

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

PRINTED: 09/12/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/05/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2300 HAMILTON AVE HAMILTON, NJ 08619</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	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/04/21 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 Occupancy</p> <p>Hamilton Grove is a 3-story building that was built in 90's, It is composed of Type II protected. The facility is divided into 11 smoke zones. The generator does approximately 60 % of the building.</p> <p>The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions.</p> <p>The facility has 218 certified beds. At the time of</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

11/25/2021

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 000	Continued From page 1	K 000			
K 352 SS=E	<p>Sprinkler System - Supervisory Signals CFR(s): NFPA 101</p> <p>Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 11/04/21, in the presence of the Regional Plant Operations Director, it was determined that the facility failed to maintain the fire sprinkler system in accordance with NFPA 13 and 72, by failing to ensure that the water supply valves were provided with tamper alarms.</p> <p>This deficient practice was identified for 1 of 1 post indicator valve and was evidenced by the following:</p> <p>At 12:30 PM, the surveyor observed on the outside of the Boiler room that the red locked post indicator valve was not monitored. Although the valve was chained with a pad lock, the valve was not provided with an alarm to notify the facility, if the water was turned off and that the fire sprinkler system was inactive.</p> <p>During an interview at the time of the observations, the Regional Plant Operations</p>	K 352	<p>No residents or staff were identified to have had negative impact from this deficient practice.</p> <p>The deficient practice has the potential to affect all residents residing at this facility.</p> <p>The identified locked post indicator valve was provided with a monitor tamper device to notify the facility if the water is turned off and the fire sprinkler system is inactive in accordance with NFPA guidelines. Staff were educated on the locked post indicator valve and the new tamper switch functionality that was installed.</p> <p>The Director of Maintenance will ensure that the sprinkler company will inspect it with their required quarterly inspections.</p> <p>The Director of Maintenance will present</p>	12/30/21	

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K 352	Continued From page 2 Director stated that he was unaware of the requirement.  The Administrator was notified of the finding at the Life Safety Code exit conference at 2:15 PM on 11/04/21.  NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25, 72 NFPA 101 2012 edition Life Safety Code 9.7.2.1* (Supervisory Signals)	K 352	the findings of these inspections at the next quarterly QAA meeting for follow-up and to determine if additional oversight of this area is required.		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames	K 363		12/16/21	

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K 363	<p>Continued From page 3</p> <p>shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 10/19/21, the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5. This deficient practice of not ensuring that room doors will close, and latch restricts the ability of the facility to properly confine fire and smoke products and to properly defend occupants in place.</p> <p>This deficient practice was observed in 12 of 20 resident room doors during the building tour from 9:00 AM to 12:15 PM and was evidenced by the following:</p> <p>The following double door sets to resident room's in the [redacted] unit were observed to have gaps, due to the rubber like gasket missing or torn from its original installation location:</p> <p><b>Executive Order 26, 4.b.</b> [redacted], and [redacted]</p>	K 363	<p>No residents were identified to have had negative impact from this deficient practice.</p> <p>The deficient practice had the potential to affect all residents residing on the [redacted] Unit where double door sets are located.</p> <p>The Director of Maintenance/Designee replaced the rubber like gaskets that were missing from the original installation on the doors to ensure that the room doors close and latch to confine fire and smoke products to properly defend occupants in place.</p> <p>The Director of Maintenance was educated and will audit all doors on the [redacted] unit monthly to make certain that all rubber like gaskets are intact without gaps between the doors so as to resist the passage of smoke.</p> <p>The Director of Maintenance will present</p>		

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K 363	Continued From page 4 An interview was conducted with the Regional Plant Operations Director and Administrator, who both stated and confirmed that 12 of 20 resident room doors in the [REDACTED] unit were observed to have gaps from missing and/or torn rubber like gaskets.  The Administrator was informed of the finding at the Life Safety Code exit conference on 11/04/21.  NJAC 8:39-31.1(c), 31.2(e)	K 363	the findings from these monthly audits at the next quarterly QAA meeting for follow-up and to determine if additional oversight of this area is required.		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315423	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 1/28/2022	Y3
NAME OF FACILITY HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE HAMILTON, NJ 08619		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____ Reg. # NFPA 101 LSC K0352	Correction Completed 12/30/2021	ID Prefix _____ Reg. # NFPA 101 LSC K0363	Correction Completed 12/16/2021	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/5/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		