

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

PRINTED: 08/11/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315384</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/15/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSE MOUNTAIN CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>ROUTE 1 &amp; 18 NEW BRUNSWICK, NJ 08901</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  LIFE SAFETY CODE 101:2012 Existing	K 000		
K 222 SS=D	THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.  Egress Doors CFR(s): NFPA 101  Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are	K 222	9/10/19	

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

TITLE

(X6) DATE

Electronically Signed

09/06/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315384</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/15/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSE MOUNTAIN CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>ROUTE 1 &amp; 18 NEW BRUNSWICK, NJ 08901</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 222	<p>Continued From page 1</p> <p>being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 <b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b> Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 <b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b> Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 <b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b> Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on</p>	K 222	Rose Mountain Care Center		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315384</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/15/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSE MOUNTAIN CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>ROUTE 1 &amp; 18 NEW BRUNSWICK, NJ 08901</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 222	<p>Continued From page 2</p> <p>8/12/19, in the presence of facility management, it was determined that the facility failed to ensure exit discharge door locking assemblies had a means of releasing the door, at the door, for emergency evacuation events other than fire.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:00 AM, the surveyor along with the facility's Administrator (LNHA), Regional Administrator, and Director of Maintenance (DM) observed that the front lobby exit doors were provided with an electric locking assembly. The lock was provided with a push button release inside the receptionists room. There was no keypad release or delayed egress feature provided on the doors. There was a red "break glass" key box located in the foyer next to the key switch to release the locks, but the LNHA stated, the box was used for the fire department keys and that the key to the door locks was not in the box.</p> <p>In an interview, at the time, the LNHA confirmed that the manual release for the door was inside the receptionist's office which is only occupied from 8:00 AM to 8:00 PM, and was locked overnight. The LNHA also stated that only the evening and night nursing supervisors have a key to the office and staff would have to use the back exit.</p> <p>This locking assembly was interconnected to release with the activation of the fire alarm system in a fire emergency.</p> <p>In post LSC survey documentation on the same day, the LNHA documented that there was a key in the firemen's lock box and that the nursing</p>	K 222	<p>Standard Survey of 8/15/19 K222 NFPA 101:</p> <p>Element One: A red locked box installed next to the door contains the key to door for emergency use. The LNHA and other facility staff were educated about the locations of all emergency keys to open the front door.</p> <p>Element Two: There are no other emergency doors that are equipped with a latch or lock that requires the use of a key or tool for egress from the facility.</p> <p>Element Three: All personnel have been in-serviced by the administrator on the location and use of the key for this exit in the event of an emergency. All newly hired employees shall be in-serviced on the location of the key for this door in the event of an emergency by the in-service coordinator.</p> <p>Element Four: The administrator shall perform a random audit of 10 employees for the next two quarters to ensure that they are knowledgeable regarding the location of the key for this door to be used in case of an emergency. The results of these audits shall be reported quarterly to the QAPI committee.</p>		

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

PRINTED: 08/11/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315384</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/15/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSE MOUNTAIN CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>ROUTE 1 &amp; 18 NEW BRUNSWICK, NJ 08901</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 222	Continued From page 3 supervisor's had the key to unlock the doors. However, the LNHA, DM, and Regional Administrator were not aware of the location of the keys at the time of survey.  N.J.A.C. 8:39-31.1(c), 31.2(e)	K 222		