

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2020
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT DELAIRE			STREET ADDRESS, CITY, STATE, ZIP CODE 400 W STIMPSON AVE LINDEN, NJ 07036		
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K 321	<p>Continued From page 1</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 12/09/20, it was determined that the facility failed to ensure that doors to hazardous areas were capable of automatically closing as evidenced by the following:</p> <p>At 11:09 AM the surveyor observed, in the presence of the facility's Maintenance Director, the door to 1 of 2 kitchens located on the █ floor was in the open position. This was noted in the small kitchen used exclusively to prepare food for the Indian residents. This kitchen was only equipped with one door. Further observation revealed that the door was not equipped with self-closing hardware to ensure that it would automatically close after being opened. During this observation, the Maintenance Director indicated in an interview that he was unaware of this issue and verbally acknowledged this finding.</p> <p>A door without a self-closing feature in this area (hazardous) breached the smoke resistance requirement of NFPA 101:2012-8.4 by allowing smoke to pass through during a fire/smoke alarm event.</p> <p>The surveyor verbally informed the facility's Administrator and corporate personnel of this</p>	K 321	<p>-All residents have the potential to be effected by the deficient practice.</p> <ul style="list-style-type: none"> - A magnetic release will be installed on the fire door and will automatically release when activated by the fire control panel. - On a monthly basis the maintenance director or designee will audit the system to ensure closers are operating properly. - The system will be inspected on a bi-annual basis per regulations. - The results of these audits will be reviewed at the monthly Quality Assurance Steering Committee for three months. Following the three months, the committee will determine the future needs/ frequency of the audit. <p>- equipment was received and installed on 12/29/2020.</p>		

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K 321	Continued From page 2 finding during the Life Safety Code exit conference at 1:30 PM.	K 321			
K 345 SS=C	<p>NJAC 8:39-31.2(e) Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on surveyor's observation and interview on 12/08/20 and 12/09/20, it was determined that the facility failed to ensure that their building's fire alarm system was maintained in accordance with the requirements of NFPA 70.</p> <p>This deficient practice was evidenced by the findings noted below:</p> <p>Upon entering the building at 10:00 AM, the surveyor heard an intermittent beeping sound in the [REDACTED]. The surveyor traced this sound to the building's main fire alarm system panel (FASP) which was located in the rear section of the front lobby. It was noted that the alarm was due to a trouble condition as indicated by the panel's blinking yellow LED caution light. The surveyor observed that the FASP display screen identified the [REDACTED] floor power booster as the origin of the trouble/alarm.</p>	K 345	<p>-All residents have the potential to be effected by the deficient practice.</p> <ul style="list-style-type: none"> - The fire panel alert was remediated by the contractor and no further action is required. - The fire panel will be monitored by maintenance director/designee on a daily basis and logged. - The results of these audits will be reviewed at the monthly Quality Assurance Steering Committee for three months. Following the three months, the committee will determine the future needs/ frequency of the audit. <p>-the panel was inspected and serviced on 12/28/2020 by our contractor.</p>	1/13/21	

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K 345	Continued From page 3 At 10:05 AM, the finding noted above was confirmed by the facility's Maintenance Director (MD) in an interview. He stated that this problem started on [REDACTED], and was immediately reported to the fire alarm system's service technician who indicated that he could not come until [REDACTED]. Per MD, the technician arrived that Monday, but refused to enter the building because he declined to comply with the facility's mandatory Covid-19 testing requirements. Also, he stated that this same trouble mode on the FASP often occurs and sometimes self-corrects and returns to a normal mode of operation. He revealed that this problem has previously been resolved by their service technician who replaced the [REDACTED] floor power booster and return the system to a normal mode of operation. On 12/09/20 at 11:40 AM, the surveyor observed the FASP was still alarming and in the same trouble mode. Once again, during this observation the MD confirmed this in an interview and stated that the company had yet to dispatch another technician to resolve this issue. At 12:35 PM, the surveyor observed the FASP in a "normal" mode of operation as displayed on the panel's data screen. An interview with the MD at 12:37 PM revealed that technician had not arrived to resolve the issue and that the fire alarm system had indeed self-corrected. He acknowledged that even though the fire alarm system sometimes self-corrects for this problem, and sometimes require replacing parts, the continuous inconsistency of its status was a problem. On 12/09/20 at 1:30 PM, the surveyor verbally informed the facility's Administrator and corporate	K 345			

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K 345	Continued From page 4 personnel of these findings during the life Safety Code exit conference.	K 345			
K 918 SS=C	NFPA 70 NFPA 72 NJAC 8:39-31.2(e) Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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. 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 readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing	K 918		1/13/21	

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K 918	<p>Continued From page 5</p> <p>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 record review and interview on 12/08/20, it was determined that the facility to ensure that their building's standby emergency generator was inspected weekly and exercised under full load monthly.</p> <p>This deficient practice was evidenced by the finding noted below:</p> <p>On 12/08/20 at 10:30 AM, a review of the facility's emergency generator inspection reports and related documentation revealed that their emergency generator was not inspected weekly and exercised under full monthly. The records provided by the facility indicated that their emergency generator only had the required annual preventive maintenance service (x2) as indicated on reports dated [REDACTED] and [REDACTED]. The surveyor reviewed records for period 12/2019 to 12/2020 and noted that there were no records provided by the facility for 40 of 52 weekly inspections and 10 of 12 monthly full load exercises.</p> <p>An interview with the facility's Maintenance Director at 11:00 AM revealed that the weekly inspections were done via computerize service by contracted vendor. The facility was unable to provide supporting records indicating the weekly inspections were done. Also, the Maintenance Director revealed that he did not conduct monthly full load exercises on the generator and did not</p>	K 918	<ul style="list-style-type: none"> -All residents have the potential to be effected by the deficient practice. -The monthly December load test was completed. -Maintenance staff will be re-educated on generator testing requirements per regulations. -The maintenance director was disciplined for not conducting load test. -The monthly load test was added to the preventative maintenance system to ensure it will be completed by the maintenance director/designee. -On a monthly basis the Maintenance Director or designee will report the outcome of the full load generator test to the administrator. The documentation will be noted in the preventive maintenance system. -The weekly tests are being conducted weekly by the maintenance director/designee and reviewed by the administrator/ designee. -The administrator/ designee will review the results of the weekly and monthly tests once a week and once a month. -The results of these audits will be reviewed at the monthly Quality Assurance Steering Committee for three months. Following the three months, the committee will determine the future needs/ frequency of the audit. 		

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

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K 918	Continued From page 6 know if the contracted vendor provided this service. No records were provided by the facility to support this either. At 1:30 PM, the surveyor verbally informed the facility's Administrator and corporate personnel of these findings during the Life Safety Code exit conference. NFPA 110 NJAC 8:39-31.2(g)	K 918			