

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

PRINTED: 10/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057	
(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 311 SS=B	<p>LIFE SAFETY CODE 101:2012</p> <p>This facility is not in substantial compliance with the Minimum Life Safety Code requirements as survey using CMS-2786R.</p> <p>The facility must submit a Plan of Correction to address the following concerns that pose no greater risk to resident health or safety than the potential for causing minimal harm.</p> <p>Vertical Openings - Enclosure CFR(s): NFPA 101</p> <p>Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and documentation review, it was determined that facility failed to protect vertical openings between floors with a one-hour fire rated enclosure.</p>	K 311	<p>K 311 (B) How the corrective action will be accomplished for those residents found to have been affected by the deficient</p>	1/3/20

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

TITLE

(X6) DATE

Electronically Signed

01/09/2020

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 311	<p>Continued From page 1</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/18/19 at 11:00 AM, the surveyor, the Corporate Property Manager (CPM) and the Director of Maintenance observed that 1 of 3 smoke compartments, for the two Long Term Care Units on the [REDACTED], passed through an open stairway between the [REDACTED] floors at the elevator landing to the Assisted Living occupancy.</p> <p>In an interview, at the time, the CPM stated that they had done a Fire Safety Evaluation System (FSES) survey to address a deficiency cited during a Federal Monitoring survey, dated 01/18/18.</p> <p>NJAC 8:39-31.2(e)</p>	K 311	<p>practice There were no residents who were affected.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice Residents residing in the facility have the potential to be affected.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur The center continues to rely on the FSES dated 1/7/19 and follow-up from the fire safety consultant dated 12/18/2019 demonstrating equivalency with the LSC.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice will not recur The facility will continue to rely on an FSES evaluation which demonstrates compliance via equivalent alternative.</p>		