

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

PRINTED: 06/08/2022  
FORM APPROVED  
OMB NO. 0938-0391

|                                                  |                                                                         |                                                                          |                                                     |
|--------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315464</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>04/25/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARE ONE AT EVESHAM</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>870 EAST ROUTE 70<br/>MARLTON, NJ 08053</b> |
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| (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 |
|--------------------|------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------|----------------------|
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| E 000         | Initial Comments<br><br>Emergency Preparedness<br><br>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<br><br>LIFE SAFETY CODE 101: 2012.<br><br>The facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed under CMS-2786R.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | K 000 |                                                                                                                                                                     |         |
| K 511<br>SS=D | Utilities - Gas and Electric<br>CFR(s): NFPA 101<br><br>Utilities - Gas and Electric<br>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.<br>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and interview on 4/16/2019, in the presence of the facility's Regional Director of Hospitality Services (RDHS) and Maintenance Director (MD), it was determined that the facility failed to ensure that electrical wiring was in accordance with NFPA 70, | K 511 | 1. Electrical outlets were secured and tested.<br><br>2. Maintenance Director and Assistant inspected the entire building and addressed any other identified areas. | 5/15/19 |

|                                                                                                    |       |                             |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X6) DATE<br><br>05/10/2019 |
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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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315464</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01</b><br><br>B. WING _____                                                                                                                                                                                                                                                                                               |                      | (X3) DATE SURVEY COMPLETED<br><br><b>04/25/2019</b> |
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| K 511                                                          | <p>Continued From page 1<br/>National Electrical Code.</p> <p>This deficient practice was evidenced by the following:</p> <p>During a tour of the building in the presence of the RDHS and MD, the surveyor observed the following:</p> <ol style="list-style-type: none"> <li>At 10:16 a.m., the surveyor observed two electrical outlets inside resident room [REDACTED] next to the door bed were loose and moved when touched, the residents bed was plugged into one outlet and a light was plugged into the second outlet.</li> <li>At 10:36 a.m., the surveyor observed and conducted an interview inside resident room [REDACTED]. One resident asked the surveyor, "The electrical outlets in this room are very loose, can you ask them to fix them."<br/>The surveyor observed by the door near bed one, an electrical outlet with a light and a cell telephone charger and one electrical outlet with the bed plugged in that were both loose and moved when touched.<br/>The surveyor also observed by the window bed, one electrical outlet that was loose and moved when touched.</li> <li>At 10:50 a.m., the surveyor observed inside resident room [REDACTED] one electrical outlet by the window bed that was loose and moved when touched. There was an [REDACTED] plugged into this electrical outlet.</li> <li>At 11:06 a.m., the surveyor observed inside resident room [REDACTED] one electrical outlet between the two beds was loose and moved when touched.</li> </ol> | K 511                                                                   | <ol style="list-style-type: none"> <li>Maintenance personnel were in-serviced on April 17, 2019 on Monthly inspection and reporting/repair of loose outlets.</li> <li>Maintenance Director will conduct 1X weekly inspections for 8 weeks and findings will be forwarded to the QAPI committee quarterly for 2 quarters for review and any recommendations.</li> </ol> |                      |                                                     |

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| K 511                                                          | Continued From page 2<br><br>NJAC 8:39 -31.1(d)<br>NFPA 70                                                             | K 511                                                                   |                                                                                                                 |                      |                                                     |