

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

PRINTED: 07/23/2024
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 05/02/2024
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	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 04/30/24. The facility was found to be in compliance with 42 CFR 483.73.</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 04/30/24 and 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 Occupancy.</p> <p>Southern Ocean Center is a two-story building built in 1994 and is composed of Type II protected construction. The facility is divided into four - smoke zones. The generator does approximately 80 % of the building per the Maintenance Director. The current occupied beds are 102 of 117.</p>	K 000			
K 321 SS=F	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>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</p>	K 321		6/11/24	

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

TITLE

(X6) DATE

Electronically Signed

05/14/2024

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.

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 05/02/2024
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	
K 321	<p>Continued From page 1</p> <p>partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>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)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the boiler room was at least one-hour fire rated in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.3.2.1. This deficient practice had the potential to affect all 102 residents who resided at the facility.</p> <p>Findings include:</p> <p>Observation on 04/30/24 at 1:20 PM revealed a 3-inch sprinkler pipe going through the East Wall of the boiler room was not sealed with fire rated material.</p> <p>During an interview at the time of the observation, the Maintenance Director confirmed the sprinkler</p>	K 321	<p>The 3-inch sprinkler pipe going through the east wall of the boiler room was sealed with 3M fire rated material consisting of intumescent Firestop on May 10th, 2024.</p> <p>The Maintenance Department has performed an inspection of all remaining mechanical rooms on 5/10/2024 and indicated that no other areas are out of compliance with NFPA 101.</p> <p>Maintenance Department personnel were educated on May 10th, 2024 on NFPA 101: Hazardous areas - Enclosures. Monthly rounding inspections and audits</p>		

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

PRINTED: 07/23/2024
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 05/02/2024
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	
K 321	Continued From page 2 pipe was not sealed going through the East Wall of the boiler room. NJAC 8:39-31.1(c), 31.2(e)	K 321	of fire penetrations/openings per NFPA 101 requirements will be performed by the Maintenance Director or designee, facility wide, times 3 months, and then annually and as needed with vendor repairs and maintenance. To ensure compliance, the Maintenance Director or designee will report the process of work performed and results of audits at our next monthly QAPI meeting times 3 months with corrections needed or taken during the course of the audits.		
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure that low voltage wiring under seven feet was in conduit in accordance with NFPA 70 National Electrical Code (2011 Edition) Article 760.130 (B) (1). This deficient practice had the potential to affect all 102 residents who resided at the facility.	K 511	The low voltage wiring under seven feet for the fire alarm system within the dry sprinkler room and in the elevator machine room will be protected by conduit per NFPA 101 requirements. The Maintenance Department has performed an inspection of all remaining	6/11/24	

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 05/02/2024
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	
K 511	Continued From page 3 Findings include: Observations on 04/30/24 at 1:17 PM revealed low voltage wiring under seven feet for the fire alarm system was not protected in the interior walls or in conduit in the dry sprinkler room and in the elevator machine room. During an interview at the time of the observations, the Maintenance Director verified the low voltage wiring was not protected in the walls or in conduit. NJAC 8:39-31.2(e) NFPA 70	K 511	mechanical rooms on 5/13/2024 and indicated that no other areas are out of compliance with NFPA 101 :Utilities - Gas and Electric. Maintenance Department personnel were educated on NFPA 101: Utilities - Gas and Electric. Monthly rounding inspections and audits of electric wiring protected by conduit per NFPA 101 requirements will be performed by the Maintenance Director or designee facility wide times 3 months, and then annually, and as needed with vendor repairs and maintenance. To ensure compliance, maintenance supervisor or designee will report the process of work performed and audits at our next monthly QAPI meeting times 3 months with corrections needed or taken during the course of the audits .		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review.	K 761		6/11/24	

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 05/02/2024
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	
K 761	<p>Continued From page 4 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review, observations, and interviews, the facility failed to ensure fire doors were inspected annually by an individual who could demonstrate the knowledge and understanding of the operating components in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.15. This deficient practice had the potential to affect all 102 residents who resided at the facility.</p> <p>Findings include:</p> <p>A review of the facility's 2023 and 2024 untitled fire safety binder provided by the facility revealed no documented evidence the facility's fire doors had been inspected.</p> <p>Observations on 04/30/24 from 11:30 AM to 1:55 PM of the facility's fire doors revealed the doors lacked the required inspection tags to indicate the doors had been inspected.</p> <p>During an interview at the time of the observations, the Maintenance Director confirmed the fire doors had not been inspected annually.</p> <p>NJAC 8:39-31.2(c), 31.2(e) NFPA 80</p>	K 761	<p>The Fire safety doors within the facility will be inspected by an individual who can demonstrate the knowledge and understanding of the operating components in accordance with NFPA 101 Life Safety code (2012 Edition) Section 7.2.1.15. NFPA 101 Maintenance, Inspection & Testing - Doors.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>Maintenance Department personnel were educated on NFPA 101: Life Safety code (2012 Edition) Section 7.2.1.15. NFPA 101 Maintenance, Inspection & Testing - Doors.</p> <p>Monthly rounding inspections and testing of Doors regarding NFPA 101 Life Safety code (2012 Edition) Section 7.2.1.15. NFPA 101 will be performed by the Maintenance Director or designee times 3 months, and then annually, and as needed with vendor repairs and maintenance.</p> <p>To ensure compliance, maintenance supervisor or designee will report the process of work performed and results of audits at our next monthly QAPI meeting times 3 months with corrections needed or taken during the course of the audits.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315332	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 6/12/2024	Y3
NAME OF FACILITY SOUTHERN OCEAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1361 ROUTE 72 WEST MANAHAWKIN, NJ 08050		

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 K0321	Correction Completed 06/11/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0511	Correction Completed 06/11/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0761	Correction Completed 06/11/2024
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/2/2024	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--