

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

PRINTED: 10/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315206	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2021
NAME OF PROVIDER OR SUPPLIER MANAHAWKIN CONV CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1211 RT 72 WEST MANAHAWKIN, NJ 08050	
(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 511 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 07/19/21 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</p> <p>Manahawkin Conv.Ctr. is a 2- building that was built in 80's, It is composed of Type I (fire resistant) construction. The facility is divided into 10 smoke zones. The current generator does approximately 50 % of the building.</p> <p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p>	K 511		8/26/21

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

TITLE

(X6) DATE

Electronically Signed

08/03/2021

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.

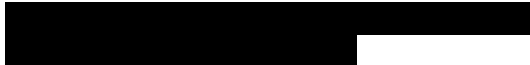
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K 511	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview conducted on 07/19/21 in the presence of The Maintenance Director, Administrator and Regional Plant Operations Director, it was determined that the facility failed to maintain electrical wiring in accordance with NFPA 70 (National Electrical Code) in 1 of 1 rooms reviewed for outlet electrical boxes.</p> <p>This deficient practice was evidenced by the following:</p> <p>At approximately 11:58 AM, the surveyor observed in resident room [REDACTED] that the surface mounted 4-outlet electrical box was not attached to the wall. The electrical box (not attached) was now exposing live electrical wires.</p> <p>The Maintenance Director and Regional Plant Operations Director confirmed the findings during the observation.</p> <p>The Regional Plant Operations Director was notified of the findings upon the completion of the building tour.</p> <p>NJAC 8:39-31.2(e) NFPA 70</p>	K 511	<p>Tag F-511</p> <ol style="list-style-type: none"> On 7/19/21 The surveyor observed in resident room [REDACTED] that the surface mounted 4 outlet electrical box was not attached to the wall. This issues was immediately corrected by the Maintenance Director. The Maintenance Director was given individual counseling by the Corporate Enviromental Director in regards to the need for the proper installation of all electrical outlets. All residents have the potential to be affected by this deficient practice when electrical wiring is not maintained in accordance with NFPA70 (National Electrical Code). An inspection of all rooms was made immediately by the Administrator and Maintenance Director to ensure that all electrical outlets were properly secured and that there were no other electrical hazards in the building none were found to be deficient. On 7/26/21, an in-service was done by the Maintenance Director and Administrator with all staff in regards to reporting any outlets that are not properly connected to the wall. The Administrator and Maintenance Director will make daily inspections of all electrical outlets x 30 days then twice a week x 30 days to inspect all electrical boxes, to ensure that all electrical outlets are in accordance with NFPA70 (National Electrical Code). All findings will be 		

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K 511	Continued From page 2	K 511	reviewed at the Quality Assurance meeting x 2 quarters.	8/26/21
K 521 SS=E	<p>HVAC CFR(s): NFPA 101</p> <p>HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 07/19/21, in the presence of the facility Maintenance Director, Administrator and Regional Plant Operations Director, it was determined that the facility failed to ensure that the resident bathroom's were provided with ventilation that were adequately maintained in accordance with the National Fire Protection Association (NFPA) 90A.</p> <p>This deficient practice was evidenced in 32 of 64 resident room bathrooms observed by the following:</p> <p>Starting at 09:55 AM, the surveyor observed that the ventilation in the following resident room bathrooms did not function:</p> <p>[REDACTED]</p> <p>The Maintenance Director confirmed that floor 1 rooms were inline with the rooftop units and</p>	K 521		

Tag K521

1. On 7/19/21 resident bathroom #'s [REDACTED] were found to have ventilation that were not adequately maintained in accordance with the National Fire Protection Association. The Maintenance Director immediately inspected the remainder of the facility resident bathrooms, none were found to be deficient. The rooftop motor units that control these rooms were repaired. The rest of the facility was checked to assure that there was proper ventilation.

2. All residents have the potential to be affected by this deficient practice when adequate ventilation is not provided in accordance with the National Fire Protection Association.

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K 521	Continued From page 3 would not function in the following resident rooms:  The surveyor requested that the Maintenance Director confirm if the units were functioning by placing a piece of single-ply toilet tissue paper across the grills to confirm ventilation. When tested, the tissue did not hold in place. The resident bathrooms were not provided with a window and require reliance on mechanical ventilation. The Regional Plant Operations Director was informed of the deficiency upon the completion of the building tour. NFPA 90A NFPA 101-2012 -19.5.2.1 section 9.2.2 NJAC 8:39-31.2(e)	K 521	3. On 7/23/2021, the Administrator and Maintenance Director were in-serviced by The Regional Plant Operations Director, regarding the importance of Preventative Maintenance Rounds and ensuring that all heating, ventilation and air conditioning is functioning in accordance with manufactures specifications. The Maintenance Director will test 4 rooms a day x 60 days then ongoing, to ensure that there is proper ventilation. A designated log was created for all the exhaust fans in the building in addition to the resident room rounds. The Maintenance staff will document on these logs their weekly checks. A minimum of 16 rooms will be checked and logged weekly. 4. The Maintenance Director as well as the Administrator will conduct weekly checks on the fans in the resident bathrooms to ensure the ventilation system is working properly. The logs will also be checked weekly. All findings will be reported at the Quality Assurance meeting x 3 quarters.		
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.	K 741		8/26/21	

