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

PRINTED: 02/16/2022 FORM APPROVED OMB NO. 0938-0391

MANE OF PROVIDER OR SUPPLIER   STREET ADDRESS. CITY STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G <b>01</b>	(X3) DATE SURVEY COMPLETED		
HEALTH CENTER AT GALLOWAY, THE	315210		315210	B. WING		08/20/202	08/20/2021	
PREFIX TAG    CACH ORDERCENT AS CIDENTIFYING INFORMATION    PREFIX TAG   CACH ORDERCENT ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DOWN IT AG					66 WEST JIMMIE LEEDS ROAD			
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.  K 000 INITIAL COMMENTS K 000  A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 08/16/21 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  Health Center at Galloway is a three-story building that was built in 80's, it is composed of Type II protected construction. The facility is divided into 15 smoke zones. The Generator does approximately 60 % of the building. The fire sprinkler system is supported by a fire pump.  K 291  Emergency Lighting  Emergency Lighting  Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1  This REQUIREMENT is not met as evidenced by:  Based on observation and interview on 08/16/21, it was determined that the facility failed to provide emergency lighting in the electrical room with the Emergency lighting was placed in the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF	) BE COMPL	ETION	
Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.  K 000  A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 08/16/21 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  Health Center at Galloway is a three-story building that was built in 80's, It is composed of Type II protected construction. The facility is divided into 15 smoke zones. The Generator does approximately 60 % of the building. The fire sprinkler system is supported by a fire pump.  K 291  Emergency Lighting  Emergency Lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9, 18.2.9.1, 19.2.9.1  This REQUIREMENT is not met as evidenced by:  Based on observation and interview on 08/16/21, it was determined that the facility failed to provide emergency lighting in the electrical room with the	E 000	Initial Comments		E 0	00			
New Jersey Department of Health, Health Facility Survey and Field Operations on 08/16/21 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  Health Center at Galloway is a three-story building that was built in 80's, It is composed of Type II protected construction. The facility is divided into 15 smoke zones. The Generator does approximately 60 % of the building. The fire sprinkler system is supported by a fire pump.  K 291 Emergency Lighting CFR(s): NFPA 101  Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 08/16/21, it was determined that the facility failed to provide emergency lighting was placed in the	K 000	Appendix Z-Emergen Provider and Supplier Guidance 483.73, Re Care (LTC) Facilities.	cy Preparedness for All r Types Interpretive equirements for Long Term	К 0	00			
building that was built in 80's, It is composed of Type II protected construction. The facility is divided into 15 smoke zones. The Generator does approximately 60 % of the building. The fire sprinkler system is supported by a fire pump.  K 291 SS=D CFR(s): NFPA 101  Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 08/16/21, it was determined that the facility failed to provide emergency lighting in the electrical room with the  Emergency lighting was placed in the		New Jersey Departm Survey and Field Ope found to be in noncor requirements for parti Medicare/Medicaid at Safety from Fire, and National Fire Protecti Life Safety Code (LSG	ent of Health, Health Facility erations on 08/16/21 was inpliance with the icipation in t 42 CFR 483.90(a), Life the 2012 Edition of the on Association (NFPA) 101, C), Chapter 19 EXISTING					
Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.  18.2.9.1, 19.2.9.1  This REQUIREMENT is not met as evidenced by:  Based on observation and interview on 08/16/21, it was determined that the facility failed to provide emergency lighting in the electrical room with the  Emergency lighting was placed in the		building that was built Type II protected con divided into 15 smoke does approximately 6 sprinkler system is su Emergency Lighting	t in 80's, It is composed of struction. The facility is e zones. The Generator o % of the building. The fire	K 2	91	9/1/21		
accordance with NFPA 101:2012 - 7.9, 19.2.9.1.  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Generator transfer switch.  (X6) DATE  (X6) DATE		Emergency lighting or is provided automatic 18.2.9.1, 19.2.9.1 This REQUIREMENT by: Based on observation it was determined that emergency lighting in emergency generator accordance with NFP	rally in accordance with 7.9.  is not met as evidenced in and interview on 08/16/21, it the facility failed to provide the electrical room with the transfer switch in A 101:2012 - 7.9, 19.2.9.1.		Emergency lighting was placed in th electrical room with the emergency generator transfer switch.			

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

08/27/2021 **Electronically Signed** 

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.

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

PRINTED: 02/16/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 315210 B. WING 08/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST JIMMIE LEEDS ROAD **HEALTH CENTER AT GALLOWAY, THE GALLOWAY TOWNSHIP, NJ 08205** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 291 Continued From page 1 K 291 This deficient practice was evidenced by the following: All residents have the potential to be affected. At approximately 11:52 AM, the surveyor observed, in the presence of the Maintenance An audit was conducted to make sure all Director and Assistant Maintenance Staff emergency lighting is in accordance with Member, that the facility's ground floor ATF the required regulation. transfer switch room, was not equipped with The director of maintenance or designee emergency lighting independent of the building's will complete weekly audits x 12 weeks. The director of maintenance will review electrical system and emergency generator. This finding was verified by the facility's Maintenance the audits to present at the QA x 3, and Director during the observation. then for presentation at QAPI. The Administrator was informed of this finding Completion Date: 9-1-21 during the Life Safety Code survey exit conference on 08/016/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.9 Sprinkler System - Maintenance and Testing K 353 9/1/21 K 353 SS=E CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.

