

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

PRINTED: 01/31/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 SICOMAC AVE WYCKOFF, NJ 07481</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	
K 000	INITIAL COMMENTS  A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 06/06/2023 and 06/07/2023 and Christian Health Care Center and 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 Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.  Christian Health Care Center is composed of 3 Type III Protected building (Building 7, Building 8 and Building 10) that were built in 1964, 1988, and 1988. The Existing Health Care Occupancy for Building 7 has 12 smoke compartments, Building 8 (Southgate) has three smoke compartments and Building 10 has 12 smoke compartments.	K 000			
K 293 SS=E	Exit Signage CFR(s): NFPA 101  Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 06/06/2023 and 06/07/2023 in the presence of facility	K 293	It is the policy of Christian Health to maintain safe egress passageway throughout our buildings for all occupants	6/15/23	

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

TITLE

(X6) DATE

Electronically Signed

07/17/2023

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 293	<p>Continued From page 1</p> <p>management, it was determined that the facility failed to ensure that illuminated exit signs were in three (3) location to clearly identify the exit access path to reach an exit discharge door. This deficient practice was evidenced by the following:</p> <p>Reference: NFPA. Life Safety Code 2012 7.10.1.5.1 Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants.</p> <p>NFPA Life Safety Code 2012 7.10.5.2.1 Continuous Illumination. Every sign required to be illuminated by 7.10.6.3, 7.10.7, and 7.10.8.1 shall be continuously illuminated as required under the provisions of section 7.8, unless otherwise provided in 7.10.5.2.2</p> <p>On 06/06/2023 (day one of survey) during the survey entrance at approximately 9:54 AM, a request was made to the Senior Vice President and Chief Facilities Management Officer (SVPCFMO) and Director of Plant Operations (DPO) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility.</p> <p>A review of the facility provided lay-out identified the facility is single story with four (4) buildings ( Heritage East, Heritage West, The Commons and Southgate) that are connected together.</p> <p>Starting at approximately 10:10 AM on 06/06/2023 and continued on 06/07/2023 in the presence of the facility's SVPCFMO, DPO, Contracted Environmental Services General</p>	K 293	<p>by ensuring illuminated exit signs are properly installed and operational. Upon discovering three locations where exit signs were not installed, our Plant Operations Department installed the exit signs in the Southgate Unit specifically in the areas of B wing, C wing, and above the unit exit door/access near the elevator.</p> <p>Plant Operations Department staff immediately toured Heritage Manor East and West to ensure illuminated exit signs were properly installed in required locations. No other exit signs were missing.</p> <p>To ensure continued compliance, the illuminated exit signs will be inspected on a monthly basis by Plant Operations staff. Plant Operations Department staff will review monthly inspection reports. Findings will be reported to the Safety Committee on an every other month basis as well as reported to quarterly QAPI committee.</p> <p>All installations were completed by June 8, 2023 (during time of survey).</p>	

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K 293	<p>Continued From page 2</p> <p>Manager and two (2) Maintenance staff a tour of the facility was conducted'</p> <p>On 06/07/2023 (day two of survey) starting at approximately 10:49 AM in the presence of the SVPCFMO, DPO, Contracted Environmental Services General Manager and two (2) Maintenance staff a tour of the Southgate building was performed.</p> <p>The surveyor observed no evidence of three (3) illuminated exit signs in the following locations to clearly identify the exit access route,</p> <p>1) At approximately 11:03 AM, the surveyor observed no evidence of an illuminated exit sign above the corridor double smoke doors in "B-Wing."</p> <p>2) At approximately 11:10 AM, the surveyor observed no evidence of an illuminated exit sign above the corridor double smoke doors in "C-Wing."</p> <p>3) At approximately 11:30 AM, the surveyor observed no evidence of an illuminated exit sign above the exit access/ security door near the elevator,</p> <p>At approximately 11:52 AM, a review of an emergency evacuation diagram posted on the corridor wall near the Resident dining room identify these are the primary and/ or secondary exit access route to reach an exit.</p> <p>The SVPCFMO and DPO confirmed the findings at the time of observations.</p>	K 293			

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K 293	Continued From page 3 The surveyor informed the Director of Plant Operations of the deficiency at the Life Safety Code exit conference on 06/08/2023 at approximately 1:38 PM. Fire Safety Hazard. NJAC 8:39 -31.1 (c) NFPA Life Safety Code 101	K 293			
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101  Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8  This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility provided documentation on 06/06/2023 and 06/07/2023, in the presence of the facility management, it was determined that the facility failed to provide fire alarm notification by audible and visible signals for 3 of 3 outside enclosed courtyards in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2,	K 341	It is the policy of Christian Health to maintain all fire safety requirements for all building occupants with the proper notification for any fire safety events with audio and visual alarms tied into the building fire alarm system. Upon discovering the three locations where audio and visual alarms were not	6/16/23	

