

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

PRINTED: 10/15/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315187</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/28/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>VOORHEES CARE &amp; REHABILITATION CENTER, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1302 LAUREL OAK ROAD VOORHEES, NJ 08043</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  LIFE SAFETY CODE 101:2012 Existing  THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101  Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through	K 324		6/12/19

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

TITLE

(X6) DATE

Electronically Signed

06/13/2019

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 324	Continued From page 1 19.3.2.5.5, 9.2.3, TIA 12-2  This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 5/20/19, in the presence of facility management, it was determined that the facility failed to inspect the range-hood fire suppression system Semi-annually in accordance with NFPA 72.  This deficient practice was evidenced by the following:  A review the facility's range-hood fire suppression system inspections for the previous 12 months revealed that the system was last inspected by the licensed vendor on 3/5/19. The previous inspections were conducted on 1/8/18 and then 9/18/18, more than 8 months later.  In an interview, at 10 a.m., the facility's Administrator confirmed there were no other inspections for the Semi-annual requirement.  NJAC 8:39-31.1(c), 31.2(e) NFPA 96	K 324	1. The hood suppression vendor was changed regarding the semi-annual inspections. It is now up to date. The hood suppression inspection was added to the maintenance checklist to ensure it is being properly scheduled.  2. The deficiency cited under K324, if not corrected, would potentially present a fire and safety hazard to all residents, staff, and the public.  3. A new hood suppression vendor was contracted. The administrator or Maintenance director will communicate prior to the scheduled semi-annual inspection to ensure timely inspection.  4. The administrator and maintenance director will have a monthly life safety meeting, and will monitor monthly the dates for all inspections to ensure compliance. All findings will be reported to the quarterly quality assurance committee.		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection,	K 353		6/12/19	

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K 353	<p>Continued From page 2</p> <p>Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 5/20/19 in the presence of facility management, it was determined that the facility failed to maintain the automatic fire sprinkler system in accordance with NFPA 25.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the facility's automatic fire sprinkler system inspection report, dated 1/4/19, revealed that the licensed vendor identified deficiencies in the system including outdated sprinkler heads in the kitchen walk-in coolers and an obstructed sprinkler head in the laundry chute room.</p> <p>These deficiencies have not been corrected as of the date of this survey.</p> <p>The facility provided a proposal dated 1/16/19 for the vendor to correct the deficiencies that signed as accepted on 5/17/19, which was 3 days ago.</p>	K 353	<ol style="list-style-type: none"> <li>1. The sprinkler company was contacted regarding making these repairs immediately.</li> <li>2. The deficiency cited under K353, if not corrected, would potentially present a fire and safety hazard to all residents, staff, and the public.</li> <li>3. A new sprinkler company is being contracted to do the repairs and the quarterly and annual inspections. The Administrator or the Maintenance director will review all reports to ensure all repairs are done timely.</li> <li>4. The administrator and maintenance director will have a monthly life safety meeting, and will monitor the monthly inspection reports to ensure compliance. All findings will be reported to the quarterly quality assurance committee.</li> </ol>		

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K 353	Continued From page 3	K 353			
K 918 SS=E	<p>In an interview, at 10 a.m., the facility's Administrator stated that the repairs were being made and that the issues were identified under the previous administration.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25</p> <p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and</p>	K 918		6/12/19	

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K 918	<p>Continued From page 4</p> <p>circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on documentation review and interview on 5/20/19 in the presence of facility management, it was determined that the facility failed to exercise the emergency electrical generator twelve times each year for at least 30 minutes for 8 of 12 required tests and failed to document the time to transfer to emergency power in accordance with NFPA 99.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. A review of the facility's emergency generator log for the previous 12 months revealed that the generator was operated for less than 30 minutes under load conditions for 12 of 16 monthly load tests as follows:</p> <p>5/29/18- states "load test failed due to lack of time" and "Gen Set run shorter than expected".</p> <p>6/8/18- 25 minutes plus cool down. 6/29/18- 25 minutes plus 5 minute cool down. 8/31/18- 25 minutes plus 5 minute cool down. 9/28/18- 25 minutes plus 5 minute cool down. 1/3/19- "failed at 12 minutes". 1/10/19- 10 minutes.</p> <p>There were no load tests conducted on 7/2018, 10/2018, 11/2018, 12/2018, and 2/2019.</p>	K 918	<p>1. The facility cannot retroactively correct the missing generator tests, and documentation. The generator was run for a full 30 minutes, and documented with transfer time, and is functioning properly.</p> <p>2. The deficiency cited under K918, if not corrected, would potentially present a safety hazard to all residents, staff, and the public.</p> <p>3. Maintenance Director in-serviced all maintenance employees regarding generator testing and documentation.</p> <p>4. The administrator and maintenance director will have a monthly life safety meeting, and will monitor the monthly generator tests for proper run time and documentation to ensure compliance. All findings will be reported to the quarterly quality assurance committee.</p>		

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K 918	Continued From page 5  The log identified that there were 4 load tests that met the criteria for the required 12 yearly tests. These tests were conducted 1/31/19, 3/7/19, 4/13/19, and 5/3/19.  2. A review of the facility's generator log and inspections by the licensed vendor revealed that the time it took for the generator to assume power to the building in a power outage of during load testing was not documented.  NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110	K 918		