

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

PRINTED: 07/02/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315229	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2019				
NAME OF PROVIDER OR SUPPLIER PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS			STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420					
(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 321 SS=D	<p>LIFE SAFETY CODE 101:2012 This facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed using CMS-2786R.</p> <p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <table border="0"> <tr> <td>Area</td> <td>Automatic Sprinkler</td> </tr> <tr> <td>Separation</td> <td>N/A</td> </tr> </table> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons)</p>	Area	Automatic Sprinkler	Separation	N/A	K 321		8/30/19
Area	Automatic Sprinkler							
Separation	N/A							

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

TITLE

(X6) DATE

Electronically Signed

09/19/2019

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 321	<p>Continued From page 1</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 observations and interview on 8/20/19, in the presence of the facility Maintenance Director, it was determined that the facility failed to maintain doors to hazardous areas to self-close.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. At 10:52 AM, the surveyor observed that vacant resident room [REDACTED], was now turned into a combustibile storage room. The room contained 20 plus large filled combustibile plastic bags of resident clothing, 6-chairs with combustibile cushions and 3 facility mattresses. The room was greater than 50 square feet in-size and did not have a self-closing or automatic-closing device installed on the door.</p> <p>2. At 10:55 AM, the surveyor observed that vacant resident room [REDACTED], was also turned into a combustibile storage room. The room contained 10 plus resident wheelchairs with combustibile cushions, 3 facility mattresses, 2 cribs and a wooden stand assist device. The room was greater than 50 square feet in-size and did not have a self-closing or automatic-closing device installed on the door.</p> <p>In an interview at the time of the observations, the Maintenance Director stated and agreed, that</p>	K 321	<p>1. Self- closing devices were installed to Rooms [REDACTED] and [REDACTED] on 8/21/19.</p> <p>2. The Maintenance Director inspected all hazardous rooms to ensure that all rooms have self-enclosing device. All other rooms were compliant to the requirement.</p> <p>3. The Administrator inserviced all Maintenance staff on 8/20/19 to ensure that all hazardous rooms have self enclosing device.</p> <p>4. The Maintenance Director/designee will perform an audit of all hazardous rooms monthly for 6 months or until 100% compliance is reached to ensure that all hazardous rooms have self enclosing device. Outcome of the audit will be reported monthly to the Administrator and The Safety Committee and quarterly to the QA Committee for further discussion.</p>		

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K 321	Continued From page 2 resident rooms [REDACTED] and [REDACTED] were turned into hazardous storage. The Maintenance Director confirmed that the room's measured over 50-plus square feet in-size and had agreed that the rooms are required to have a self-closing device installed on the door's due to the hazardous storage. The facility Administrator was notified of the deficiency at the life safety code exit.	K 321			
K 351 SS=D	NJAC 8:39-31.2(e) Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on interview on 8/20/19, in the presence of the facility Maintenance Director, it was	K 351	1. A copy of the accepted proposal to install fire sprinkler was faxed and	10/11/19	

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K 351	<p>Continued From page 3</p> <p>determined that the facility failed to provide automatic fire sprinkler protection to all areas in accordance with NFPA 13.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:58 AM, the facility Maintenance Director stated that 2 of 2 hydraulic elevators using one double-shaft, did not have fire sprinkler protection in the upper or lower shaft of the two elevator's.</p> <p>The facility Administrator was notified of the deficiency at the life safety code exit.</p> <p>NFPA 13, 25 NJAC 8:39-31.1(c) NJAC 8:39-31.2(e)</p>	K 351	<p>emailed to DOH on 9/24/19. The automatic fire sprinkler for the hydraulic elevators will be installed by October 4, 2019.</p> <p>2. There was no other elevator in the facility other than the 2 identified as deficient.</p> <p>3. The Maintenance Staff were inserviced by the Administrator on 8/30/19 regarding the requirements of K351 specifically addressing the requirement for automatic fire sprinklers.</p> <p>4 The Maintenance Director will perform a monthly audit of the areas requiring automatic fire sprinklers to ensure that these areas are equipped with one. The monthly audit will be performed for 6 months or until 100% compliance is reached. The outcome of the audit will be reported monthly to the Administrator and the Safety Committee and quarterly to the QA Committee for further discussion.</p>		