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K 341	<p>Continued From page 4</p> <p>9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p> <p>The deficient practice was evidenced by the following:</p> <p>On 06/06/2023 (day one of survey) during the survey entrance at approximately 9:54 AM, a request was made to the Senior Vice President and Chief Facilities Management Officer (SVPCFMO) and Director of Plant Operations (DPO) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility.</p> <p>A review of the facility provided lay-out identified the facility is single story with four (4) buildings ( Heritage East, Heritage West, The Commons and Southgate) that are connected together. There are two (2) outside enclosed (surrounded by the building) center courtyards in the Heritage West building and one (1) outside enclosed (surrounded by the building) center courtyard between the Heritage East building and the Commons buildings.</p> <p>Starting at approximately 10:10 AM on 06/06/2023 and continued on 06/07/2023 in the presence of the facility's SVPCFMO, DPO, Contracted Environmental Services General Manager and two (2) Maintenance staff a tour of the facility was conducted.</p> <p>On 06/06/2023 (day 1 of survey) the surveyor observed the following,</p> <p>1. At approximately 11:21 AM, the surveyor observed in the "Small" enclosed outside courtyard of the Heritage West building, that the</p>	K 341	<p>installed, the installations of three audio and visual alarms were completed by the Plant Operations Department's certified Fire Alarm vendor in the following locations: Heritage Manor West small courtyard, Heritage Manor West large courtyard, and the Employee Patio. Plant Operations Management immediately toured the entire building exterior and inspected all enclosed patios to confirm audio and visual alarms were properly installed in those areas. Plant Operations Management has drafted an addendum within our Construction Safety Policy to incorporate and adopt assurances that any new or modified outside space utilized for patient treatment shall include the installation of outdoor notification appliances, consistent to the requirements of NFPA 101 and NFPA 72. To ensure continued compliance, the audio and visual alarms will be inspected on a semi-annual basis by the certified Fire Alarm vendor and said reports shall be submitted to the Safety Committee. Plant Operations Department staff will review semi-annual inspection reports. Findings will be reported to the Safety Committee on an every other month basis as well as reported to quarterly QAPI committee. All installations were completed by June 16, 2023.</p>		

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K 341	<p>Continued From page 5</p> <p>facility failed the have an audio and visual alarm to notify Resident, Staff and Visitors of an activation of the buildings fire alarm system. At this time the surveyor asked the SVPCFMO and DPO, Do you have an audio and visual alarm tied into the buildings fire alarm system. The SVPCFMO looked around and told the surveyor, no.</p> <p>2. At approximately 11:28 AM, the surveyor observed in the "Large" enclosed outside courtyard of the Heritage West building that the facility failed the have an audio and visual alarm to notify Resident, Staff and Visitors of an activation of the buildings fire alarm system. At this time the surveyor asked the DPO, Do you have an audio and visual alarm tied into the buildings fire alarm system. The DPO looked around and told the surveyor, no.</p> <p>3. At approximately 12:47 PM, the surveyor observed in the "Employee Patio" enclosed outside courtyard between the Commons and Heritage East buildings failed the have an audio and visual alarm to notify Staff of an activation of the buildings fire alarm system.</p> <p>The SVPCFMO and DPO confirmed the findings at the time of observations.</p> <p>The surveyor informed the Director of Plant Operations of the deficiency at the Life Safety Code exit conference on 06/08/2023 at approximately 1:38 PM. NJAC 8:39-31.2(a) NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p>	K 341			

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K 351 K 351 SS=E	Continued From page 6 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 observation and review of facility provided documentation on 06/06//2023 and 06/07/2023, in the presence of facility management it was determined that: 1) The Facility failed to properly install sprinklers, as required by CMS regulation §483.90(a) physical environment to all areas in accordance with the requirements of NFPA 101 2012 Edition, Section 19.3.5.1, 9.7, 9.7.1.1 and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems 2012 Edition, and as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) special detailed requirements on use and occupancy,	K 351 K 351	It is the policy of Christian Health to maintain all fire safety requirements for all building occupants with sprinkler coverage by a fire suppression system. All installations of sprinkler heads with associated piping were completed on June 8, 2023. in the following locations by a certified fire suppression contractor: Heritage Manor West resident shower room (three shower stalls) across from 315, Exterior building overhang located between A and B wings in Heritage Manor East, and exterior building overhangs located at the Commons Employee Cafeteria. Note: two overhang locations	6/15/23	

