STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING **01** B. WING _____	**12/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET** **UNION, NJ 07083**

(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 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.	E 000		
K 000	INITIAL COMMENTS LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the	K 222		1/14/20

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

Electronically Signed | 12/27/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING **01** B. WING _____	**12/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET** **UNION, NJ 07083**

(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
K 222	Continued From page 1 Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced	K 222		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING **01** B. WING _____	**12/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET** **UNION, NJ 07083**

(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
K 222	Continued From page 2 by: Based on observation and interview on 12/09/19, it was determined that the facility failed to ensure that exit doors equipped with delayed-egress locks were capable of opening within 15-seconds of activation. This deficient practice was evidenced by the following: 1. A manual testing of the delayed-egress electromagnet locks on exit doors revealed that 1 of 6 doors failed to release and allow the door to open. At 12:10 PM, the exit door located by the Physical Therapy Gym that leads into the court-yard did not open when continuous pressure was applied to the door's release bar. At 12:20 PM, the surveyor noted the same condition occurred on the same door. In an interview that was conducted during the observation, the Maintenance Director stated and agreed, that the delayed egress feature on the exit door by the Physical Therapy Gym did not function when the activation of the door was put in operation. He stated all exit doors were tested monthly, and the doors were tested the previous week. Although the delayed-egress feature of the electromagnet locks failed, the surveyor noted that the door's electromagnet locks were connected to the building's fire alarm system and would release upon activation of the fire alarm system and loss of electrical power. 2. On the same day, the surveyor observed that the enclosed court-yard was missing a gate. The	K 222	1. (a)Director of Maintenance made the necessary repairs to the exit door located by the Physical Therapy Gym that leads into the court-yard on 12//09/19 so that when continuous pressure is applied to the door's release bar it opens. (b)Director of Maintenance along with Maintenance work repaired and put gate on the enclosed court-yard that is now attached to the white vinyl post and has a egress coded padlock. 2. (a) All residents had the potential of being affected. Routine monitoring of the locks will be conducted daily. (b) All residents have the potential to be affected by enclosed court-yard missing gate. Routine monitoring of the gate and coded padlock will be conducted daily. 3. (a)On 12/09/19 Maintenance Director with Designee conducted a daily magnetic door release check with no issues presented. Maintenance team will continue to conduct daily magnetic door lock release tests. (b) Maintenance Director/Designee will conduct daily checks that gate is secure and coded padlock is in use. 4. (a) Maintenance Director/Designee will do daily checks and audits of exit door located by the physical therapy gym that leads into the court-yard and monitor that magnetic door release is functional when continuous pressure is applied to the door's release bar it opens. This audit will be done daily for 4 weeks and weekly for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING **01** B. WING _____	**12/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET** **UNION, NJ 07083**

(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
K 222	Continued From page 3 gate was not attached to the white vinyl post and was leaning on the fence. The gate was provided with an egress coded padlock. An interview was conducted with the Maintenance Director and the Regional Plant Operations Director. Both parties identified that the gate was not attached to the post due to a wind storm, and as a result of the storm, the gate broke off the post. They did not provide any information as to when the incident occurred. No residents were observed in the court-yard that was right-off the library. The residents that were in the library could not access the court-yard due to a 15-second delayed egress lock that functioned properly. The Administrator was notified of the deficiency at the Life Safety Code exit conference at 12:15 PM. N.J.A.C. 8:39-31.2(e)	K 222	the next 3 months and ongoing. Results of all audits will be submitted to the Administrator for review and Quarterly QAPI committee meeting for review and recommendations. (b) Maintenance/Designee will do daily checks and audits of gate and coded padlock for the next 3 months and ongoing. Results of audit will be submitted to Administrator and QAPI committee for review and recommendations.	
K 331 SS=D	Interior Wall and Ceiling Finish CFR(s): NFPA 101 Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s). _____ This REQUIREMENT is not met as evidenced by:	K 331		1/31/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING **01** B. WING _____	**12/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET** **UNION, NJ 07083**

(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
K 331	Continued From page 4 Based on the surveyor's observation in the presence of the facility's Maintenance Director and the Regional Plant Operations Director on 12/09/19, it was determined that the facility failed to ensure that the fixed interior surfaces have a flame spread rating of Class A or B. This deficient practice was evidenced by the following: During a tour of the facility, the surveyor observed in exit corridors, carpet on the lower section of the walls. The carpet measured approximately 36 inches up from the floor. The carpet was observed in the following areas of the facility: [redacted] wing [redacted] resident rooms; [redacted] [redacted] wing [redacted] resident rooms; [redacted] [redacted] wing [redacted] resident rooms; [redacted] The Maintenance Director was asked to provide documentation on the flame spread and smoke development testing of the carpet used on the vertical surface. No documentation was provided to verify that the carpet met the Class rating to be on a vertical surface. The Maintenance Director stated that the carpet on the walls had been installed many years ago. The facility administration was also asked to provide documentation on the flame spread and smoke development testing of the carpet used on the vertical surface. No documentation was provided to show that the carpet met the Class rating to be on a vertical surface. The Administrator was notified of the deficiency	K 331	1. Maintenance team will remove the fixed interior surfaces (Carpet on the following areas identified) Livingston wing high-side resident rooms 78-92, Caldwell wing low-side resident rooms 27-43, Caldwell wing high-side resident rooms 47-58. 2. All residents had the potential of being affected. 3. (a)Maintenance Director/Designee will make daily rounds to ensure that, all interior walls, ceiling finishes, including exposed interior surfaces of the building such as fixed or movable walls, will have a flame spread rating of Class A or Class B. (b)Maintenance Director/Designee will monitor that no carpet are placed on the lower section of the walls moving forward and that all fixed interior surfaces are monitored for flame spread rating of Class A or B, along with keeping documentation. 4. Maintenance Director/Designee will audit all fixed interior surfaces weekly for 3 weeks. Monthly for 3 months and quarterly ongoing as part of the QAPI,to ensure that all interior surfaces of the building such as fixed or movable walls, will have a flame spread rating of Class A of Class B. Results of audits will be submitted to Administrator and QAPI committee for review and recommendations monthly for 3 months and quarterly after.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING **01** B. WING _____	**12/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET** **UNION, NJ 07083**

(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
K 331	Continued From page 5 at the Life Safety Code exit conference at 12:45 P.M. N.J.A.C. 8:39-31.2(e) N.J.A.C. 8:39-31.1(c)	K 331		