STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315134	A. BUILDING **01** B. WING _____	**09/29/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT GREEN KNOLL	**875 ROUTE 202-206 NORTH** **BRIDGEWATER, NJ 08807**

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K 000	INITIAL COMMENTS SURVEY TYPE: Life Safety Code CENSUS: 154 A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 09/26/2022 and Complete Care at Green Knoll was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR483.90(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. Complete Care at Green Knoll is a three-story structure with a basement, Health Care facility (I-2). Construction Type A (NFPA Type I), fully sprinklered building that was built approximately 1970. The facility is divided into nine smoke compartments, three on each floor, 160 certified beds. Survey date: 09/26/2022	K 000		
K 293 SS=F	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	K 293		11/7/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/17/2023

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K 293	Continued From page 1 by: Based on observations, it was determined the facility failed to ensure exit signs were illuminated over the exit discharge doors located in 2 stairwells and 1 of 1 activity room in accordance with National Fire Protection Association (NFPA) 101, 19.2.10.1 and 7.10. This had the potential to affect all residents and staff in the facility. Findings included: On 09/26/2022 at 1:37 PM, an observation revealed the exit sign above the exit discharge door located at the bottom of Stairwell 1 was not illuminated. Observation on 09/26/2022 at 1:49 PM revealed the exit sign above the exit discharge door located at the bottom of Stairwell 2 was not illuminated. On 09/26/2022 at 2:16 PM, an observation of the exit sign in the second-floor activity room, located on the wall above double exit doors leading to the main exit corridor, revealed the sign was not illuminated. The exit signs were observed and acknowledged by the Regional Administrator, Director of Maintenance, and Director of Housekeeping during the observations noted above.	K 293	It is the facility Policy to ensure that Exit and directional signs are displayed in accordance with regulations with continuous illumination also served by the emergency lighting system. The facility failed to ensure exit signs were illuminated over the exit discharge doors located in 2 stairwells and 1 of 1 activity room in accordance with National Fire Protection Association (NFPA) 101, 19.2.10.1 and 7.10. This deficient practice had the potential to affect all residents and staff in the facility. 1. The three (3) identified exit signs were immediately illuminated to clearly identify the exit path from the two identified stairwells and the second-floor main exit corridor. 2. All exit signs within the facility were checked to ensure compliance. 3. All illuminated exit signs will be checked monthly. 4. The corrective action will be monitored by the QAPI committee x 3 months. The maintenance Director or designee will complete monthly checks x 3 months and report findings at the monthly QAPI meeting.	
K 345 SS=F	New Jersey Administrative Code § 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	K 345		11/7/22

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K 345	Continued From page 2 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 This REQUIREMENT is not met as evidenced by: Based on observations and document review, it was determined the facility failed to ensure the fire alarm system was being tested or maintained in accordance with National Fire Protection Association (NFPA) 101, 19.3.4.2, 9.6 and NFPA 72, 10.5.5.3 and Table 14.4.5, part 15(l). Specifically, the facility failed to ensure a "trouble" alert on the fire alarm control panel was promptly addressed and failed to ensure the junction boxes housing fire alarm control modules were covered. This had the potential to affect all 158 residents and all staff. Findings included: 1. Observation on 09/26/2022 at 1:14 PM revealed the fire alarm control panel located in the basement electrical room indicated a "trouble" condition due to an elevator smoke detector. During an interview on 09/26/2022 at 1:14 PM, the Maintenance Director revealed the trouble alarm was from a dirty smoke detector. He stated he thought the issue was corrected by the fire alarm contractor the previous Friday. 2. Observation on 09/26/2022 at 1:24 PM revealed three uncovered junction boxes containing fire alarm modules were observed on the upper wall, inside the basement utility room,	K 345	K345- Fire Alarm System- Testing and Maintenance It is the facility□s Policy to ensure that the 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. The facility failed to ensure a "trouble" alert on the fire alarm control panel was promptly addressed and failed to ensure the junction boxes housing fire alarm control modules were covered. This deficient practice had the potential to affect all residents and staff in the facility. 1. Our current contractor was notified of the trouble alert on the fire alarm panel and scheduled an immediate visit. Correction made to the fire alarm panel with proper documentation kept at the facility. The junction boxes housing the fire alarm control modules were immediately covered with the proper covers. 2. All annual testing will be completed within the same quarter of the calendar year going forward to ensure compliance. Additionally, the preventative maintenance	

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K 345	Continued From page 3 exposing the fire alarm circuits and equipment to potential physical damage. The above issues were observed and acknowledged by the Regional Administrator, Director of Maintenance, and Director of Housekeeping during the observations noted above. New Jersey Administrative Code § 8:39-31.1(c)	K 345	program has a task completion to also ensure compliance. No further notations throughout the facility of non-compliance with fire alarm junction boxes. 3. The preventative maintenance will be reviewed by the Administrator monthly to ensure tasks are completed. The junction boxes will be audited for proper cover compliance monthly in conjunction with our preventive maintenance. 4. The results of these monthly and annual inspections will be presented by the Maintenance Director at the monthly QAPI committee monthly times six months for any further recommendations.	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced	K 353		11/17/22

