STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315350	A. BUILDING **01** B. WING __________	**02/14/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH CAPE CENTER	**700 TOWNBANK ROAD** **CAPE MAY, NJ 08204**

(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 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 2/06/2023 and 2/07/2023 and North Cape Center 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 Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. North Cape Center is a Two-story, Type II Protected building that was built in January 1995. The facility is divided into 10 smoke zones. The facility has two emergency generators	K 000		
K 293 SS=E	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 by: Based on observation, interview and review of facility provided documentation on 01/06/2023 and 1/07/2023 in the presence of facility management, it was determined that the facility failed to provide 7 illuminated exit signs to clearly identify the exit access path to reach an exit discharge door.	K 293	All current residents at the time of survey had the potential to be affected by lack illuminated exit signage in the areas identified. Paper exit signs were hung in the areas identified. All residents have the potential to be affected by illuminated exit signage.	3/22/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 03/02/2023

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 293	Continued From page 1 This deficient practice was evidenced by the following: Reference: NFPA. Life Safety Code 2012 7.10.1.5.1 Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants. NFPA Life Safety Code 2012 7.10.5.2.1 Continuous Illumination. Every sign required to be illuminated by 7.10.6.3, 7.10.7, and 7.10.8.1 shall be continuously illuminated as required under the provisions of section 7.8, unless otherwise provided in 7.10.5.2.2 Reference: New Jersey Uniform Construction Code 5:23: International Building Code, 1. Section 1002 Definitions, Means of egress: "A continuous and unobstructed path of vertical and horizontal egress travel from any occupied portion of a building or structure to a public way. A means of egress consists of three separate and distinct parts, the exit access, the exit and exit discharge." 2. Section 1011, Exit signs: "1011.1 Where required. Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. Access to exits shall be marked by readily visible exit signs in cases where the exit or the path of egress travel is not immediately visible to the occupants. Exit sign placement shall be such that no point in an exit access corridor is more than 100 feet or listed viewing distance for the sign, whichever is	K 293	Illuminated exit signs were installed at the seven locations identified on 3/7/23. Ensuring functioning of the exit signs in on the monthly maintenance inspection list. The Maintenance Director will report the completed installation of the seven missing exit signs to the QAPI committee, the issue of missing illuminated exit signs is resolved.	

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	315350	A. BUILDING 01 B. WING	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH CAPE CENTER	700 TOWNBANK ROAD CAPE MAY, NJ 08204

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K 293	Continued From page 2 less, from the nearest visible exit sign." On 01/06/2023 (day one of survey) during the survey entrance at approximately 9:19 AM, a request was made to the Maintenance Director (MD) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments. A review of facility provided lay-out identified the facility is a two story building with each floor having three wings. Starting at approximately 9:40 AM, in the presence of the facility' MD, a tour of the building was conducted. Along the tour the surveyor observed seven (7) locations that failed to have illuminated exit signs to clearly identify the exit access route to reach an exit in the following locations, 1) At approximately 10:18 AM, while on the NJ EX Order: 26 floor next to resident room NJ EX Ord the surveyor observed no evidence of an illuminated exit sign looking down the wings corridor to the Nursing station. At this time the surveyor asked the MD, "Do you see an illuminated exit sign." The MD looked down the corridor and said, no I don't. 2) At approximately 10:50 AM, on the NJ EX Order: 26 floor the surveyor looked down the other two wings corridors towards the Nursing Station in the center of the three corridors and observed no evidence of two illuminated exit signs to clearly identify the direction to travel to reach an exit. 3) At approximately 11:20 AM, the surveyor observed on the NJ EX C floor no evidence of an illuminated exit sign in the corridor next to resident room #NJ EX O.	K 293		

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K 293	Continued From page 3 4) At approximately 11:28 AM, the surveyor observed on the [redacted] floor no evidence of three (3) illuminated exits signs around the center Nursing station. This is the same situation as on the [redacted] floor. The MD confirmed the findings at the time of observations. The Administrator was informed of the Life Safety Code deficiency at the survey exit on 2/07/2023 at approximately 12:31 PM. Fire Safety Hazard. NFPA Life Safety Code 101 2012 -7.7 NFPA 101:2012- 19.2 Means of Egress Requirements NJAC 8:39 -31.1 and 8:39 -31.1 (c) NFPA Life Safety Code 101 2012 -7.7	K 293		
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 on 02/06/2023 in the presence of facility management, it was determined that the facility failed to install portable fire extinguishers with-in the required height for 4 of 14 fire extinguishers, as required by National Fire Protection Association as required by NFPA 101, 2012 Edition, Section 19.3.5.12, 9.7.4.1 and National Fire Protection	K 355	All current residents had the potential to be affected by portable fire extinguishers being mounted higher than 5 feet above the floor. The vendors who installed these units no longer work for the facility. The Maintenance Director corrected the mounting of the 4 identified extinguishers, lowering their mounting to 5 ' from the	3/22/23

