

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

PRINTED: 11/25/2020  
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>10/27/2020</b>
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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>
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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  THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000		
K 222 SS=F	Egress Doors CFR(s): NFPA 101  Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the	K 222		11/6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/30/2020
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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.

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K 222	<p>Continued From page 1</p> <p>Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 <b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b></p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 <b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b></p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 <b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b></p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced</p>	K 222		

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K 222	<p>Continued From page 2</p> <p>by:</p> <p>Based on observations and interview, in the presence of facility Maintenance Director and Regional Plant Operations Director, it was determined that the facility failed to ensure that the delayed egress feature on 4 of 8 exit discharge doors functioned properly and failed to provide signs that correctly identified this feature on all 8 of the egress doors.</p> <p>This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> <li>During a tour of the facility, beginning at 10:30 AM on 10/23/20, the surveyor, Maintenance Director and Regional Plant Operations Director observed that exit discharge doors were provided with a delayed egress feature to push and hold the door to release in a non-fire emergency, that feature did not function on 4 of 8 egress doors. Each door was not provided with a sign stating the door would release in 15 seconds.</li> </ol> <p>These doors were located near resident rooms: [REDACTED] and [REDACTED]</p> <ol style="list-style-type: none"> <li>The surveyor, Maintenance Director and Regional Plant Operations Director observed that all 8 of the discharge doors were not provided with delayed egress signs indicating this feature was being used in the facility.</li> </ol> <p>An interview was conducted with the Maintenance Director and Regional Plant Operations Director during the observations and both agreed that 4 of 8 doors did not function with the delayed egress feature and that all the egress doors were not provided with signs</p>	K 222	<ol style="list-style-type: none"> <li>Maintenance removed the delayed egress function on 4 of 8 doors to ensure that all egress doors are the same. Egress doors will open when fire alarm is activated. In non-fire emergencies, egress doors will open by keypad which can be utilized by entering the code or by swiping employee badge.</li> <li>If this deficient practice (k222) was not corrected it presents a safety hazard for staff and residents. Due to non-uniformity they can mistakenly assume the door will release on a delayed egress during an emergency.</li> <li>Egress doors will be checked monthly to ensure doors release on fire alarm and not delayed egress.</li> <li>All findings will be presented at monthly QA Meeting x 3.</li> </ol>	

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K 222	Continued From page 3 indicating this feature was being used in the facility.  The doors would release with the activation of the fire alarm  The Administrator was notified of the deficiency at the Life Safety Code Exit conference.  NJAC 8:39-31.2(e) 19.2.2.2.4 NFPA 101.2012 : 7.2.1.6.1 & 7.2.1.6.1.1(4)*	K 222			
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 19.3.2.5.5, 9.2.3, TIA 12-2	K 324		11/6/20	

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K 324	Continued From page 4  This REQUIREMENT is not met as evidenced by: Based on observation and interview on 10/23/20 in the presence of the facility Maintenance Director and Regional Plant Operations Director, it was determined that the facility failed to ensure that cooking equipment was protected in accordance with NFPA (National Fire Protection Association) 96.  This deficient practice was evidenced by the following:  On 10/23/20 at 11:18 A.M., the surveyor observed in the Physical Therapy (PT) room that the electric training stove/oven had a clear plastic melted cookie sheet top stored in the oven. The PT stove/oven was plugged in at the time of the observation and produced heat when activated. Facility residents were not in the physical therapy room at the time of the observation.  An interview was conducted with the Maintenance Director at the time of the observation and he stated that nothing combustible should be stored in the PT stove oven at any time.  The Administrator was notified of the deficiency at the Life Safety Code exit conference.  NFPA 96 NJAC 8:39-31.2(e) NFPA 101-2012 : 19.3.2.5	K 324	1. Maintenance immediately removed the clear plastic melted cookie sheet top. 2. If this deficiency (K324) was not corrected it would potentially cause a safety hazard to residents, staff and the public due to fire and smoke. 3. A log will be placed at the stove/oven in the PT room. Physical Therapy staff designee will be responsible to monitor daily on days of operation by checking to ensure that the stove/oven is empty of all flammable items and that it is turned off. Designee will document by signing the log. 4. The logs will be presented at QA monthly meeting x3.		
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K 920		11/6/20	

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K 920	Continued From page 5  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 10/23/20 in the presence of the Facility Maintenance Director and Regional Plant Operations Director, it was determined that the facility failed to maintain and use electrical extension cords, power strips, and electrical receptacles in accordance with NFPA 70, National Electrical Code.  This deficient practice was evidenced by the following:	K 920	1. The loose red door duplex wall outlet was tightened immediately. The orange extension cord was disconnected and removed immediately. 2. If this deficient practice (K324) was not corrected, it could cause an electrical fire which could have potentially harmed residents staff and the public. 3. Maintenance will educate all staff on the importance of not connecting extension cords to power strips and that extension cords may only be approved by	

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K 920	<p>Continued From page 6</p> <p>Throughout a tour of the facility, beginning at 10:55 AM, the surveyor along with the Director of Maintenance and the Regional Plant Operations Director observed the following:</p> <ol style="list-style-type: none"> <li>1. In the Rehabilitation Office a portable A/C unit was plugged into an orange 25' extension cord. The orange extension cord was then plugged into a multi-outlet power strip that was then plugged into the duplex wall outlet.</li> <li>2. On floor #4 there was a loose red duplex wall outlet by elevator #1.</li> </ol> <p>An interview was conducted with the Maintenance Director and he agreed that the portable A/C unit should not be plugged into an extension cord and power strip in the facility.</p> <p>The Administrator was informed of the deficiency at the Life Safety Code exit conference.</p> <p>NJAC 8:39-31.2(e) NFPA 70, 99</p>	K 920	<p>maintenance, in emergent situations, temporarily, and must be removed immediately thereafter.</p> <p>4. Maintenance will audit the facility for extension cords weekly x4 and then monthly x3. All findings will be presented at the monthly QA meeting</p>		