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K 353	Continued From page 4 by: Based on observations, it was determined the facility failed to ensure the fire department connection (FDC) for the building's sprinkler and standpipe system was properly identified in accordance with National Fire Protection Association (NFPA) 101, 19.3.5.1, 9.7 and NFPA 13, 8.17.2.4.7.1. This had the potential to affect all residents and staff in the facility. Findings included: Observation on 09/26/2022 at 12:50 PM revealed the facility's fire department connection located at the front of the building, adjacent to the main entrance, supplied both the sprinkler and standpipe systems; however, an observation on 09/26/2022 at 12:50 PM revealed the fire department connection was identified by a metal sign labeled "STANDPIPE." The fire department connection was observed and acknowledged by the Regional Administrator, Director of Maintenance, and the Director of Housekeeping during the observations on 09/26/2022 at 12:50 PM. NFPA 13 requires each fire department connection to sprinkler systems be designated by a sign having raised or engraved letters at least one inch (25.4 millimeters) in height on a plate or fitting reading service design to determine the type of system the facility utilizes in the event of a fire, to pump water at the correct pressure; for example, AUTOSPKR, OPEN SPKR., and STANDPIPE. New Jersey Administrative Code § 8:39-31.1 (c)	K 353	K353-Sprinkler System- Maintenance and Testing It is the facility□s Policy to ensure that the Maintenance and Testing of Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining Water-based Fire Protection Systems. Records of system design, maintenance, inspection, and testing are maintained in a secure location and readily available. It was identified the facility□s fire department connection, located at the front of the building, adjacent to the main entrance supplying both the sprinkler and standpipe systems were improperly labeled. This deficient practice had the potential to affect all residents and staff in the facility. 1. Our vendor was notified and scheduled an immediate visit. A correction will be made to the fire department connection. A proper sign read STANDPIPE was ordered from our vendor. Awaiting delivery. It will be installed upon arrival at the cited location 2. An audit was done throughout the facility, finding all other signage to be compliant with NFPA code standards. 3. An audit sheet was created with signage posting regulations to be conducted around the facility. 4. The director of maintenance will conduct checks weekly x 4, Monthly x 2 quarterly x 3 to assure all signs meet	

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K 353	Continued From page 5	K 353	NFPA code standards. Results of his findings will be presented to the Administrator at the monthly quapi meeting.	
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observations, it was determined the facility failed to ensure a kitchen fire extinguisher was located along normal paths of travel, including exits from areas in accordance with National Fire Protection Association (NFPA) 101, 19.3.5.12, 9.7.4.1 and NFPA 10, 6.1.3. This had the potential to affect the safety of kitchen staff. Findings included: On 09/26/2022 at 1:14 PM, a Class K (kitchen) fire extinguisher was observed in the main kitchen in the basement, mounted on the wall next to a gas range. The fire extinguisher was located approximately one foot from an open-flame cooking appliance. The fire extinguisher was not placed in the path of egress as required by NFPA 10. The current placement of the fire extinguisher subjected kitchen staff to the potential of becoming trapped while attempting to extinguish a fire in the cooking area. The location of the fire extinguisher was observed	K 355	K355- Portable Fire Extinguishers It is the facility□s Policy to ensure that the Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. The facility failed to ensure a kitchen fire extinguisher was located along normal paths of travel, including exits from areas This deficient practice had the potential to affect all residents and staff in the facility. 1. The fire extinguisher was immediately placed in the path of egress as required by NFPA 10. 2. All facility fire extinguishers were checked to ensure compliance with no further findings. 3. Facility maintenance director will maintain preventative maintenance every 3 months as per guidance rendered by our contracted vendor. Documentation of compliance visits will be kept at the	11/7/22

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K 355	Continued From page 6 and acknowledged by the Regional Administrator, Director of Maintenance, and Director of Housekeeping during the observation on 09/26/2022 at 1:14 PM.	K 355	facility. 4. Preventative maintenance reports will be reviewed at the facility□s monthly QAPI meeting for 6 months.	
K 372 SS=E	New Jersey Administrative § 8:39-31.1(c) Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations, it was determined the facility failed to ensure a pair of smoke doors located in the third-floor corridor fully closed and failed to ensure penetrations in smoke barriers located on the second and third floor were sealed to prevent the spread of smoke from one smoke compartment to another in accordance with National Fire Protection Association (NFPA) 101, 19.3.7.3 and 8.5. This had the potential to affect residents in two of the three smoke compartments on the second and third floors and approximately 20 resident rooms on each floor.	K 372	1 - Our maintenance team immediately sealed the gaps found in the 2 cited areas with code compliant sealer. The door flusher was promptly replaced as well. 2 - All residents have the potential to be affected by this deficient practice. A thorough check throughout the facility found there to be no additional penetrations in any smoke barriers. 3 - Our maintenance department has been in-serviced on the importance of	11/7/22

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K 372	Continued From page 7 Findings included: On 09/26/2022 at 2:28 PM, a through penetration was observed in a corridor smoke barrier near Room 211. The penetration was in the wall above the smoke doors and was approximately one and a half inches in diameter, where electrical cables were penetrating the smoke barrier. On 09/26/2022 at 2:49 PM, a through penetration was observed in a corridor smoke barrier near Room 308. The penetration was in the wall above the smoke doors and was approximately one inch in diameter where information technology (IT) cables were penetrating the smoke barrier. Observation on 09/26/2022 at 2:51 PM revealed the pair of smoke doors located in the corridor smoke barrier near Room 308 failed to fully close when tested. It was determined the door coordinator was not operating correctly. The above issues were observed and acknowledged by the Regional Administrator, Director of Maintenance, and Director of Housekeeping during the observation tour at the times noted above. New Jersey Administrative Code § 8:39-31.2(e)	K 372	maintaining proper smoke barriers throughout the facility. 4 - An audit tool was created for monthly Checks to ensure doors close correctly, all vendors will be told of the requirement to seal any open barriers. Audits will be conducted by the maintenance director or his designee. The results will be reviewed at our quarterly QAPI x 4 Meetings	