

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

PRINTED: 11/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315332	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2019
NAME OF PROVIDER OR SUPPLIER SOUTHERN OCEAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1361 ROUTE 72 WEST MANAHAWKIN, NJ 08050	
(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		
K 000	INITIAL COMMENTS	K 000		
K 351 SS=B	<p>LIFE SAFETY CODE 101:2012</p> <p>This facility is in substantial compliance with the Minimum Life Safety Code requirements as survey using CMS-2786R.</p> <p>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.</p> <p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5,</p>	K 351		12/5/19

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

TITLE

(X6) DATE

Electronically Signed

12/05/2019

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 351	<p>Continued From page 1 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 11/27/19 in the presence of facility management, it was determined that the facility failed to provide automatic fire sprinkler protection to all areas in accordance with NFPA 13.</p> <p>This deficient practice was evidenced by the following:</p> <p>In an interview on 11/27/19 at 8:30 AM, the facility's Maintenance Supervisor (MS) stated there was no fire sprinkler protection to the two elevator shafts located in the facility. The MS stated that the facility had identified the deficient practice and obtained a quote for the installation of fire sprinkler protection to the shafts as required.</p> <p>The MS provided a quote from the licensed vendor for the installation, dated 11/14/19. However, the quote was not signed as accepted by the facility to authorize the installation.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25</p>	K 351	<p>Preparations are being made to bring facility into compliance with all NFPA 13 regulations. The work to be performed by a licensed vendor will include one additional fire sprinkler head in top of elevator shaft and two fire sprinkler heads at the bottom of the shafts in the pit area. A Contract was signed with a vendor Dated 12/5/2019 for job completion . Estimated completion date will be 2/19/2020.</p> <p>The maintenance department on 12/2/19 performed an inspection of the facility. This inspection indicated that there are no other areas of the facility that would be out of compliance with NFPA 13 regulations at this time.</p> <p>Maintenance department personnel were educated on the NFPA 13: Standard for the Installation of Sprinkler Systems regulations.</p> <p>To ensure compliance, maintenance supervisor or designee will report process of work to be performed at our monthly QAPI meeting until facility is brought into compliance.</p>		