

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

PRINTED: 08/12/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315174	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2019
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NAME OF PROVIDER OR SUPPLIER DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096
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E 000	Initial Comments	E 000						
K 000	<p>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.</p> <p>INITIAL COMMENTS</p> <p>LIFE SAFETY CODE 101:2012</p> <p>THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.</p>	K 000						
K 321 SS=D	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <table border="0"> <tr> <td>Area</td> <td>Automatic Sprinkler</td> </tr> <tr> <td>Separation</td> <td>N/A</td> </tr> </table> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops</p>	Area	Automatic Sprinkler	Separation	N/A	K 321		11/11/19
Area	Automatic Sprinkler							
Separation	N/A							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/31/2019
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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 321	Continued From page 1 d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations and interview on 10/03/19, in the presence of facility management, it was determined that the facility failed to maintain doors to hazardous areas to prevent the passage of smoke and/or fire to the exit corridors. This deficient practice was evidenced by the following: At 11:45 AM, the surveyor and the facility's Director of Maintenance (DM) observed that the doors to the main laundry in the basement (not a resident care area) did not close when released from the magnetic hold-open device. One of the double doors by the washers stopped approximately 8 inches open. This door could not be manually closed either. In an interview, at the time, the DM acknowledged the deficient practice and requested maintenance staff to repair the door.	K 321	1. Both doors were immediately repaired so that they were both self-latching and closing properly. 2. All residents have the potential to be affected. All doors in the facility were checked to ensure they are self-latching and in compliance. 3. All Maintenance staff was educated on having self-closing doors throughout any hazardous areas. 4. Maintenance director of designee will complete monthly audits x 3 ensuring there is functioning self-closing and self-latching doors throughout any and all hazardous areas and will report findings at the QAPI committee meetings monthly.	
K 918 SS=D	NJAC 8:39-31.1(), 31.2(e) Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second	K 918		11/11/19

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K 918	<p>Continued From page 2</p> <p>criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on documentation review and interview on 10/02/19, in the presence of facility management, it was determined that the facility failed to exercise the emergency generator 12 times each year in a 20 to 40 day interval in accordance with NFPA 99.</p> <p>This deficient practice was evidenced by the following:</p>	K 918	<ol style="list-style-type: none"> 1. The generator log was immediately reviewed and the Maintenance Director educated on the requirements for intervals for generator testing per NFPA 101 requirements. 2. All residents have the potential to be affected. A new generator testing audit log was developed to ensure testing is conducted per NFPA 101 requirements 		

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K 918	<p>Continued From page 3</p> <p>A review of the facility's emergency generator log for the previous 12 months revealed that there were 10 of the required 12 generator load test performed by the facility. Further review revealed two of the tests were conducted outside of the 40 day limit from the previous test as follows:</p> <p>-10/02/18 and then 11/30/18, 59 days later. -12/28/18 and then 03/29/19, 91 days later.</p> <p>This resulted in the facility conducting eight of the required 12 load tests in accordance with the Code.</p> <p>The surveyor interviewed the facility's Director of Maintenance at 1:15 PM. He stated that the missed load tests occurred prior to his employment.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110</p>	K 918	<p>and the Maintenance Director was educated by the Administrator on the new audit log.</p> <p>3. All maintenance staff have been educated on the importance of performing generator load tests in a timely manner and to ensure that at least 12 load tests are completed each year in a 20 to 40-day interval.</p> <p>4. Maintenance director or designee will complete monthly audits x 3 ensuring generator load tests are in compliance and will report findings at the QAPI committee meetings monthly.</p>		