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K 741	<p>Continued From page 4</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview on 07/19/21, in the presence of the Regional Plant Operations Director, it was determined that the facility failed to ensure the disposal of smoking refuse in a safe manner. This deficient practice was evidenced by the following:</p> <p>At approximately 12:10 PM, the surveyor observed that there were more than 100 cigarette butts along the grounds outside of the designated smoking area on the right-side of the main entrance. The cigarette butts were located outside the open metal fence in the mulch area, seams of the sidewalk, on the areas that contained grass. The two designated oasis type cigarette disposal devices were located in the smoking area.</p> <p>During an interview with the Regional Plant Operations Director, he stated that the cigarette butts should have been discarded in the</p>	K 741	<p>Tag # 0741</p> <p>1. On 7/19/2021, the Housekeeping Director immediately removed all cigarette butts that were along the grounds outside the designated smoking area. The Housekeeping Director received individual counseling by the Corporate Environmental Director in regards to the timely removal of discarded cigarette butts. Two additional metal containers with self closing device were placed inside the smoking area to provide the residents with more possibilities of proper disposal of cigarettes.</p> <p>2. All residents have the potential to be affected by this deficient practice, when the facility fails to ensure the disposal of smoking refuse in a safe manner.</p>		

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K 741	Continued From page 5 receptacles provided and not thrown through the open post fence onto the facility grounds. The Regional Plant Operations Director was notified of the findings upon the completion of the building tour. NJAC 8:39-31.2(e)	K 741	3. On 7/23/21, the Regional Plant Operations Director in-serviced The Maintenance and Housekeeping Directors, Smoking Aides and all Top Line staff on the importance of ensuring the disposal of smoking refuse in a safe manner. 4. The Housekeeping Director as well as the Maintenance Director will make rounds in and around all smoking areas twice daily to avoid smoking refuse left on the grounds on an ongoing basis. The Smoke Aide will monitor residents and encourage proper disposal of smoking refuse. All findings will be reported and reviewed at the Quality Assurance meeting x 2 quarters.		
K 918 SS=D	Electrical Systems - Essential Electric System 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 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. 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	K 918		8/26/21	

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K 918	<p>Continued From page 6</p> <p>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 interview and review of other documentation on 07/19/21, in the presence of the Maintenance Director and Regional Plant Operations Director, it was determined that a. the facility failed to certify the time needed by their generator to transfer power to the building was within the required 10 second time frame in accordance with NFPA 110 for emergency electrical generator systems and b. the facility failed to certify the time needed by their generator to transfer power to the building was within the required 10 second time frame in accordance with NFPA 99 for emergency electrical generator systems.</p> <p>This deficient practice was evidenced by the following:</p> <p>a. A review of the generator records for the previous 12 months revealed that there was no documented certification that the generator would start and transfer power to the building within 10 seconds, when the load test was conducted on</p>	K 918	<p>Tag # K 918</p> <p>1. On 7/19/2021, The Regional Plant Operations Director immediately updated the generator log sheet to include that the generator would start and transfer power to the building within 10 seconds, in accordance with NFPA 99 for emergency electrical generator systems. On 7/20/21, the Maintenance Director conducted a test of the generator and transfer switches, to ensure it was within the 10 second timeframe. The Maintenance Director received individual counseling from the Corporate Environmental Director in regards to the proper procedure and recording of all generator testing and logs. A column was immediately added to the documentation log so that the results of the testing could be documented as well as visible for the review and reporting of all data.</p>		

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K 918	<p>Continued From page 7 the following dates:</p> <p>07/06/21, 06/16/21, 05/18/21, 04/13/21, 03/17/21, 02/17/21, 01/20/21, 12/16/20, 11/17/20, 10/20/20, 09/15/20, 08/25/20 and 07/21/20</p> <p>The Maintenance Director and Regional Plant Operations Director, confirmed there was no column and no data as to the transfer time,</p> <p>b. A review of the generator records for the previous 12 months revealed that there was no documented certification that the generator would start and transfer power to the building within 10 seconds, when the load test was conducted on the following dates:</p> <p>06/30/21, 05/26/21, 04/28/21, 03/31/21, 02/29/21, 01/27/21, 12/30/20, 11/25/21, 10/28/21, 10/01/21, 08/07/21 (actual power failure) and 07/29/21.</p> <p>The Maintenance Director and Plant Operations Director, confirmed there was no column and no data as to the transfer time, capable of supplying service within 10 seconds of the activation of the alternate power source (generator) when performing the load-test on the provided (current) load test log.</p> <p>The Regional Plant Operation Director was informed of the finding upon the completion of the building tour.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 99</p>	K 918	<p>2. All residents have the potential to be affected by this deficient practice when the facility fails to certify the time needed by their generator to transfer power to the building was within the required 10 second time frame in accordance with NFPA 110 for emergency electrical generator systems and b. the facility fails to certify the time needed by their generator to transfer power to the building was within the required 10 second time frame in accordance with NFPA 99 for emergency electrical generator systems.</p> <p>3. The Regional Plant Operations Director, in-serviced the Administrator and Maintenance Director on the importance of documenting all tests that the generator will start and transfer power to the building within 10 seconds time frame in accordance with NFPA99 for emergency electrical generator systems. The Administrator will ensure that the test logs are maintained by reviewing them with the Director of Maintenance. The Administrator will ensure that generator sets are inspected weekly, exercised under load 30 minutes 12 x a year in 20-40 day intervals and excised once every 36 months for 4 continuous hours.</p> <p>4. The Maintenance Director will run a full transfer of power by the generator monthly and document results. The Maintenance Director will report all findings to the Administrator. The Administrator will observe the monthly testing and ensure that all testing results are documented appropriately. All findings</p>	

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K 918	Continued From page 8	K 918	will be reviewed at the Quality Assurance meeting x 3 quarters.		