PRINTED: 06/30/2020 FORM APPROVED OMB NO. 0938-0391

E 000 Initial Comments E 000 Emergency Preparedness This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73. Requirements for Long Term Care (LTC) Facilities. The facility must submit a plan of correction to address the following concerns that pose no greater risk to resident health and safety than potential for causing minimal harm. E 039 EP Testing Requirements CPR(s): 483.73(d)(2) "[For RNCHI at §403.748, ASCs at §416.54, HHAs at §484.102, CORFs at §485.68, OPO, "Organizations" under §485.727, CMHC at §485.920, RNICPOHC at §491.12, ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years, or (B) If the [facility] experiences an actual natural or man-made emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least	` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN		CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
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E000 Emergency Preparedness This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilitites. The facility must submit a plan of correction to address the following concerns that pose no greater risk to resident health and safety than potential for causing minimal harm. E7 Testing Requirements E8 Testing Requirements E9 Testing Req	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	<	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR		COMPLETION
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community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least		This facility is in substance Appendix Z-Emerger Provider and Supplie Guidance 483.73, Recare (LTC) Facilities The facility must substance and substance and substance and substance are following greater risk to reside potential for causing EP Testing Requirem CFR(s): 483.73(d)(2) *[For RNCHI at §403 HHAs at §484.102, COMMITTE OF COMMITTE	stantial compliance with a proper stantial compliance with a proper stantial compliance with a respective sequirements for Long Term is. In the plan of correction to go concerns that pose no anti-health and safety than minimal harm. In the sequirements for Long Term is. In the sequirements for Long Term is a plan of correction to go concerns that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan to concern that pose no anti-health and safety than minimal harm. In the sequirement is a plan than that pose no anti-health and safety than minimal harm. In the sequirement is a plan than than that pose no anti-health and safety than than than than than than than than	E 0	039			1/28/20
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE 01/28/2020 **Electronically Signed**

Facility ID: NJ02002

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD TEANECK, NJ 07666	, ,		
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E 039	every 2 years, oppositunctional exercise urthis section is conduct not limited to the followall (A) A second community-based or functional exercise; ower (B) A mock of (C) A tableto is led by a facilitator addiscussion using a nate clinically-relevant set of problem statem prepared questions emergency plan. (iii) Analyze maintain documentative exercises, and emergency revise the [facility's] exercises to test the exercises.	te the year the full-scale or order paragraph (d)(2)(i) of ted, that may include, but is wing: If full-scale exercise that is individual, facility-based or disaster drill; or op exercise or workshop that and includes a group wrated, the emergency scenario, and a ments, directed messages, or designed to challenge an the [facility's] response to and on of all drills, tabletop ency events, and mergency plan, as needed. 3.113(d):] sees that provide care in the hospice must conduct emergency plan at least elements and the following: a full-scale exercise that is ery 2 years; or community based exercise is act an individual facility cise every 2 years; or spice experiences a natural ency that requires activation in, the hospital is g in its next required full ed exercise or individual unctional exercise following	EO	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
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	not limited to the follow (A) A secondary community-based or exercise; or (B) A mock (C) A tablet is led by a facilitator and discussion using a new clinically-relevant set of problem statem prepared questions emergency plan. (3) Testing for hospice care directly. The hospice mandary care directly. The hospice mandary care directly. The hospice mandary care in that is community-based (A) When a not accessible, conducted facility-based function (B) If the hospice mandary community functional of the emergency plantary functional of the emergency even (ii) Conduct an and that may include, but following: (A) A secondary community-based functional of the emergency even (iii) Conduct an and that may include, but following:	ander paragraph (d) (2)(i) of cted, that may include, but is owing: and full-scale exercise that is a facility based functional disaster drill; or op exercise or workshop that and includes a group arrated, the emergency scenario, and a ments, directed messages, or designed to challenge an estimate that provide inpatient spice must conduct emergency plan twice per sust do the following: an annual full-scale exercise sed; or community-based exercise is suct an annual individual mal exercise; or spice experiences a natural ency that requires activation in, the hospice is g in its next required based or facility-based exercise following the onset ent. additional annual exercise					

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E 039	(C) A table by a facilitator that i using a narrated, emergency scenario statements, directed questions demergency plan. (iii) Analyze the maintain documenta exercises, and emergency semency and the hospice's emergency *[For PRFTs at \$44 \$482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The dothe following: (i) Participate in that is community-bency (A) When a confacility-based function (B) If the [If experiences an actument of the properties of	k disaster drill; or etop exercise or workshop led includes a group discussion clinically-relevant or, and a set of problem discipled messages, or prepared esigned to challenge an ele hospice's response to and ation of all drills, tabletop regency events and revise gency plan, as needed. 1.184(d), Hospitals at it §485.625(d):] RTF, Hospital, CAH] must or test the emergency plan [PRTF, Hospital, CAH] must or an annual full-scale exercise ased; or a community-based exercise is duct an annual individual, onal exercise; or PRTF, Hospital, CAH] ual natural or man-made uires activation of the ele [facility] is exempt from required full-scale community individual, facility-based following the onset of the ladditional] annual exercise or e, but is not limited to the mid full-scale exercise that is rindividual, a facility-based	E	039			

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E 039	disaster drill reports for December 2019 and not conduct any disaster exercises. The last dothe facility was in 201 disaster drill report pr 11/28/18. At 12:00 PM, the facility erbally confirmed that were not done and stothem due to a change.	eyor reviewed the facility's rom January 2019 to observed that the facility did ster drills and/or table top isaster drill conducted by 8 as indicated on the ovided by the facility dated ity's Maintenance Director at the disaster drills for 2019 ated that facility missed in staffing.		0000	 3. The Disaster Drill and Manual was reviewed and acknowledged at the meeting on 1/21/20. In addition, the Director of Maintenance is aware of the requirement. 4. The Maintenance Director will report the Quality Assurance Committee quarterly on the status of the drills and schedule. 		
		:2012 bliance with the minimum uirements as surveyed using					