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K 355	Continued From page 4 Association (NFPA) 10, 2010 Edition, Sections 6.1, 6.1.3.8.1 and 6.1.3.8.3 and N.J.A.C. 5:70. Reference #1 NFPA 10 Edition 2010 Standard for portable fire extinguishers reads, - 6.1.3.8 Installation Height. - 6.1.3.8.1 Fire extinguishers having a gross weight not exceeding 40 lb shall be installed so that the top of type fire extinguisher is not more than 5 feet above the floor. - 6.1.3.8.3 In no case shall the clearance between the bottom of the hand portable fire extinguisher and the floor be less than 4 inches. During the building tour on 01/06/2023, in the presence of the facility Maintenance Director (MD), the surveyor observed and inspected Fourteen (14) portable fire extinguishers in various locations with the following, 1) At approximately 11:57 AM, one (1) ABC type portable fire extinguisher in the kitchen area. This fire extinguisher appeared to be mounted too high. The surveyor measured and recorded the fire extinguisher was mounted at was mounted 5'-1" to the center of the pressure indicating needle. 2) At approximately 12:15 PM, two (2) ABC type portable fire extinguishers in the Commercial Laundry room. The surveyor measured and recorded, - One ABC Type fire extinguisher (facility identification number 9) was mounted at 5'-2" to the center of the pressure indicating needle. - One ABC Type fire extinguisher (facility identification number 10) was mounted at 5'-1-1/2" to the center of the pressure indicating needle.	K 355	floor. All residents have the potential to be affected by portable fire extinguishers being mounted higher than 5 feet above the floor. The Maintenance Director will measure all mounted extinguishers in the building and ensure that all are mounted a no more than 5' from the floor. The maintenance director will be inserviced by the administrator on the mounting requirements per NFPA 10, Standard for Portable Fire Extinguishers 18.3.5.12. The Maintenance Director will inspect any new fire extinguisher mountings at the time of service to ensure they are no more than 5 feet from the floor. The Maintenance Director will report any installation of new fire extinguishers and documentation of their mounting at no higher than 5 feet from the floor to QAPI Committee for review each month.	

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K 355	Continued From page 5 3) At approximately 12:20 PM, one ABC type portable fire extinguisher in the outside Resident smoking area. The surveyor measured and recorded the fire extinguisher was mounted at was mounted 5'-1-1/2" to the center of the pressure indicating needle. The MD confirmed the finding at the time. The surveyor informed the Administrator of the Life Safety Code deficiency at the survey exit on 2/07/2023 at approximately 12:31 PM. NFPA 10 NJAC 8:39 -31.1 (c), 31.2 (e).	K 355		
K 914 SS=E	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated	K 914		3/22/23

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K 914	Continued From page 6 repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 02/06/2023 and 02/07/2023 in the presence of facility management, it was determined that the facility failed to test electrical receptacles in resident rooms every 12 months in accordance with NFPA 99. This deficient practice was evidenced by the following: On 2/06/2023 during the survey entrance at 9:19 AM, a request was made to the facility Maintenance Director (MD) to provide all mandatory inspections 6/01/2021 through 2/05/2023 for review later. Starting at approximately 9:40 AM, in the presence of the facility' MD, a tour of the building was conducted. Along the tour the surveyor observed that the resident rooms were provided with electrical receptacles that were less than hospital grade, which required testing for grounding, polarity, and blade retention annually. On 02/07/2023, the facility provided 3 inspection binders (2021, 2022 and 2023) of mandatory inspections conducted for the facility. A review of the facility's electrical inspection documentation for the previous 20 months (June 1, 2021 through January 31. 2023) revealed there was an electrical inspections performed on 12/29/2021 and 2/02/2023.	K 914	All current residents during the survey visit had the potential to be affected by the lack of a 2022 electrical inspection. Due to Covid restrictions the vendor was unable to compete the inspection until 2/2/23. All residents have the potential to be affected by a missed electrical inspection. The facility had an annual electrical inspection on 2/2/23. The Director of Maintenance will be inserviced on the importance of ensuring an electrical inspection is conducted annually, within 12-months of the previous annual inspection. He will notify the Administrator of the scheduled inspection date at least 60-days in advance. The Director of Maintenance will report to the QAPI Committee scheduling of the annual electrical inspection in December 2023, and present the completion documentation in the February 2024 QAPI meeting.	

