

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

PRINTED: 03/03/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315183	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2021
NAME OF PROVIDER OR SUPPLIER PREMIER CADBURY OF CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08002	
(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	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations and on 10/21/2021 Premier Cadbury 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 Occupancies.</p> <p>Premier Cadbury is a single story Type II Un-Protected building that was built in January 1979. The facility is divided into 5 smoke zones.</p> <p>Emergency Lighting CFR(s): NFPA 101</p> <p>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 10/21/2021, it was determined that the facility failed provide a battery backup emergency light, above the emergency generator's transfer switch, in accordance with NFPA 101:2012 - 7.9, 19.2.9.1 as evidenced by the following: During a tour of the building, in the presence of</p>	K 291	<p>On 12-1-21 the facility's emergency generator and transfer switch which are located outside of the building was made to have lights in the area of the generator and transfer switch. On 12-1-21 the emergency generator transfer switch was equipped with a backup battery emergency light.</p>	12/1/21

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

TITLE

(X6) DATE

Electronically Signed

11/11/2021

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 the facility Administrator and Corporate Maintenance Director (CMD), at 11:38 AM, the surveyor observed the facility's emergency generator and transfer switch were located outside of the building. The surveyor observed there were no lights in the area of the generator and transfer switch. The surveyor further observed that the emergency generator transfer switch was not equipped with a backup battery emergency light. This finding was confirmed by the CMD in an interview during the observation. The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference on 10/21/2021. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	All residents have the potential to be at risk Maintenance Director will be in-serviced on importance of lighting and emergency lighting in the area of transfer switches and generators. Monthly audits x 3 months will be done by Maintenance Director or designee to ensure lighting and emergency battery back up lighting are working in the area of the emergency generator and transfer switch located outside of the building Results of the audits will be reviewed/reported to QAPI committee X 3 months to determine trends, compliance. QAPI committee will determine need for continuance of audits Administrator will be responsible to ensure facility is in compliance and facility will be in compliance as of 12/01/2021	
K 293 SS=D	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 documentation on 10/21/2021, in the presence of facility management, it was determined that the facility failed to ensure that two (2) illuminated exit signs were posted to clearly identify the exit access path to reach an exit.	K 293	1) On 12-1-21 The illuminated exit sign was made to clearly identify the exit access path to reach an exit in the area of Resident rooms [REDACTED] and [REDACTED] 2) All residents have the potential to be at risk	12/1/21

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K 293	Continued From page 2 This deficient practice was evidenced by the following: During a facility tour, in the presence of the Administrator and Corporate Maintenance Director (CMD), the surveyor observed the following: 1) At 11:10 AM, the surveyor observed in the area of Resident rooms [REDACTED] and [REDACTED], that there was no illuminated exit sign which clearly identified the exit access path to reach an exit. 2) At 11:17 AM, the surveyor observed in the area of Resident rooms [REDACTED] and [REDACTED], that there was no illuminated exit sign which clearly identified the exit access path to reach an exit. The CMD confirmed the findings at the time of observations. A review of an emergency evacuation diagram posted in the area identified the exit access path is the primary access to reach an exit. The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference on 10/21/2021. NJAC 8:39 -31.1 (c) NFPA Life Safety Code 101	K 293	3) Maintenance Director will be in-serviced on importance of illuminated exit sign to clearly identify the exit access path to reach an exit 4) Audit will be done monthly X 3 months by Maintenance Director or designee to ensure illuminated exit signs clearly identify the exit access path for facility Results of the audits will be reviewed/reported to the monthly QAPI committee X 3 month to determine trends, compliance. QAPI committee will evaluate for any further action as appropriate on an ongoing basis. 5) Administrator will be responsible to ensure facility is in compliance and facility is in compliance as of 12/01/2021		
K 912 SS=D	Electrical Systems - Receptacles CFR(s): NFPA 101 Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating	K 912		12/1/21	

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K 912	<p>Continued From page 3</p> <p>plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview on 10/21/2021, in the presence of facility management, it was determined that the facility failed to ensure that 2 of 8 electrical outlets located in wet locations (next to a water source) were equipped with Ground-Fault Circuit Interrupter (GFCI) protection.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the building tour, in the presence of the facility Administrator and Corporate Maintenance Director (CMD), an inspection inside eight (8) resident bathrooms was performed.</p> <p>The surveyor observed duplex electrical outlets inside each bathroom. At the time of the observations, the surveyor asked the CMD, are the duplex outlets connected to GFCI outlets or a GFCI breaker. The CMD said, "Yes."</p> <p>When the surveyor used a GFCI tester to de-energize the outlets, two (2) outlets did not de-energize, as required by code in the following locations,</p> <p>1) At 10:10 AM inside Resident room [REDACTED] bathroom.</p> <p>2) At 10:13 AM inside Resident room [REDACTED] bathroom.</p>	K 912	<p>1) On 12-1-21 the following areas were made to de-energize by replacing and installing GFCI receptacles and made to de-energize when tested with a GFCI tester.</p> <p>1. Inside Resident room [REDACTED] bathroom. 2. Inside Resident room [REDACTED] bathroom</p> <p>2) All residents have the potential to be at risk</p> <p>3) Maintenance Director will be in-serviced on importance of GFCI outlets de-energizing when tested with a GFCI tester</p> <p>4) Monthly audit X 3 months will be done by Maintenance Director or designee to ensure all GFCI outlets de-energize when tested with a GFCI tester Results of the audits will be reviewed/reported to QAPI committee 3 months to determine trends, compliance. QAPI committee will determine need for continuance of audits</p> <p>5) Administrator will be responsible to ensure facility is in compliance and facility is in compliance as of 12/01/2021</p>	

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K 912	Continued From page 4 bathroom. The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference on 10/21/2021. NJAC 8:39 -31.2 (e) NFPA 99	K 912			