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

PRINTED: 02/16/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 315210 B. WING 08/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST JIMMIE LEEDS ROAD **HEALTH CENTER AT GALLOWAY, THE GALLOWAY TOWNSHIP, NJ 08205** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 353 Continued From page 2 K 353 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on record review and interview conducted K353 Sprinkler system - Maintenance on 08/16/21, in the presence of the Maintenance and testing **Director and Assistant Maintenance Staff** Member, it was determined that the facility failed The automatic sprinkler system was to ensure that their automatic sprinkler system inspected on 8/24/2021 for the required was inspected/tested at the required 5-year five year interval in accordance with the interval in accordance with the National Fire National Fire protection association. Protection Association (NFPA) 25. All residents have the potential to be This deficient practice was evidenced by the affected. following: An audit was conducted to make sure all At 10:05 AM, the surveyor reviewed the facility's required inspections were completed as automatic sprinkler system inspection reports. required. The most recent documentation by the facility vender indicated that on 07/22/21, 05/21/21, The director of maintenance or designee 01/25/21 and 09/10/20 the 5-year internal will complete monthy audits x 6 months. obstruction investigation of the pipe was marked The director of maintenance will review the audits to present at the QA x 3, and N/A (not applicable). It was also unknown when the inspection of the system was last conducted. then for presentation at QAPI. The surveyor interviewed the Maintenance Completion Date: 9-1-21 Director at 11:30 AM, who acknowledged that he was unsure why the system was not inspected. The Maintenance Director could not provide documentation on when the 5-year internal obstruction investigation of the fire sprinkler pipe was last conducted. The Maintenance Director called the facility fire sprinkler vendor, and they did not have any records as to when the inspection was last conducted by the end of the survey. NFPA 25 requires an internal inspection of the fire sprinkler system piping every five years; this needs to be conducted to inspect for the presence of foreign organic material that can

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

PRINTED: 02/16/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 315210 B. WING 08/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST JIMMIE LEEDS ROAD **HEALTH CENTER AT GALLOWAY, THE GALLOWAY TOWNSHIP, NJ 08205** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 353 Continued From page 3 K 353 cause obstructions to pipe and sprinklers. The Administrator was notified of the deficiency at the Life Safety Code exit conference at 12:30 PM. NJAC 8:39-31.1(c) NJAC 8:39-31.2(e) NFPA 25 K 911 K 911 Electrical Systems - Other 9/1/21 SS=D CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced Based on observation and interview on 08/16/21, K911 Electrical system - other it was determined that the the facility did not maintain the required clearance around electrical All flat combustible boxes of flooring, panels, electrical equipment and controls in plastic buckets, bags of motor mix, toilets, accordance with NFPA 101, 2012 LSC Edition, blue children's water table, baby carriage, Section 19.5.1, 19.5.1.1, 9.1, 9.1.2, NFPA 99 and mats were removed from the facility's 2012 Edition, Section 15.5.1.2 and NFPA 70 2011 main electrical panels and generator Edition, Section 110.26. This deficient practice of emergency transfer switch area and room. not ensuring 36" in front to the electrical panels will prevent hospital staff and emergency All residents have the potential to be personnel from disconnecting the electrical power affected quickly. In addition, cardboard storage boxes and paper stored in front of electrical equipment may An audit was conducted to make sure all provide an ignition source and pose a fire risk. areas that need to be free of storage is The deficient practice was evidenced by the clear in accordance with regulation The director of maintenance or designee following: will complete weekly audits x 12 weeks. At approximately 11:52 AM, observation revealed The director of maintenance will review in the main electrical panel/transfer switch room, the audits to present at the QA x 3, and

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

PRINTED: 02/16/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED			
		315210	B. WING_			08/20/2021				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE  66 WEST JIMMIE LEEDS ROAD						
HEALTH CENTER AT GALLOWAY, THE					GALLOWAY TOWNSHIP, NJ 08205					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE			
K 911	that approximately 15 flooring, plastic bucket oilet, blue children's and mats were stored facility main electrical emergency transfer some observation was Maintenance Director electrical room.	is flat combustible boxes of ets, bags of Mortar mix, water table, baby carriage dunder and in front of the panels and generator witch.  confirmed by the during the tour of the serious field of the finding at exit conference at	K	911	then for presentation at QAPI.  Completion Date: 9-1-21					