

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MERIDIAN NURSING &amp; REHABILITATION AT SHREWSBURY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>89 AVENUE AT THE COMMON SHREWSBURY, NJ 07702</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  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.	E 000		
K 000	INITIAL COMMENTS  A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/10/2022 and Meridian Nursing and Rehabilitation at Shrewsbury 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.	K 000		
K 341 SS=D	Meridian Nursing and Rehabilitation at Shrewsbury is a Three (3) story, Type I Un-protected building that was built in November 2007. The facility is divided into 7 smoke zones.  Fire Alarm System - Installation CFR(s): NFPA 101  Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at	K 341		4/15/22

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

TITLE

(X6) DATE

Electronically Signed

03/25/2022

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 341	<p>Continued From page 1</p> <p>notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 03/10/2022, in the presence of facility management, it was determined that the facility failed to provide notification by audible and visible signals for 1 of 1 outside enclosed courtyards in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p> <p>The deficient practice was evidenced by the following:</p> <p>On 03/10/2022 starting at 9:16 AM, with the facility's Senior Director of Plant Operations (SDPO), Assistant Administrator (AA) and Director of Plant Operations (DPO), a tour of the Building was conducted.</p> <p>During the tour at 11:26 AM, an inspection of the outside fenced-in Resident courtyard area was performed. The surveyor observed no evidence of an audio and visual (horn and strobe) alarm connected the the buildings fire alarm and detection system to notify Residents, Visitors and Staff in the event of an fire alarm going on.</p> <p>At this time the surveyor asked the DPO, do</p>	K 341	<p>We conducted a root cause analysis to identify the underlying cause of the deficient practice to implement necessary corrective actions:</p> <ul style="list-style-type: none"> <li>-Fire Protection Company was contacted by the Director of Plant Operations to install a visual &amp; audible alarm device on the outside fenced-in courtyard area.</li> <li>-Quote for installation received and install to take place around April 13, 2022.</li> </ul> <p>How we will identify other residents having the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> <li>-All residents have the potential to be affected if/when they are outside if or when the fire alarm sounds.</li> </ul> <p>Measures put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>-Fire Protection Company to provide and install audio/visual device in the fenced-in courtyard area that will be tied into the existing EST3 System. EST3 is a robust modular control panel that unifies fire alarm, smoke control, security and mass</li> </ul>	

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K 341	<p>Continued From page 2</p> <p>Residents come out here. The DPO told the surveyor, yes Residents come out here with their Family members.</p> <p>The surveyor asked the SDPO, do you have a horn and strobe out here to notify Residents of a fire alarm going on. The SDPO looked around and said, No.</p> <p>The findings were verified and confirmed by the SDPO, AA and DPO during the observations.</p> <p>The facility Administrator was informed of the findings during the Life Safety Code survey exit conference at 2:15 PM on 3/10/2022.</p> <p>Fire Safety Hazard.</p> <p>NJAC 8:39-31.2(a)</p>	K 341	<p>notification systems.</p> <p>-Fire Alarm Panel will detect any issues with new audio/visual device and alert at front desk automatically.</p> <p>-Outdoor courtyard device will alert anyone in the fenced-in outdoor area that the fire alarms inside the facility are activated.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur:</p> <p>-Director of Plant Operations or designee will monitor the audio/visual device monthly for the first month after installation and test for any problems or concerns.</p> <p>-Fire Protection Company will test new audio/visual device during regular fire system testing semi-annually and report any issues to the Director of Plant Operations or Administrator.</p> <p>-Director of Plant Operations or designee will submit any findings and follow up to the Quality Assurance Committee Quarterly.</p>	