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K 914	Continued From page 7 There was no evidence of a 2022 electrical inspection being conducted. A review of the electrical vendors invoice dated 02/20/2023 for the 02/03/2023 electrical inspection reads in part, "Checked tension on most common area receptacles where we could get to without moving desks and other objects. Checked GFI receptacles in most of resident rooms where possible to get into." These inspections provided did not conduct the required grounding, polarity, and blade retention testing on all electrical outlets in resident rooms and there was no evidence of an annual electrical inspection performed for 2022. On 02/07/2023 at approximately 11:08 AM, during an interview with the facility' Property Manager (PM) the surveyor asked if an electrical inspection had been conducted in 2022. The PM told the surveyor that the 2022 electrical inspection had not been performed. The PM confirmed the findings. The Administrator was informed of the Life Safety Code deficiency at the survey exit on 2/07/2023 at approximately 12:31 PM. NJAC 8:39-31.2(e) NFPA 99	K 914		
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System	K 918		3/22/23

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K 918	Continued From page 8 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 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on interview and review of facility provided documentation on 2/06/2023 and 2/07/2023, it was determined the facility failed to, Exercise 2 of 2 emergency generator's for at least 30	K 918	No current residents were affected by the emergency generator tests which were cited. The Maintenance Assistant was learning how to conduct the generator	

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K 918

Continued From page 9

minutes in 20 to 40-day intervals in accordance with National Fire Protection Association (NFPA) 99. These deficient practices had the potential to affect 106 residents who resided in the facility.

Findings included:

On 2/06/2023 during the survey entrance at 9:19 AM, a request was made to the facility Maintenance Director (MD) to provide all mandatory inspections 6/01/2021 through 2/05/2023 for review. The surveyor also requested. "Does the facility have an Emergency Generator, if so how often do they run it and how often do they run the generator under a load of the building onto the emergency generator." The MD told the surveyor that the facility has two (2) emergency generators , they run them weekly and put under a load for 30 minutes monthly.

On 2/07/2023 during a review of both "Emergency Generator Record Keeping" for the previous 20 months (June 1, 2021 through January 31. 2023) revealed there was no 30 minute load test conducted for 2 of 2 emergency generators on the dates,

1) Emergency generator #1 : Cummings/ Onan 6BT5. 9-G2,
   On 8/30/2022: Load run time, 25 minutes.
   On 9/30/2022: Load run time, 25 minutes.
2) Emergency generator #2 : Cummings/ Onan 150DGFA,
   On 8/23/2022: Load run time, 25 minutes.
   On 9/30/2022: Load run time, 25 minutes.

Later on 2/07/2023 at approximately 11:08 AM, during an interview with the facility's Property Manager (PM), the surveyor provided the two

K 918

load tests at the times in question. He was reeducated on the 30-minute load test requirement.

All residents have the potential to be affected by testing of the emergency generators. The Maintenance Director will review any future load tests conducted by the assistant to ensure the 30-minute load requirement was met.

The administrator will inservice the Maintenance Director and Maintenance Assistant on the requirements for a 30 minute load test as required by NFPA 99, 110.

The Maintenance Director will present a copy of all generator load tests, demonstrating that they meet or exceed a 30 minute load test, to the QAPI committee monthly for until 100% compliance is achieved for 3 months.

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K 918	Continued From page 10 emergency generator logs for August and September 2022 and asked were the generators run under load for 30 minutes. The PM reviewed the logs and confirmed that the two emergency generators were only put under load for 25 minutes each for the two months. The PM also told the surveyor that the other facility's they have run the their emergency generators monthly under load for 45 minutes. The PM confirmed the findings. The Administrator was informed of the Life Safety Code deficiency at the survey exit on 2/07/2023 at approximately 12:31 PM. NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110	K 918		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315350	A. Building 01 - MAIN BUILDING 01 B. Wing	4/4/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH CAPE CENTER	700 TOWNBANK ROAD CAPE MAY, NJ 08204

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix Reg. # NFPA 101 LSC K0293	Correction Completed 03/22/2023	ID Prefix Reg. # NFPA 101 LSC K0355	Correction Completed 03/22/2023	ID Prefix Reg. # NFPA 101 LSC K0914	Correction Completed 03/22/2023
ID Prefix Reg. # NFPA 101 LSC K0918	Correction Completed 03/22/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 2/14/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			