

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:  <b>315210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/20/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEALTH CENTER AT GALLOWAY, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>66 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205</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	INITIAL COMMENTS	K 000		
K 291 SS=D	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 in the electrical room with the emergency generator transfer switch in accordance with NFPA 101:2012 - 7.9, 19.2.9.1.	K 291	K291 Emergency light  Emergency lighting was placed in the electrical room with the emergency generator transfer switch.	9/1/21

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

TITLE

(X6) DATE

Electronically Signed

08/27/2021

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 291	Continued From page 1 This deficient practice was evidenced by the following:  At approximately 11:52 AM, the surveyor observed, in the presence of the Maintenance Director and Assistant Maintenance Staff Member, that the facility's ground floor ATF transfer switch room, was not equipped with emergency lighting independent of the building's electrical system and emergency generator. This finding was verified by the facility's Maintenance Director during the observation.  The Administrator was informed of this finding during the Life Safety Code survey exit conference on 08/016/21.  NJAC 8:39-31.2(e) NFPA 101:2012 - 7.9	K 291	All residents have the potential to be affected.  An audit was conducted to make sure all emergency lighting is in accordance with the required regulation. The director of maintenance or designee will complete weekly audits x 12 weeks. The director of maintenance will review the audits to present at the QA x 3, and then for presentation at QAPI.  Completion Date: 9-1-21	
K 353 SS=E	Sprinkler System - Maintenance and Testing 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.	K 353		9/1/21

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K 353	<p>Continued From page 2</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview conducted on 08/16/21, in the presence of the Maintenance Director and Assistant Maintenance Staff Member, it was determined that the facility failed to ensure that their automatic sprinkler system was inspected/tested at the required 5-year interval in accordance with the National Fire Protection Association (NFPA) 25.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 10:05 AM, the surveyor reviewed the facility's automatic sprinkler system inspection reports. The most recent documentation by the facility vender indicated that on 07/22/21, 05/21/21, 01/25/21 and 09/10/20 the 5-year internal obstruction investigation of the pipe was marked N/A (not applicable). It was also unknown when the inspection of the system was last conducted.</p> <p>The surveyor interviewed the Maintenance 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.</p> <p>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</p>	K 353	<p>K353 Sprinkler system - Maintenance and testing</p> <p>The automatic sprinkler system was inspected on 8/24/2021 for the required five year interval in accordance with the National Fire protection association.</p> <p>All residents have the potential to be affected.</p> <p>An audit was conducted to make sure all required inspections were completed as required.</p> <p>The director of maintenance or designee will complete monthly audits x 6 months. The director of maintenance will review the audits to present at the QA x 3, and then for presentation at QAPI.</p> <p>Completion Date: 9-1-21</p>		

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K 353	Continued From page 3 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 353		
K 911 SS=D	Electrical Systems - Other 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 by: Based on observation and interview on 08/16/21, it was determined that the the facility did not maintain the required clearance around electrical panels, electrical equipment and controls in accordance with NFPA 101, 2012 LSC Edition, Section 19.5.1, 19.5.1.1, 9.1, 9.1.2, NFPA 99 2012 Edition, Section 15.5.1.2 and NFPA 70 2011 Edition, Section 110.26. This deficient practice of not ensuring 36" in front to the electrical panels will prevent hospital staff and emergency personnel from disconnecting the electrical power quickly. In addition, cardboard storage boxes and paper stored in front of electrical equipment may provide an ignition source and pose a fire risk. The deficient practice was evidenced by the following:  At approximately 11:52 AM, observation revealed in the main electrical panel/transfer switch room,	K 911	K911 Electrical system - other  All flat combustible boxes of flooring, plastic buckets, bags of motor mix, toilets, blue children's water table, baby carriage, and mats were removed from the facility's main electrical panels and generator emergency transfer switch area and room.  All residents have the potential to be affected.  An audit was conducted to make sure all areas that need to be free of storage is clear in accordance with regulation The director of maintenance or designee will complete weekly audits x 12 weeks. The director of maintenance will review the audits to present at the QA x 3, and	9/1/21

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K 911	<p>Continued From page 4</p> <p>that approximately 15 flat combustible boxes of flooring, plastic buckets, bags of Mortar mix, toilet, blue children's water table, baby carriage and mats were stored under and in front of the facility main electrical panels and generator emergency transfer switch.</p> <p>This observation was confirmed by the Maintenance Director during the tour of the electrical room.</p> <p>The Administrator was notified of the finding at the Life Safety Code exit conference at approximately 1:00 PM.</p> <p>NJAC 8:39-31.2(e)</p>	K 911	<p>then for presentation at QAPI.</p> <p>Completion Date: 9-1-21</p>		