STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315320	A. BUILDING **01** B. WING _____	**05/11/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT HOLIDAY CITY	**4 PLAZA DRIVE** **TOMS RIVER, NJ 08757**

(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 05/04/21 and 05/05/21 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 Occupancies. Complete Care at Holiday City is a one story building that was built in 1990's. It is composed of Type V construction. The facility is divided into 12smoke zones. The 150 KW generator does approximatelly 15% of the facility from the Maintenance Director.	K 000		
K 341 SS=F	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.	K 341		6/11/21

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

Electronically Signed | 05/26/2021

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K 341	Continued From page 1 Fire alarm system wiring or other transmission paths are monitored for integrity. 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, the facility failed to provide notification by audible and visible signals in accordance with NFPA 101, 2012 Edition, Section 19.3.4.3.1, 9.6, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9. This deficient practice was evidenced by the following: 1. On 05/05/21, during the building tour with the Maintenance Director and the Administrator in training, the surveyor observed in the resident enclosed [redacted] by the [redacted] day-room that there was no horn/strobe tied to the fire alarm. 2. On 05/05/21, during the building tour with the Maintenance Director and the Administrator in training, the surveyor observed in the enclosed [redacted] that there was no horn/strobe tied to the fire alarm. 3. On 05/05/21, during the building tour with the Maintenance Director and the Administrator in training, the surveyor observed in the enclosed [redacted] that there was no horn/strobe tied to the fire alarm. 4. On 05/05/21, during the building tour with the Maintenance Director and the Administrator in	K 341	K341 1.How corrective action will be accomplished for those residents found to have been affected by the deficient practice. No residents have been affected by this practice. A new audible and visual fire horn/ strobe has been installed in the courtyard at [redacted] day room. The strobe was tied into the facility fire alarm system. A new audible and visual fire horn/ strobe has been installed in the therapy courtyard. The strobe was tied into the facility fire alarm system. A new audible and visual fire horn/ strobe has been installed in the [redacted]. The strobe was tied into the facility fire alarm system. A new audible and visual fire horn/ strobe has been installed in the employee courtyard. The strobe was tied into the facility fire alarm system. 2.How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents residing in the facility have the potential to be affected. 3.What measures will be put into place, or	

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K 341	Continued From page 2 training, the surveyor observed in the enclosed employee courtyard that there was no horn/strobe tied to the fire alarm. Interview on 05/05/21 at 12:05 P.M., with the Administrator, Maintenance Director, and Administrator in training, revealed the facility was not aware of the requirements for horn/strobe tied to the fire alarm in enclosed [redacted]. The findings were verified by the Maintenance Director and Administrator in training at the time of the observation. The Administrator was notified of the findings at the Life Safety Code exit conference. NJAC 8:39-31.2(e)	K 341	systemic changes made, to ensure the deficient practice will not recur. The Administrator, assistant administrator, director of maintenance, maintenance staff, and all other staff have been in serviced on requirements of fire alarm system and installation to include topics of national electric code, national fire alarm code, and the requirements to provide effective warning of fire in all parts of the building including enclosed [redacted]. An inspection of the facility courtyards was completed, and no other enclosed courtyards were found. The Director of maintenance or designee will perform inspections of the fire alarm systems once a week for three months and monthly thereafter for six months to ensure compliance. A log called strobes in enclosed courtyards was created to log findings. The strobes will be inspected twice a year during fire safety inspections. 4.How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. The Director of Maintenance will submit findings to the QAPI committee monthly for three months and quarterly to QA committee for six months. The administrator will monitor compliance during daily rounds. Date of compliance; June 11, 2021	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		6/11/21

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K 353	Continued From page 3 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 and interview, the facility failed to maintain the sprinkler system, ensuring the ceiling level was smoke resisting in accordance with NFPA 101, 2012 Edition, Section 19.3.5.1, 4.6.12, 8.5.6, 8.5.6.2, and 9.7. NFPA 25, 2011 Edition, Section 5.1, 5.2.2.1. The deficient practice of failing to provide a complete smoke resisting ceiling at the level of the installed sprinklers would not ensure prompt and proper operation of the sprinklers. Findings Include: Observation on 05/05/21 at approximately 10:42 AM, during the facility tour with the Maintenance Director and the Administrator in training, revealed in the main fire panel room that an	K 353	K353 1.How corrective action will be accomplished for those residents found to have been affected by the deficient practice. No resident has been affected by the deficient practice. New ceiling tiles have been installed in the main fire panel room ceiling where the tiles were missing to ensure that in case of smoke, installed sprinklers would immediately activate with proper function. 2.How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents residing at the facility have the potential to be affected by this	

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K 353	Continued From page 4 approximately 2' x 2' ceiling tile was missing with insulation hanging out of the opening now allowing hot gases and smoke pass the sprinkler into the space above. The findings were verified by the Maintenance Director and Administrator in training at the times of the observation. The Administrator was notified of the findings at the Life Safety Code exit conference. NJAC 8:39-31.2(a)	K 353	practice. 3.What measures will be put into place, or systemic changes made, to ensure the deficient practice will not recur. The Director of Maintenance, maintenance staff, and all other staff have been in service on the topics of sprinkler function and maintaining proper smoke barriers. An inspection was conducted throughout the facility to ensure all ceiling tiles are acting as a proper smoke barrier. The Director of Maintenance or designee will check ceiling tile placement in the main fire panel room weekly for three months to ensure compliance. A log called celling smoke barrier was created to log findings. 4.How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. The Director of Maintenance will submit findings to QAPI committee for three months and will incorporate in facility QAPI program for ongoing compliance. The administrator will observe and monitor for compliance during daily rounds. Date of compliance; June 11, 2021	
K 521 SS=E	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in	K 521		6/11/21

