

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

PRINTED: 11/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	
(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 293 SS=D	LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. Building: Construction Classification Type 11-A (fire Resistive) NFPA 220 Building Construction Type 11 (111) Stories-3 plus ground floor (Existing) 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 interview conducted on 9/28/20 in the presence of the (New) Maintenance Director and a Maintenance	K 293	<ul style="list-style-type: none"> All residents are at risk to be affected by the deficient practice. The identified Exit sign that was out 	10/16/20

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

TITLE

(X6) DATE

Electronically Signed

10/16/2020

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	Continued From page 1 Director from another facility, it was determined that the facility failed to ensure that exit directional signs were illuminated at all times. This deficient practice was evidenced by the following: At 11:35 AM, the surveyor observed in the exit corridor by resident room [REDACTED], that 1 of 3 exit signs above the exit doors that lead to the egress stairs to the exterior of the facility did not provide continuous illumination. When interviewed at 11:40 AM, the Maintenance Director stated that he did not realize the exit sign by resident room [REDACTED] did not provide continuous illumination. 7.8 Illumination of Means of Egress. 7.8.1.2 Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use unless otherwise provided in 7.8.1.2.2.	K 293	of compliance was immediately brought back into compliance by having the bulb changed. • All Exit signs in the facility were inspected for functionality and found to be in compliance. • Facility Environmental Services Director will inspect all Exit signs for functionality weekly for 4 weeks and then monthly. • Findings will be submitted for 3 months to the monthly QAPI committee who will determine further interventions as needed.	
K 345 SS=C	NJAC 8:39-31.2(e) 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 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	K 345		10/20/20

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K 345	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review on 9/28/20, it was determined that the facility failed to maintain the building's fire alarm system in normal operating condition as per NFPA 70/72.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:05 AM, the surveyor observed the main fire alarm panel in trouble mode. The annunciator panel yellow light indicated system trouble. The panel screen Acknowledged Trouble: 002 at 12:51:59P on Monday September 28, 2020.</p> <p>When interviewed at 12:55 PM, the facility's Maintenance Director revealed that he was aware of this condition at the main panel. He stated that since the renovations were almost completed in the new Physical Therapy Room, the system had been in trouble mode due to the new wiring into the existing system. The most recent annual report from the facility vendor, dated 8/20/20, indicated that the system was in normal mode and had no failures as per NFPA 72 Standards.</p> <p>The Administrator was not notified of the deficient practice at the Life Safety Exit conference at 2:30 PM due to the Holiday that occurred on that day. The Maintenance Director and the facility Director of Nursing were notified at the LSC exit.</p> <p>9.6.1.5* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with</p>	K 345	<p>" All residents are at risk to be affected by the deficient practice.</p> <p>" Fire Alarm vendor called and assured that the alarm was fully functional and identified the source of the trouble signal.</p> <p>" Appropriate parts ordered and installed on 10/20/20 bringing the Fire Panel into compliance.</p> <p>" Facility Environmental Services Director will inspect the Fire Alarm Panel weekly for functionality.</p> <p>" Findings will be submitted for 3 months to the monthly QAPI committee who will determine further interventions as needed.</p>		

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K 345	Continued From page 3 the applicable requirements of NFPA 70,National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code.	K 345			
K 351 SS=C	NJAC 8:39-31.2 (e) NFPA 70/72 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 interview on 9/28/2020 in the presence of the Maintenance Director (New as of June 2020) and Assistant Maintenance and Facility Director from another facility, it was determined that the facility failed to provide automatic fire sprinkler protection to all areas in accordance with NFPA 13.	K 351	" All residents are at risk to be affected by the deficient practice. " Specific area that was out of compliance was identified and appropriate external vendor was called to install a new sprinkler in the outdoor patio overhang. " Contract with Sprinkler vendor signed	10/20/20	

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K 351	<p>Continued From page 4</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:55 AM, the surveyor, accompanied by the facility's Maintenance Director, Assistant Maintenance, and Facility Director from another facility, observed that the large wooden overhang approximately 24' wide x 8' deep attached to the main building was not provided with fire sprinkler protection. The wood roof overhang (soffit) was attached to the roof, including the building's attic. The building was constructed of brick up to the overhang, supported by four large, wooded columns and two wooden columns attached to the left and right side of the rear overhang. The door from the facility's interior that would lead to the exit where the overhang was located was identified as G7.</p> <p>The Maintenance Director, Assistant Maintenance, and Maintenance Director from the other facility, during an interview at the observation time, stated that they were unaware that the large wooden overhang did not have fire sprinkler protection.</p> <p>19.3.5 Extinguishment Requirements Buildings</p> <p>19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 13</p>	K 351	<p>on 10/20/20 and awaits township permits. Installation will occur once permits are approved.</p> <p>" Facility Environmental Services Director will inspect all areas of the facility with the sprinkler vendor to ensure that all areas meet the building code standards for fire sprinkler coverage.He will then inspect all areas monthly for 3 months and then quarterly.</p> <p>" Findings will be submitted to the monthly QAPI committee who will determine further interventions as needed.</p>		