

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315263</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>PALACE REHABILITATION AND CARE CENTER, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>315 WEST MILL ROAD MAPLE SHADE, NJ 08052</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D 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  LIFE SAFETY CODE 101:2012 Existing	K 000		
K 227 SS=D	Ramps and Other Exits CFR(s): NFPA 101  Ramps and Other Exits Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12. 18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10  This REQUIREMENT is not met as evidenced by: Based on observation and interview on 7/24/19, in the presence of facility management, it was determined that the facility failed to ensure exit ramps did not exceed the maximum slope of descent in the means of egress.  This deficient practice was evidenced by the following:	K 227	K227 Element One  The exit door ramp by Resident room [REDACTED] is being replaced to conform with the correct slope as per the regulation.  Element Two All Residents have the potential to be	8/15/19

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

TITLE

(X6) DATE

Electronically Signed

08/13/2019

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 227	Continued From page 1 At 11:15 AM, the surveyor along with the facility's Director of Maintenance (DM), Maintenance Assistant (MA), and Corporate Administration observed that the exit discharge door by resident room ■ on the ■-Wing discharged to a steep exit ramp. The facility's MA measured the slope of the ramp at 34 inches over 12 feet in length which exceeded the standard for new ramps (1 foot drop over 12 feet of length) and exceeded the standard for existing buildings (1 foot drop over 8 feet in length). The measurements also exceeded the exception of (1 foot drop over 6 feet in length) in accordance with 7.2.5.2(2)(c).  In an interview at that time, the DM stated that the facility would have to look into the correction.  NJAC 8:39-31.2(e)	K 227	affected Element Three Maintenance staff were re-educated about the correct slope of ramps at exits doors to assure they comply with regulations. All other exit doors were checked and are in compliance with requirements.  Element Four  The Maintenance Director and Administrator conduct monthly environmental rounds and check all exit ramps to ensure they are in good repair and comply with regulations. Findings are discussed and corrective actions implemented as appropriate rate at the quarterly QA committee meeting. Completion date of project 10/24/2019		
K 241 SS=B	Number of Exits - Story and Compartment CFR(s): NFPA 101  Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 7/23/19, in the presence of facility management, it was determined that the facility failed to ensure that 2 acceptable exits, remote from each other, were provided for each floor/story of the building.	K 241	K241 The facility respectfully requests a continuation of the existing waiver. A letter was provided to the surveyor at the time of the survey	8/15/19	

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K 241	Continued From page 2  This deficient practice was evidenced by the following:  At 11:00 AM, the surveyor along with the facility's Director of Maintenance (DM) and Administrator, observed that there was only one acceptable exit from the [REDACTED] floor. This exit consisted of a single stairway to the main floor. The surveyor observed Business staff occupying the [REDACTED] floor offices at that time.  In an interview at that time, the Administrator stated that residents were not permitted in this section of the building and only authorized personnel had the code to unlock the stairway door. The [REDACTED] floor was used for the business and medical records offices and were for staff use only. The Administrator stated that the [REDACTED] floor and exit stairway were protected by the fire alarm system and an automatic fire sprinkler system. The Administrator also stated that staff would be inserviced on the hazard of having only 1 exit from the [REDACTED] floor at orientation and Annually thereafter, and that the facility would conduct at least 1 fire drill on the [REDACTED] floor each year.  NJAC 8:39-31.1(c), 31.2(e)	K 241	Element One Facility staff receive education on hire and annually about evacuation procedures from the second floor in the event of the need to evacuate.  There is a key-pad lock to the [REDACTED] floor, and it is only used by administration, department heads, business office and medical records. The second floor has a fully functional fire system, alarm system and an automatic fire sprinkler system.  Element Two All staff that use the business office on the [REDACTED] floor have the potential to be affected. The second floor is not a resident care area and it is not accessible to residents.  Element Three An annual fire drill will be conducted by the vendor that is focused on evacuation from the [REDACTED]-floor business office.  Element Four The Maintenance Director and Administrator conduct monthly rounds to monitor the [REDACTED] floor to assure there are no potential hazards. Findings are discussed and corrective actions implemented as appropriate at the quarterly QA committee meeting.		
K 311 SS=B	Vertical Openings - Enclosure CFR(s): NFPA 101  Vertical Openings - Enclosure	K 311		8/15/19	

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K 311	<p>Continued From page 3</p> <p>2012 EXISTING</p> <p>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6.19.3.1.1 through 19.3.1.6</p> <p>If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 7/24/19, in the presence of facility management, it was determined that the facility failed to ensure that exit stairways were enclosed at the top and bottom to provide at least 1-hour of fire protection between floors in accordance with the requirements of NFPA 101:2000 for exit components.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 1:47 PM, the surveyor along with the facility's Director of Maintenance (DM), Maintenance Assistant, and Corporate Administration (CA) observed that the emergency exit stairway leading from the basement and the [redacted] floor to the exit discharge door was not enclosed at the bottom. The stairway exit was a continuation of the basement's exit corridor which contained storage, maintenance, and laundry services. Residents did not have access to the basement.</p> <p>In an interview at that time, the facility's DM stated that the stairway could not be enclosed at the bottom because it would interfere with the</p>	K 311	<p>K311</p> <p>Element one An enclosure will be placed at the bottom, of the stairs which will provide at least a 2 hour fire resistance rating</p> <p>Element Two All designated staff that use the basement have the potential to be affected. The basement is not a resident care area and is not accessible to the residents.</p> <p>Element Three An annual Fire Drill will be conducted. All staff will; be in-service on the proper use of the new enclosure</p> <p>Element Four The maintenance Director will make weekly rounds to assure the door is properly functioning. Any deviations will be reported to the administrator for immediate correction. Results of the inspections will be reported the QA committee by the Maintenance Director.</p>		

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

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K 311	Continued From page 4 supply slide to the basement and would hit the existing stairs based on where the existing doorway opening was located. The CA stated that the basement and open exit stairway were protected by the fire alarm system and an automatic fire sprinkler system. He also stated that the facility would look into moving the doorway location for compliance before submitting a request for Waiver.  NJAC 8:39-31.2(e)	K 311	Completion date of project 10/24/2019	