procedures include the transmission of a fire alarm signal and simulation of emergency fire conditions, held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is</p>		

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K 712	<p>Continued From page 9</p> <p>employees, employee signatures, and employee signing order as the sign-in sheet provided for 8/24/2020.</p> <p>5. Contracted Fire Company Record of Fire Drill dated drill date 1/8/21 reflected a start time of 2:00 AM and a finish time of 2:30 AM for the 11:00 PM to 7:00 AM shift with seven staff member participation in the drill. The attached photocopied sign-in sheet provided reflected a crossed out date on signature line 21 next to the employees signature with a handwritten date of 1/8/21 above. The sheet reflected the same employees, employee signatures, and employee signing order as the sign-in sheet provided for 8/24/2020.</p> <p>6. Contracted Fire Company Record of Fire Drill dated drill date 2/20/21 reflected a drill start time of 1:30 AM and ended at 2:00 AM for the 7:00 AM to 3:00 PM shift with the number of staff participants blank. The attached photocopied sign-in sheet reflected a handwritten date of 2/20/21 written over another date on line 21 next to the employee signature. The sheet reflected the same employees, employee signatures, and employee signing order as the sign-in sheet provided for 8/24/2020.</p> <p>The Administrator was notified of this finding during the Life Safety Code survey exit conference on 7/14/2021 at 2:17 PM.</p> <p>NJAC 8:39--31.6(b) NFPA 101:2012 19.7.1.4- 19.7.1.7</p>	K 712	<p>aware that drills are part of established routine.</p> <p>III. Systematic Change: The Director of Maintenance will review with Administrator fire drill documentation including signature pages, monthly for 3 months, then quarterly ongoing to ensure compliance. The Administrator will review reports to ensure NFPA/LSC compliance.</p> <p>IV. Quality Assurance Monitoring: The Safety Officer will ensure proper documentation and compliance with fire drills and fire drill documentation under NFPA/LSC regulations. The Director of Maintenance will submit written proof/findings to the QAPI Committee quarterly for further review and recommendations. The Safety Officer or Director of Maintenance will also inform the Administrator immediately of any negative findings with monthly fire drills.</p>		