STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315332	A. BUILDING **01** B. WING	**04/06/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN OCEAN CENTER	**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 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 A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 04/06/22 and Southern Ocean 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 National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Southern Ocean Center is a two (2), Type III Protected building that was built in July 1994. The facility is divided into 9 smoke zones.	K 000		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview conducted on 04/06/22, in the presence of facility management, it was determined that the facility failed provide a battery backup emergency light above 1 of 2 emergency generator's transfer switches, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient	K 291	Emergency backup lighting was installed by the Maintenance Director on May 2nd, 2022 in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. Maintenance department personnel were educated on NFPA 101:2012 - 7.9, 19.2.9.1 for installation of backup	5/10/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 04/26/2022

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 291	Continued From page 1 practice was evidenced by the following: On 04/06/22 at 8:43 AM, the Surveyor conducted a tour of the building with the facility's Maintenance Director (MD). At 9:40 AM, during a tour of the second floor mechanical room was inspected. The mechanical room was located next to the low hall shower room and the Surveyor observed the emergency generator's second (2nd) transfer switch. The Surveyor observed no evidence of a battery back up emergency light inside the mechanical room. The surveyor asked the MD if there was a battery back up emergency light for the transfer switch. The MD stated "no", that the transfer switch was for the roof top units (Air Conditioning and Heating units) only. The findings were verified and confirmed by the MD during the observations. The surveyor informed the Administrator of the finding at the Life Safety Code exit conference on 04/06/22 at 2:27 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	emergency lighting of generator transfer switches. The maintenance department performed an inspection of the facility to ensure backup emergency lighting was in place for all emergency generator transfers switches. This inspection ensured that there are no other areas out of compliance with NFPA 101:2012 - 7.9, 19.2.9.1.Emergency transfer switch lighting inspections will occur Monthly moving forward by the maintenance director or designee to ensure future compliance. Maintenance supervisor/ designee will report Emergency transfer switch lighting inspection audits at our Monthly Quality Assurance Meeting for 3 months or until the facility is brought into compliance.	
K 321 SS=F	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing	K 321		5/10/22

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K 321	Continued From page 2 and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observation and review of facility documentation on 04/06/22, and in the presence of facility management, it was determined that the facility failed to ensure that fire-rated doors to hazardous areas were self-closing, and were separated by smoke resisting partitions in accordance with NFPA 101, 2012 Edition, Section 19.3.2.1, 19.3.2.1.3, 19.3.2.1.5, 19.3.6.3.5, 19.3.6.4, 8.3, 8.3.5.1, 8.4, 8.5.6.2 and 8.7. This deficient practiced was evidenced by the following: On 04/06/22 at 8:43 AM, the Surveyor conducted a tour of the building with the facility's Maintenance Director (MD. At 10:54 AM, during the tour of the first floor Medical Records room, the Surveyor observed:	K 321	Self door closure was installed by the maintenance director on the first floor medical records room on May 2nd, 2022 in accordance with NFPA 101:2012 Edition section 19.3.2.1., 19.3.2.1.3, 19.3.2.1.5,19.3.6.3.5, 19.3.6.4, 8.3, 8.3.5.1, 8.4, 8.5.6.2 and 8.7. The maintenance department will perform an inspection of the facility to ensure door closures are in place for all storage rooms. This inspection will ensure that there are no other areas out of compliance with NFPA 101:2012 Edition section 19.3.2.1., 19.3.2.1.3, 19.3.2.1.5,19.3.6.3.5, 19.3.6.4, 8.3, 8.3.5.1, 8.4, 8.5.6.2 and 8.7.Facility Self door closure inspections will occur monthly thereafter by the Maintenance	

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K 321	Continued From page 3 -The 3/4 hour fire rated corridor door was in the open position and had no means to self-close into its frame. -More than 50 combustible cardboard boxes filled with medical records and approximately 40 combustible medical records were stored on top of filing cabinets inside the room. -The door failed to self-close into its frame as required by code. During the observation the Surveyor measured and recorded the size of the room and open closet. The room measured 17'-6" by 9'-8" (169.05 square feet). The closet measured 5' by 9'-8" (48.75 square feet). The total measurement of the room was 217.8 square feet, which was larger than 50 square feet. A review of an evacuation diagram posted in the area identified that room was in the primary exit access path to reach an exit. This condition would allow fire, smoke and poisonous gases to pass from the Medical Records room into the exit access corridor in the event of a fire. The findings were verified and confirmed by the MD during the observations. The surveyor informed the Administrator of the finding at the Life Safety Code exit conference on 04/06/22 at 2:27 PM. NJAC 8:39-31.2 (e) Life Safety Code 101	K 321	director or designee to ensure continued compliance. Maintenance department personnel were educated on NFPA 101:2012 Edition section 19.3.2.1., 19.3.2.1.3, 19.3.2.1.5,19.3.6.3.5, 19.3.6.4, 8.3, 8.3.5.1, 8.4, 8.5.6.2 and 8.7 To ensure hazardous areas have self closing fire rated doors. Results of the inspection audits will be reported to the Monthly Quality Assurance Meeting for 3 months by the Maintenance Director or designee or until the facility is brought back into compliance.	