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K 351	<p>Continued From page 7</p> <p>The deficient practice is evidenced by the following,</p> <p>On 06/06/2023 (day one of survey) during the survey entrance at approximately 9:54 AM, a request was made to the Senior Vice President and Chief Facilities Management Officer (SVPCFMO) and Director of Plant Operations (DPO) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility.</p> <p>A review of the facility provided lay-out identified the facility is single story with four (4) buildings ( Heritage East, Heritage West, The Commons and Southgate) that are connected together.</p> <p>Starting at approximately 10:10 AM on 06/06/2023 and continued on 06/07/2023 in the presence of the facility's SVPCFMO, DPO, Contracted Environmental Services General Manager and two (2) Maintenance staff a tour of the facility was conducted.</p> <p>Along the two (2) day tour of the facility the surveyor observed four (4) areas that failed to provide proper fire sprinkler coverage in the following locations,</p> <p>On 06/06/2023.</p> <p>1) At approximately 11:15 AM, inside the Heritage West building Resident shower room, across from Resident room #315. The surveyor observed no evidence of fire sprinkler coverage inside the three (3) shower stalls.</p> <p>2) At approximately 1:45 PM, the surveyor observed no evidence of fire sprinkler coverage in the Heritage East buildings A and B wings 6 feet 6 inch by 10 feet outside overhang.</p>	K 351	<p>adjacent to each other.</p> <p>Plant Operations Management immediately toured and inspected the remaining shower rooms on Heritage Manor East, West, and Southgate, and inspected all other exterior building overhangs to confirm sprinklers were properly installed in those areas.</p> <p>Plant Operations Management has drafted an addendum within our Construction Safety Policy to incorporate and adopt assurances that any new or modified spaces shall include the installation of sprinklers, consistent with NFPA 101 and NFPA 13 requirements. To ensure continued compliance, the fire suppression system will be inspected annually by a certified vendor to ensure systems are active, tested, and operational.</p> <p>Plant Operations Department staff will review annual inspection reports. Findings will be reported to the Safety Committee on an every other month basis as well as reported to quarterly QAPI committee.</p> <p>All installations were completed on June 8, 2023.</p>		



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K 351	Continued From page 8  3) At approximately 12:47 PM, the surveyor observed no evidence of fire sprinkler coverage in the Commons Employees Cafeteria Two (2) 8 feet by 10 feet outside overhangs.  The SVPCFMO and DPO confirmed the findings at the time of observations.  The surveyor informed the Director of Plant Operations of the deficiency at the Life Safety Code exit conference on 06/08/2023 at approximately 1:38 PM. Fire Safety Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13	K 351			
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2  This REQUIREMENT is not met as evidenced by: Based on observation on 06/06/2023 and 06/07/2023, in the presence of facility management, it was determined that the facility failed to ensure that 1 of 16 electrical outlets located next to a water source (with-in 6 feet) was	K 511	It is the policy of Christian Health to ensure electrical systems are safe for all building occupants. Installation of two new GFCI outlets were completed in the Heritage Manor West treatment room.	6/16/23	

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K 511	<p>Continued From page 9 equipped with safe and secured Ground-Fault Circuit Interrupter (GFCI) protection.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 06/06/2023 (day one of survey) during the survey entrance at approximately 9:54 AM, a request was made to the Senior Vice President and Chief Facilities Management Officer (SVPCFMO) and Director of Plant Operations (DPO) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility.</p> <p>A review of the facility provided lay-out identified the facility is single story with four (4) buildings ( Heritage East, Heritage West, The Commons and Southgate) that are connected.</p> <p>Starting at approximately 10:10 AM on 06/06/2023 and continued on 06/07/2023 in the presence of the facility's SVPCFMO, DPO, Contracted Environmental Services General Manager and two (2) Maintenance staff a tour of the facility was conducted.</p> <p>During the two day building tour the surveyor observed and tested sixteen (16) electrical outlets (with-in 6 feet of a sink) in wet locations with a GFCI tester to de-energize the outlets. The surveyor observed the following,</p> <p>1) On 06/06/2023 at approximately 12:01 PM, the surveyor observed inside the Heritage West building treatment room two (2) Red Duplex electrical outlets located 27 inches to the left of the hand washing sink.</p> <p>When the surveyor tested the two (2) Duplex</p>	K 511	<p>Plant Operations Management immediately toured all wet locations throughout Heritage Manor East, West, and Southgate and tested all GFCI outlets confirming their function to de-energize. To ensure continued compliance, all GFCI outlets will be inspected annually by a certified electrical contractor to ensure outlets are active, tested, and operational. Plant Operations Department staff will review annual inspection reports. Findings will be reported to the Safety Committee on an every other month basis as well as reported to quarterly QAPI committee.</p> <p>All installations were completed by June 16, 2023.</p>		

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K 511	Continued From page 10 electrical outlet with a GFCI tester to de-energize, both Duplex electrical outlets did not de-energize as required by code.  The SVPCFMO and DPO confirmed the findings at the time of observations.  The surveyor informed the Director of Plant Operations of the deficiency at the Life Safety Code exit conference on 06/08/2023 at approximately 1:38 PM. NJAC 8:39 -31.2 (e) NFPA 99: -6.3.2.1, NFPA 70: -210.8	K 511		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315376	MULTIPLE CONSTRUCTION A. Building 02 - CHRISTIAN HCC B. Wing	DATE OF REVISIT 8/21/2023
NAME OF FACILITY CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____ Reg. # NFPA 101 LSC K0293	Correction Completed 06/15/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0341	Correction Completed 06/16/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0351	Correction Completed 06/15/2023
ID Prefix _____ Reg. # NFPA 101 LSC K0511	Correction Completed 06/16/2023	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/14/2023	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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