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

PRINTED: 11/04/2020 FORM APPROVED OMB NO. 0938-0391

CORRECTION	IDENTIFICATION NUMBER:	` '		COMPLETED
	315453	B. WING	····	12/12/2019
NAME OF PROVIDER OR SUPPLIER  COMPLETE CARE AT SHORROCK			STREET ADDRESS, CITY, STATE, ZIP CODE 75 OLD TOMS RIVER ROAD BRICK, NJ 08723	•
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
Initial Comments		E 00	00	
Appendix Z-Emergen Provider and Supplie Guidance 483.73, Re Care (LTC) Facilities.	cy Preparedness for All r Types Interpretive equirements for Long Term	14.04		
		K 00	00	
the minimum Life Sat surveyed under CMS	ety Code requirements as -2786R.	K 9°	18	1/10/20
CFR(s): NFPA 101  Electrical Systems - E Maintenance and Tes The generator or oth and associated equip service within 10 sec criterion is not met du process shall be prov capability for the life s Maintenance and tes transfer switches are with NFPA 110. Generator sets are in under load 30 minute day intervals, and exe months for 4 continue under load conditions simulated cold start a transfer of all EES loa competent personnel stored energy power accordance with NFF circuit breakers are in	Essential Electric System ting er alternate power source ment is capable of supplying onds. If the 10-second uring the monthly test, a ided to annually confirm this safety and critical branches. ting of the generator and performed in accordance  spected weekly, exercised s 12 times a year in 20-40 ercised once every 36 ous hours. Scheduled test include a complete and automatic or manual ads, and are conducted by . Maintenance and testing of sources (Type 3 EES) are in A 111. Main and feeder aspected annually, and a			
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I  Initial Comments  This facility is in substappendix Z-Emergen Provider and Supplied Guidance 483.73, Recare (LTC) Facilities. INITIAL COMMENTS  LIFE SAFETY CODE  The facility is not in such the minimum Life Saf surveyed under CMS Electrical Systems - ECFR(s): NFPA 101  Electrical Systems - EMaintenance and Test The generator or oth and associated equip service within 10 secon criterion is not met duprocess shall be provice and test transfer switches are with NFPA 110.  Generator sets are in under load 30 minuted day intervals, and exemonths for 4 continuous under load conditions simulated cold start at transfer of all EES load competent personnel stored energy power accordance with NFP circuit breakers are in program for periodical	ROVIDER OR SUPPLIER  E CARE AT SHORROCK  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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.  INITIAL COMMENTS  LIFE SAFETY CODE 101:2012  The facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed under CMS-2786R.  Electrical Systems - Essential Electric Syste CFR(s): NFPA 101  Electrical Systems - Essential Electric System 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. 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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.

**Electronically Signed** 

01/02/2020

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>		(X3) DATE SURVEY COMPLETED	
		315453	B. WING			12/12/2019	
NAME OF PROVIDER OR SUPPLIER  COMPLETE CARE AT SHORROCK			<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	·		
				75 OLD TOMS RIVER ROAD			
OOMI LL	IL OAKL AT OHOKKOO	•		BRICK, NJ 08723			
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION		
K 918	components is estab manufacturer require maintenance and tes readily available. EES circuits are marked, r separate from norma the possibility of dam	lished according to ments. Written records of ting are maintained and Selectrical panels and readily identifiable, and I power circuits. Minimizing lage of the emergency power	К9	18			
	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 document review on 12/03/19 in the presence of facility management, it was determined that the facility failed to exercise the emergency electrical generator under load 12 times each year for at least 30 minutes on a 20 to 40 day interval in accordance with NFPA 99.			This Plan of Correction is subm Complete Care at Shorrock Gar requested under Federal and St regulation and statutes as applie long term care providers. This F Correction does not constitute a admission of liability on the part facility, and such liability is here specifically denied. The submiss	rdens as tate cable to Plan of an of the by		
	This deficient practice was evidenced by the following:  A review of the facility's emergency generator log for the previous 12 months revealed that the generator was exercised under load for 15 times for at least 30 minutes. However, these load tests were not conducted on a 20 to 40 day interval as follows:  -11/01/18 to 12/20/18 = 49 days			Plan of Correction does not con agreement by the Facility that the surveyors findings constitute a cor that the scope and severity reany of the deficiencies cited are applied.  1. No residents were affected be practice.	stitute an ne deficiency egarding correctly		
	-12/20/18 to 01/03/19 -02/07/19 to 02/22/19 -02/07/19 to 03/21/19 -03/21/19 to 04/04/19 This resulted in the farequired load tests.	9 = 15 days 9 = 42 days		<ul><li>2. All residents had the potential affected by this practice.</li><li>3. The generator full testing goin forward, will be conducted on the Thursday of every month. This us in compliance with the mand guidelines of 20 to 40 days. This</li></ul>	ng le 1st will keep ated		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING **01** 315453 B. WING 12/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 75 OLD TOMS RIVER ROAD **COMPLETE CARE AT SHORROCK BRICK, NJ 08723** (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 918 Continued From page 2 K 918 In an interview at 2:30 PM, the Administrator be added to a Maintenance scheduling stated she would look into the issue. program. This reminder will promote maintenance director by work and by At 4:10 PM, the Director of Maintenance sent an phone, to allow he or designee to transfer email to the surveyor with attachments for the generator to full load. All activity from the generator log to review. A review of the attached generator will be logged for record and generator log revealed that three of the load reference. tests, on 12/13/18, 01/10/19, and 04/11/19, were identified as no-load tests on the log provided and 4. Maintenance director or designee will reviewed at the survey. No other dates and times monitor generator load test schedule of testing types were different from the originally monthly. Results of these audits will be provided log. monitored and reviewed for accuracy by the quarterly QAPI meetings. NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110