

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

PRINTED: 07/09/2021
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 08/09/2019
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NAME OF PROVIDER OR SUPPLIER BARNEGAT REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 859 WEST BAY AVE BARNEGAT, NJ 08005
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(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
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E 000	Initial Comments	E 000						
	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.							
K 000	INITIAL COMMENTS	K 000						
	LIFE SAFETY CODE 101:2012 This facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed using CMS-2786R.							
K 321 SS=D	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <table border="0"> <tr> <td>Area</td> <td>Automatic Sprinkler</td> </tr> <tr> <td>Separation</td> <td>N/A</td> </tr> </table> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms</p>	Area	Automatic Sprinkler	Separation	N/A	K 321		9/16/19
Area	Automatic Sprinkler							
Separation	N/A							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/16/2019
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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 321	<p>Continued From page 1 (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations and interview on 8/8/19, in the presence of the facility Maintenance Director and Assistant Maintenance, it was determined that the facility failed to maintain doors to hazardous areas to self-close.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:10 a.m., the surveyor observed that the old floor 1 Physical Therapy room by resident room 118, was now turned into a combustible storage room. The room contained 30 plus large filled combustible cardboard files, 20 plus closed cardboard boxes, wheelchair storage and facility mattresses, with miscellaneous combustible parts. The room was greater than 50 square feet in-size and did not have a self-closing or automatic-closing device installed on the door.</p> <p>In an interview at the time of the observations, the Maintenance Director and Assistant Maintenance both agreed and stated that the old physical therapy room was turned into hazardous storage and confirmed that the room measured over 50-plus square feet in-size and is required to have a self-closing device installed on the door.</p> <p>NJAC 8:39-31.2(e)</p>	K 321	<p>Preparation, submission, and implementation of this plan of correction do not constitute an admission of or agreement with the facts and conclusions set forth on requirements the survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all state and federal regulatory</p> <ol style="list-style-type: none"> 1. An auto door closure was installed on 8/9/2019 2. All storage rooms have the potential to be affected 3. Education was given to the maintenance director on what areas require automatic door closures; 4. Door closure inspection and assessment will be added to the monthly preventative maintenance schedule x 4 months, and will be presented monthly to the qapi committee 		
K 531 SS=E	<p>Elevators CFR(s): NFPA 101 Elevators</p>	K 531		9/16/19	

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K 531	<p>Continued From page 2</p> <p>2012 EXISTING</p> <p>Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview on 8/8/19, it was determined that the facility failed to comply with the annual inspection requirement of ASME A17.1.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the facility's elevator inspection reports, certifications and other related documentation conducted at 9:40 a.m., indicated that the building's annual inspection and certification dated 6/17/19, revealed that a notice of violation to [elevator device #1 citation code: UCC 5.23.12.2.b description: car drifts below floor level and re-levels excessively, car unable to maintain floor level. The elevator may be operated until said violation is abated.] The temporary Certificate was issued 6/17/19 and the</p>	K 531	<p>Preparation, submission, and implementation of this plan of correction do not constitute an admission of or agreement with the facts and conclusions set forth on requirements the survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all state and federal regulatory</p> <ol style="list-style-type: none"> 1. A state elevator inspection was performed on 8/28/19, and Elevator #1 was found to be compliant. See attachment. 2. All residents have the potential to be affected 		

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K 531	<p>Continued From page 3</p> <p>facility has until 8/25/19 from the state of New Jersey to abate the issue. It was noted that previous inspections from the State of New Jersey dated 11/14/19 and 8/3/18 included the same violation, but still the issue exists.</p> <p>An interview was conducted during the document review with the Maintenance Director and he stated and agreed that this is an ongoing issue with elevator #1 and that the facility vendor has tried a few times, but can't seem to find the issue.</p> <p>The facility administrator was notified of the elevator issue at exit.</p> <p>NJAC 8:39-31.2(e)</p>	K 531	<p>3. the maintenance director was educated, to work with the regional facilities manager to incorporate multiple consultations with different vendors on issues that the resolution is not satisfactory.</p> <p>4. The maintenance director will report monthly to the QAPI committee if there are any outstanding inspections or violations.</p>		