STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING **01** B. WING _____	**03/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	**120 PARK END PLACE** **EAST ORANGE, NJ 07018**

(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 An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 03/06/24. The facility was found to be in compliance with 42 CFR 483.73	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 03/06/24 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 National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Brookhaven Health Care Center is a three-story building that was built in 1987. It is composed of Type II protected construction. The facility is divided into six - smoke zones. The generator does approximately 50 % of the building as per the Maintenance Director. The current occupied beds are 110 of 122.	K 000		
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 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	K 311		4/29/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/27/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315268	A. BUILDING **01** B. WING _____	**03/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	**120 PARK END PLACE** **EAST ORANGE, NJ 07018**

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K 311	Continued From page 1 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 and interview, the facility failed to maintain the vertical openings for one of nine stairway exit doors in accordance with NFPA 80 Standard for Fire Doors and Other Opening Protectives (2010 Edition) Section 6.4.4.2.3. The first-floor stairway door (#1) was equipped with the incorrect hardware. This deficient practice had the potential to affect all 110 residents who resided at the facility. Findings include: An observation on 03/06/24 at 12:15 PM revealed the stairway door on the first-floor stairway (#1) was equipped with panic hardware and not the required fire exit hardware. The fire door does not maintain its fire rating when equipped with panic hardware. During an interview at the time of the observation, the Maintenance Director verified the door was equipped with panic hardware and not fire exit hardware. NJAC 8:39-31.1(c), 31.2(e) NFPA 80	K 311	1. The facility will immediately order and replace panic hardware on the first-floor stairway door (#1) with fire exit hardware compliant with NFPA 80 standards. 2. All residents have the potential to be affected by this deficient practice. 3 The maintenance department was educated on the NFPA 80 standards 6.4.4.2.3. The label shall differentiate between panic hardware, which is not acceptable for use on fire doors, and fire exit hardware. 4. Audit will be done by the maintenance director/designee quarterly for 3 quarters to ensure the facility is up to date with the required NFPA 80 standards 6.4.4.2.3. Audit findings will be shared with the QAPI committee quarterly.	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying	K 345		5/15/24

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	315268	A. BUILDING **01** B. WING _____	**03/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	**120 PARK END PLACE** **EAST ORANGE, NJ 07018**

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K 345	Continued From page 2 with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure smoke detection sensitivity testing of the smoke detectors were completed every alternate year in accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 Edition) Section 14.4.5.3.2. This deficient practice had the potential to affect all 110 residents who resided at the facility. Findings include: A review of the facility's "Inspection and Testing Reports," dated 12/18/23, provided by the Maintenance Director, revealed the report had no reference to a smoke detection sensitivity test. An observation on 03/06/24 from 11:50 AM to 1:30 PM revealed the smoke detectors were in the corridors at the smoke barriers, and other concealed areas throughout the building. During an interview at the time of the observations, the Maintenance Director confirmed the smoke sensitivity testing was not completed on the smoke detectors. NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72	K 345	K345 Fire alarm system 1.The facility reached out to their vendor to have the sensitivity testing of the smoke detectors completed. 2. All residents have the potential to be affected by this deficient practice. 3. The maintenance department was educated on the regulation of having a sensitivity testing of smoke detectors every alternate year. 4. Audit will be done by the maintenance director/designee annually to ensure the facility is up to date with the required smoke detector sensitivity testing. Audit findings will be shared with the QAPI committee quaterly.	
K 353 SS=F	Sprinkler System - Maintenance and Testing	K 353		4/29/24

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	315268	A. BUILDING **01** B. WING _____	**03/07/2024**

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K 353	Continued From page 3 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the sprinkler system pressure gauges were recalibrated or replaced every five years in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water Based Fire Protection Systems (2011 Edition) section 5.3.2.1. This deficient practice had the potential to affect all 110 residents who resided at the facility. Findings include: Observations on 03/06/24 at 11:57 AM revealed the sprinkler system gauges were not recalibrated or replaced and there were no dates on the gauges.	K 353	1.The facility will Schedule recalibration or replacement of all sprinkler system pressure gauges that have not been serviced within the past five years, in accordance with NFPA 25 standards to ensure all pressure gauges are appropriately labeled with the date of calibration or replacement. 2. All residents have the potential to be affected by this deficient practice. 3. The maintenance staff will be educated on the requirements of NFPA 25 standards for the inspection, testing, and maintenance of water-based fire protection systems. 4. Audit will be done by the maintenance	

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	315268	A. BUILDING **01** B. WING _____	**03/07/2024**

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K 353	Continued From page 4 During an interview at the time of the observation, the Maintenance Director confirmed the sprinkler system gauges were not recalibrated or replaced. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K 353	director/designee quarterly for 3 quarters in accordance with the NFPA 25 standards to check on the condition and accuracy of pressure gauges. Audit findings will be shared quarterly with the QAPI committee.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315268	A. Building 01 - MAIN BUILDING 01 B. Wing	5/17/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE EAST ORANGE, NJ 07018

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 K0311	Correction Completed 04/29/2024	ID Prefix Reg. # NFPA 101 LSC K0345	Correction Completed 05/15/2024	ID Prefix Reg. # NFPA 101 LSC K0353	Correction Completed 04/29/2024
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
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
3/7/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO