

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

PRINTED: 03/17/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315461</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/03/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>VIRTUA H &amp; R C AT BERLIN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 LONG-A-COMING LANE BERLIN, NJ 08009</b>	
(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 341 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 08/31/2021 Virtua Health and Rehabilitating 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.</p> <p>Virtua Health and Rehabilitating Center is a two story Type II Unprotected building that was built in January 1999. The facility is divided into 10 smoke zones.</p> <p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission</p>	K 341		9/16/21

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

TITLE

(X6) DATE

Electronically Signed

09/14/2021

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 341	<p>Continued From page 1 paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 8/31/2021, in the presence of facility management, it was determined that the facility failed to provide notification by audible and visible signals in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p> <p>The deficient practice was evidenced by the following:</p> <p>On 8/31/2021 during the building tour with the facility's Director of Plant Operations (DPO), Director of Security and Maintenance Director at 11:31 AM, the surveyor observed that the enclosed courtyard did not have any occupant notification devices (horn/strobe tied into the fire alarm system). At that time the surveyor asked the DPO, Do you have a fire alarm sounding device and strobe in the enclosed courtyard. The DPO told the surveyor, No. The findings were verified and confirmed by the DOP and Maintenance Director during the observations.</p> <p>The Administrator was notified of the finding at the Life Safety Code exit conference at 2:11 PM.</p> <p>NJAC 8:39-31.2(a)</p>	K 341	<p>What corrective action will be accomplished for those residents affected by the deficient practice?</p> <p>Two were placed in the courtyard.</p> <p>" Installation of occupant notification devices (audible and visual) in the enclosed courtyard completed September 16, 2021.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>" Those resident utilizing the enclosed courtyard</p> <p>What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur</p> <p>" Installation of occupant notification devices, Horn Strobe, in the enclosed courtyard completed September 16, 2021.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>" Plant Operations will include testing of</p>		

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K 341	Continued From page 2	K 341	the Horn Strobe in monthly Preventative Maintenance rounding " The results of the audit will be brought to the Quality Assurance Performance Improvement Committee at a minimum quarterly. " Areas of opportunity will be identified and action plans put into place.	
K 712 SS=E	<p>Fire Drills CFR(s): NFPA 101</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review on 8/31/2021 in the presence of facility management, it was determined that the facility failed to ensure that fire drills or staff training for fire response procedures were conducted quarterly on each shift. This deficient practice was evidenced by the following:  Facilities were permitted to provide staff training in lieu of fire drills due to the current COVID- 19 pandemic.  During the survey entrance on 8/31/2021 at 8:47 AM, a request was made to the facility Administrator, Director of Plant Operations and</p>	K 712	<p>What corrective action will be accomplished for those residents affected by the deficient practice? " Beginning immediately, the facility will keep required documentation for all fire drills. This includes: dated participant sign in sheets, location of drill, summary of drill, and verification of drill.  How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken " All residents have the potential to be impacted by the deficient practice.</p>	9/30/21

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K 712	<p>Continued From page 3</p> <p>Maintenance Director to provide all fire and disaster drills for the last 19 months ( January 2020 through August 2021).</p> <p>At 1:04 PM, a review of the facility's fire drills and staff training for the previous 19-month period identified that the facility failed to keep all required documentation for 2 of 7 quarters. The following records were identified with having sign in sheets that had been copied,</p> <ol style="list-style-type: none"> <li>The record of a fire drill dated 6/17/2021, Military Time: 0100 (11:00 PM to 7:00 AM shift) had 10 staff signatures.</li> <li>The record of a fire drill dated 3/6/2021, Military Time: 2300 (11:00 PM to 7:00 AM shift) had 10 staff signatures.</li> <li>The record of a fire drill dated 3/18/2020, Military Time: 2335 (11:00 PM to 7:00 AM shift) had 10 staff signatures.</li> </ol> <p>The 6/17/2021 and 3/6/2021 fire drill signature pages were exact photo copies of the original 3/18/2020 fire drill signature page.</p> <ol style="list-style-type: none"> <li>The record of a fire drill dated 5/9/2021, Military Time 1700 (3:00 PM to 11:00 PM shift) had 11 staff signatures.</li> <li>The record of a fire drill dated 2/8/2021, Military Time 1500 (3:00 PM to 11:00 PM shift) had 11 staff signatures.</li> <li>The record of a fire drill dated 4/16/2020, Military Time 0900 (7:00 AM to 3:00 PM shift) had 11 staff signatures.</li> </ol> <p>The 5/9/2021, 2/8/2021 and 4/16/2020 fire drill signature pages were exact photo copies.</p> <ol style="list-style-type: none"> <li>The record of a fire drill dated 4/21/2021, Military Time 0900 (7:00 AM to 3:00 PM shift) had</li> </ol>	K 712	<p>" Beginning immediately, the facility will keep required documentation for all fire drills. This includes: dated participant sign in sheets, location of drill, summary of drill, and verification of drill</p> <p>What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur</p> <p>" Security team members will be educated by security Chief or designee:</p> <ul style="list-style-type: none"> <li>o The importance of required documentation which includes: <ul style="list-style-type: none"> <li>¿ Verification of drill</li> <li>¿ Location of drill</li> <li>¿ Dated participant sign in sheets</li> <li>¿ Summary of drill</li> </ul> </li> <li>" During orientation, the newly hired security team member educated by security Chief or designee on the following: <ul style="list-style-type: none"> <li>o The importance of required documentation which includes: <ul style="list-style-type: none"> <li>¿ Verification of drill</li> <li>¿ Location of drill</li> <li>¿ Participant sign in sheets</li> <li>¿ Summary of drill</li> </ul> </li> </ul> </li> </ul> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>" Beginning September 30, 2021 each month for three months and then quarterly, security Chief or designee will conduct monthly audit of all fire drill records.</p> <ul style="list-style-type: none"> <li>o Audit will include: <ul style="list-style-type: none"> <li>¿ Verification of drill</li> <li>¿ Location of drill</li> <li>¿ Dated participant sign in sheets</li> </ul> </li> </ul>	

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K 712	Continued From page 4 11 staff signatures. 8. The record of a fire drill dated 1/12/2021, Military Time 0700 (7:00 AM to 3:00 PM shift) had 11 staff signatures.  The 4/21/2021 and 1/12/2021 fire drill signature pages were exact photo copies.  The surveyor informed the facility Administrator of this finding during the Life Safety Code survey exit conference on 8/31/2021 at 2:11 PM.  NJAC 8:39--31.6(b) NFPA 101:2012 19.7.1.4- 19.7.1.7	K 712	Summary of drill " The results of the audit will be brought to the Quality Assurance Performance Improvement Committee at a minimum quarterly. " Areas of opportunity will be identified and action plans put into place.		