New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	062004		07/28/2016

NAME OF PROVIDER OR SUPPLIER: CORNELL HALL CARE & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 234 CHESTNUT STREET, UNION, NJ 07083

(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) COMPLETE DATE
S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S2315	8:39-31.6(i)(1-2) Mandatory Physical Environment (i) The administrator shall serve as, or appoint, a disaster planner for the facility. 1. The disaster planner shall meet with county and municipal emergency management coordinators at least once each year to review and update the written comprehensive evacuation plan; or if county or municipal officials are unavailable for this purpose, the facility shall notify the State Office of Emergency Management. 2. While developing the facility's evacuation plan, the disaster planner shall coordinate with the facility or facilities designated to receive relocated residents.	S2315		9/1/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE

(X6) DATE: 08/14/16

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S2315	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on documentation review on 7/26/16 in the presence of facility management, it was determined that the facility failed to meet with municipal and county emergency management officials to review and update the evacuation plan. This deficient practice was evidenced by the following: The surveyor reviewed the facility's evacuation plan review documentation for 12-months that revealed the facility sent the plan out to municipal and county officials 9/30/15 but did not receive a response. The facility did not notify the State emergency management officials that the review and update was not completed as required.	S2315	1. How the corrective action will be accomplished for the residents affected by the deficient practice: • Administrator/Designee updated the Emergency Operations Plan. Administrator called and notified OEM and made OEM aware that facility Emergency Operations Plan was not reviewed in September 2015. • Administrator reviewed with Director of Maintenance the protocol of submitting the updated Emergency Operations Plan to municipal and county OEM, and notifying State OEM if the plans have not been reviewed with the municipal and county OEM 2. How the facility will identify other residents having the potential to be affected by the same deficient practice: • All residents have the potential to be affected by the deficient practice of the facility failing to meet with the municipal and county emergency management officials to review and update the evacuation plan. 3. Measures or systemic changes made to ensure no recurrence: • Director of Maintenance/Designee appointed responsibility to follow up with OEM upon the confirmed receipt delivery to ensure an appointment is scheduled to review the Emergency Operations Plan.	

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S2315	Continued From page 2	S2315	• Director of Maintenance/Designee will report the scheduled date of review of plan to OEM designee to confirm delivery. Lastly, Director of Maintenance/Designee to follow up with OEM within 72 hours of their receipt to confirm. 4. The facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur by: Administrator/Designee will ensure that Facility Emergency Operations Plan is reviewed with Municipal and County OEM yearly.	