

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

PRINTED: 10/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315222	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2021
NAME OF PROVIDER OR SUPPLIER BARNEGAT REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005	
(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 A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 06/14/21 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 Occupancies. Barnegat R&N is a two story building with a partial basemant that was built in 1980's It is composed of Type II construction. The facility is divided into 6- smoke zones. The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions.	K 000		
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101	K 345		7/24/21

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

TITLE

(X6) DATE

Electronically Signed

07/01/2021

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 345	<p>Continued From page 1</p> <p>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.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:</p> <p>Based on surveyor's observation and interview on 06/14/21, it was determined that the facility failed to ensure that 2 of 14 smoke detector's were not compromised and/or missing parts in their building's fire alarm system in accordance with the requirements of NFPA 70.</p> <p>This deficient practice was evidenced by the findings noted below:</p> <p>1. The surveyor and Maintenance Director observed a smoke detector by resident room's ■ and ■ in the exit corridor that was missing its center protection grill used to protect the detector chamber from damage.</p> <p>2. The surveyor and Maintenance Director observed a smoke detector by resident room's ■ and ■ in the exit corridor that was missing its center protection grill used to protect the detector chamber from damage.</p> <p>The Maintenance Director confirmed the findings during the observations.</p> <p>The Administrator was notified of the findings at the life Safety Code exit conference.</p>	K 345	<p>K345:</p> <p>K345: Element One <input type="checkbox"/> Corrective Action The smoke detector by the hallway of the residents <input type="checkbox"/> rooms ■ and ■ and ■ and ■ was changed. The smoke detectors are in accordance with the requirements of NFPA 70.</p> <p>Element Two All Residents have the potential to be affected.</p> <p>Element Three The Annual smoke detector report was reviewed by the Administrator and Maintenance Director to assure that that all smoke detectors are in accordance with the requirement of NFPA 70.</p> <p>Element Four The Maintenance Director/designee will conduct monthly audits x 3 months. Results of the audits will be forwarded to the Quality Assessment and Performance Improvement Committee for review and action as appropriate. The QAPI committee meets quarterly. The Committee will determine the need for further audits and or action plans</p>		

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K 345	Continued From page 2 NFFPA 70 NFFPA 72 NJAC 8:39-31.2(e)	K 345	Date of completion:7/24/2021		
K 363 SS=D	Corridor - Doors CFR(s): NFFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.	K 363		7/24/21	

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K 363	<p>Continued From page 3</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 06/14,21, the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5. This deficient practice of not ensuring that room doors will close, and latch for 1 of 30 doors observed, restricts the ability of the facility to properly confine fire and smoke products and to properly defend occupants in place.</p> <p>This deficient practice was evidenced by the following:</p> <p>At approximately 12:18 PM the surveyor and Maintenance Director observed a gold door hanging bracket for a wreath on resident room [REDACTED] door. The bracket would not allow the door to shut and latch in its frame, leaving approximately a 2" gap that would now restrict the ability of the facility to properly confine fire and smoke products and to properly defend occupants in place.</p> <p>The findings were verified by the Maintenance Director and Administrator at the time of the observation.</p> <p>The Administrator was notified of the findings at the Life Safety Code exit conference.</p>	K 363	<p>K 363</p> <p>Element One <input type="checkbox"/> Corrective Action</p> <p>The gold door hanging bracket was removed off the door of room [REDACTED] on 6/14/21</p> <p>Maintenance staff were re-educated to check all resident doors for proper closure in compliance with regulations a minimum of weekly.</p> <p>Nursing staff were re-educated to report any resident room doors for repair to maintenance staff that do not properly close.</p> <p>Element Two</p> <p>All Residents who have a hanging bracket would have the potential to be affected.</p> <p>Element Three</p> <p>Maintenance staff were re-educated to check all resident doors for proper closure in compliance with regulations a minimum of weekly.</p> <p>Nursing staff were re-educated to report any resident room doors for repair to maintenance staff that do not properly close.</p> <p>The Maintenance weekly audit tool was reviewed by the Administrator and Maintenance Director to assure weekly inspection of resident room doors is included.</p> <p>Weekly the Administrator and Maintenance Director conduct walking</p>		

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K 363	Continued From page 4 NJAC 8:39-31.1(c), 31.2(e)	K 363	environmental rounds to assure the physical plant complies with regulatory requirements. Check resident room doors for proper closure is included in these rounds. Element Four The Maintenance Director/designee will be responsible to conduct audits of resident room doors daily x 4 weeks and then weekly x 8 weeks. Results of the audits will be forwarded to the Quality Assessment and Performance Improvement Committee for review and action as appropriate. The QAPI committee meets quarterly. The Committee will determine the need for further audits and or action plans Date of completion: 7/24/2021		
K 918 SS=E	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	K 918		7/24/21	

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K 918	<p>Continued From page 5</p> <p>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 06/11/21 in the presence of the facility's Maintenance Director, it was determined that 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 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>06/01/21, 05/04/21, 04/06/21, 03/02/21, 02/02/21,</p>	K 918	<p>K918:</p> <p>Element One – Corrective Action The Emergency generator log was updated and has a column for transfer time. The Maintenance director confirmed by testing it that the generator will start and transfer power within 10 seconds. This has been done to properly keep track of, and ensure, that the generator has a transfer time no greater than ten seconds. Maintenance staff were re-educated about the revised log.</p> <p>Element Two All Residents have the potential to be affected.</p> <p>Element Three The Maintenance monthly audit tool was reviewed by the Administrator and Maintenance Director to assure that</p>		

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K 918	Continued From page 6 01/05/21, 12/01/20, 11/03/20, 10/06/20, 09/01/20, 08/04/20, and 07/07/20. The Maintenance Director confirmed there was no column and no data as to the transfer time. The Administrator was informed of the finding at the Life Safety Code exit conference. NJAC 8:39-31.2(e), 31.2(g) NFPA 99	K 918	transfer time is included on the log. Element Four The Maintenance Director/designee will be responsible to conduct monthly audits x 3 months. Results of the audits will be forwarded to the Quality Assessment and Performance Improvement Committee for review and action as appropriate. The QAPI committee meets quarterly. The Committee will determine the need for further audits and or action plans Date of completion: 7/24/2021	