

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

PRINTED: 11/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SHORROCK			STREET ADDRESS, CITY, STATE, ZIP CODE 75 OLD TOMS RIVER ROAD BRICK, NJ 08723	
(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 918 SS=D	<p>LIFE SAFETY CODE 101:2012</p> <p>The facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed under CMS-2786R.</p> <p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>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.</p> <p>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</p>	K 918		1/10/20

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

TITLE

(X6) DATE

Electronically Signed

01/02/2020

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 918	<p>Continued From page 1</p> <p>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 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 interview and document review on 12/03/19 in the presence of facility management, it was determined that the facility failed to exercise the emergency electrical generator under load 12 times each year for at least 30 minutes on a 20 to 40 day interval in accordance with NFPA 99.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the facility's emergency generator log for the previous 12 months revealed that the generator was exercised under load for 15 times for at least 30 minutes. However, these load tests were not conducted on a 20 to 40 day interval as follows:</p> <p>-11/01/18 to 12/20/18 = 49 days -12/20/18 to 01/03/19 = 14 days -02/07/19 to 02/22/19 = 15 days -02/07/19 to 03/21/19 = 42 days -03/21/19 to 04/04/19 = 14 days</p> <p>This resulted in the facility conducting 8 of the 12 required load tests.</p>	K 918	<p>This Plan of Correction is submitted by Complete Care at Shorrock Gardens as requested under Federal and State regulation and statutes as applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the Plan of Correction does not constitute an agreement by the Facility that the surveyors findings constitute a deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied.</p> <ol style="list-style-type: none"> 1. No residents were affected b this practice. 2. All residents had the potential to be affected by this practice. 3. The generator full testing going forward, will be conducted on the 1st Thursday of every month. This will keep us in compliance with the mandated guidelines of 20 to 40 days. This test will 	

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K 918	<p>Continued From page 2</p> <p>In an interview at 2:30 PM, the Administrator stated she would look into the issue.</p> <p>At 4:10 PM, the Director of Maintenance sent an email to the surveyor with attachments for the generator log to review. A review of the attached generator log revealed that three of the load tests, on 12/13/18, 01/10/19, and 04/11/19, were identified as no-load tests on the log provided and reviewed at the survey. No other dates and times of testing types were different from the originally provided log.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110</p>	K 918	<p>be added to a Maintenance scheduling program. This reminder will promote maintenance director by work and by phone, to allow he or designee to transfer generator to full load. All activity from the generator will be logged for record and reference.</p> <p>4. Maintenance director or designee will monitor generator load test schedule monthly. Results of these audits will be monitored and reviewed for accuracy by the quarterly QAPI meetings.</p>		