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K 521	Continued From page 5 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 05/05/21, in the presence of the facility Maintenance Director and Administrator in training, it was determined that the facility failed to ensure that the resident bathroom's ventilation system in the [redacted] wing for [redacted] of [redacted] units, were adequately maintained in accordance with the National Fire Protection Association (NFPA) 90A. This deficient practice was evidenced by the following: Starting at 09:55 AM, the surveyor observed that the ventilation in the following resident room bathrooms did not function: [redacted] wing: [redacted] and [redacted] The surveyor requested that the Maintenance Director confirm if the units were functioning by placing a piece of single-ply toilet tissue paper across the grills to confirm ventilation. When tested, the tissue did not hold in place. The resident bathrooms were not provided with a window and require reliance on mechanical ventilation. The Administrator was informed of this deficiency at the Life safety code exit conference on 05/05/21.	K 521	K 521 1.How corrective action will be accomplished for those residents found to have been affected by the deficient practice. The ventilation system that supplies ventilation to [redacted] unit bathrooms have been repaired. The ventilation in Washington unit bathroom numbers [redacted] and [redacted] are now functioning properly. 2.How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents residing on the [redacted] unit have the potential to be affected. 3.What measures will be put into place, or systemic changes made, to ensure the deficient practice will not recur. The Director of Maintenance, maintenance staff, and all other staff have been in serviced on ventilation requirements. All ventilation systems throughout the facility have been inspected by the Director of Maintenance and found to be functioning properly. The	

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K 521	Continued From page 6 NFPA 90A NFPA 101-2012 -19.5.2.1 section 9.2.2 NJAC 8:39-31.2(e)	K 521	Director of Maintenance or designee will perform weekly inspections on [redacted] unit bathrooms numbers [redacted], and [redacted] weekly for three months and monthly thereafter. A log called bathroom ventilation system was created for these rooms to log findings. The Director of Maintenance will preform monthly inspections on all ventilation systems throughout the building for six months. A log called “ventilation systems” has been created to log findings. To ensure that all facility ventilation systems throughout the facility are functioning properly the Director of Maintenance or designee and administrator has incorporated visual observation and monitoring of ventilation systems on daily preventative rounds. 4.How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. The Director of Maintenance will report compliance monthly to QAPI committee and quarterly to QA committee for six months. The administrator will observe and monitor for compliance during daily rounds. Date of compliance; June 11, 2021	
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other	K 911		6/11/21

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K 911	Continued From page 7 List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview from 05/14/21 to 05/15/21, the facility did not maintain the required clearance around electrical panels, electrical equipment, and controls in accordance with NFPA 101, 2012 LSC Edition, Section 19.5.1, 19.5.1.1, 9.1, 9.1.2, NFPA 99 2012 Edition, Section 15.5.1.2 and NFPA 70 2011 Edition, Section 110.26. This deficient practice of not ensuring thirty-six inches in front of the electrical panels will prevent staff and emergency personnel from disconnecting the electrical power quickly. Findings Include: 1. On 05/05/21 at approximately 09:58 AM, observation revealed in the [redacted] unit electrical closet 6-framed mirrors (approximately 3' by 2') were stored within twelve inches of the front of the electrical panel marked ARP-A. Also, an unknown long (approximately 5') tool was stored in front of the panel on the floor, causing a possible tripping hazard. 2. On 05/05/21 at approximately 10:15 AM, observation revealed in the [redacted] unit electrical closet, a wooden resident bed headboard, 3-framed mirrors (approximately 3' by 2') were stored in front of the electrical panels marked: LP-B, ER-BP, and EL-PB.	K 911	K 911 1.How corrective action will be accomplished for those residents found to have been affected by the deficient practice. No residents have been affected by this practice. The six framed mirrors found in the [redacted] unit electrical closets have been removed from the closet. The tool found in the [redacted] unit electrical closet has been removed from the closet. The bed headboard and three framed mirrors found in the [redacted] unit electric closet has been removed from the closet. The portable power washer found in the service corridor electrical room has been removed from the room. The thirty plus glass storm windows found in the boiler room have been removed from the boiler room. 2.How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents residing at the facility have the potential to be affected. 3.What measures will be put into place, or systemic changes made, to ensure the deficient practice will not recur.	

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K 911	Continued From page 8 3. On 05/05/21 at approximately 11:10 AM, observation revealed in the service corridor electrical room that a portable power washer was stored in front of the main fire pump switch. 4. On 05/05/21 at approximately 11:28 AM, observation revealed in the main boiler room that 30 plus glass storm windows were stored in front of the electrical shut-off for the heat pumps. The finding was verified by the Maintenance Director at the time of the observation. The administrator was notified of the deficiencies at the Life Safety Code exit conference. NJAC 8:39-31.2(a)	K 911	The Director of Maintenance, maintenance staff and all other staff were in service on the requirements of maintaining proper access to electrical systems and equipment. An inspection was completed throughout facility of all areas with electrical panels and electrical equipment to ensure that there is proper and required clearance around the panels and equipment so that staff or emergency personnel have quick access when needed. The Director of Maintenance will monitor the [redacted] unit electric closet, [redacted] unit electric closet, service corridor electric closet, boiler room, and all other electrical areas throughout the facility, weekly for three months and monthly thereafter for six months. A log called “storage and electrical rooms” was created to log findings. 4.How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. The Director of Maintenance will submit findings to QAPI committee monthly for three months, and to the QA committee quarterly for six months and will be incorporated in facility QAPI program for ongoing compliance. The Administrator will observe and monitor for compliance during daily rounds. Date of compliance; June 11, 2021	