

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315378</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/16/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOMESTEAD REHABILITATION &amp; HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 MORRIS TURNPIKE NEWTON, NJ 07860</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	E 000		
	E000 Emergency Preparedness			
	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		
	K000 LIFE SAFETY CODE 101:2012			
	This facility is not in substantial compliance with the Minimum Life Safety Code requirements as surveyed using CMS-2786 R.			
	The facility must submit a Plan of Correction to address the following concerns that pose no greater risk to resident health or safety than the potential for causing minimal harm			
K 712 SS=C	Fire Drills CFR(s): NFPA 101	K 712		12/19/19
	Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was		Element 1	

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

TITLE

(X6) DATE

Electronically Signed

12/27/2019

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 712	<p>Continued From page 1</p> <p>determined that the facility failed to ensure that fire drills were conducted at varied/unexpected times as evidenced by the following:</p> <p>A review of the facility's quarterly fire drill reports for the previous four quarters revealed that fire drills conducted on the 2nd shift were done at approximately the same time. The fire drills were conducted between 4:25 PM and 4:45 PM. This issue was noted for 3 of 4, 2nd shift fire drill reports provided by the facility as follows:</p> <p>1st quarter - 2/27/19 - 4:30 PM 2nd quarter - 5/30/19 - 4:45 PM 3rd quarter - 8/19/19 - 4:25 PM</p> <p>The facility's Administrator acknowledged the above finding in an interview during the Life Safety Code survey exit conference at 1:40 PM.</p> <p>NJAC 8:39-31.2(e)</p>	K 712	<p>The following actions were taken: Fire drills are conducted within the accepted parameters of time as prescribed by the regulation.</p> <p>Element 2 Identification All residents have the potential to be affected by this deficient practice.</p> <p>Element3 Systemic Changes To ensure fire drill are completed in accordance with regulations, the Homestead's Facility Director will pre-schedule all fire drills in January of each year with the contract vendor. The day and times selected will vary throughout the year so that drills are scheduled for different days and times. The fire drills will be scheduled on the Facility Director's calendar and the Facility Director will confirm the scheduled drill with the contracted vendor a week before the drill is scheduled to be performed. In the event the contract vendor misses the pre-arranged drill date, the Facility Director will perform an in-house fire drill within that week on the scheduled day, shift, and time as was originally pre-arranged.</p> <p>Element 4 Monitoring A QAPI will be done by the Facility Director/designee auditing times and in service attendance. Fire drills will be audited monthly for three months, and then</p>		

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

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K 712	Continued From page 2	K 712	quarterly. The results will be reported to the administrator, monthly QAPI meetings and quarterly Quality Assurance meetings.		