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Image: Trag (EACH DEPICIENCY MUST BE PRECIDED BY FULL REGULTIONY OR LSC IDENTIFYING INFORMATION) PREFIX Tag (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE DTO THE APPROPRIATE DEFICIENCY) COMMENT E 000 Initial Comments E 000 Initial Comments E 000 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. K 000 LIFE SAFETY CODE 101:2012 K 300 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SS=0 K 324 CFR(s): NFPA 101 Cooking Facilities Cooking Facilities K 324 Cooking Facilities Cooking facilities Cooking facilities Cooking facilities Cooking facilities Cooking facilities Cooking facilities for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2, * cooking facilities on Cormercial Cooking Operations, unless: * residential cooking or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2, * cooking facilities protected in scordance with the conditions under 18.3.2.5.3, 19.3.2.5.2, or * cooking facilities in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.4, 19.3.2.5.3, or * cooking facilities protected according to NFPA 96 pr 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.			D HEALTHCARE CENTER		1412 MARLTON PIKE	DE
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. K 000 K 000 INITIAL COMMENTS K 000 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 324 K 324 Cooking Facilities K 324 Cooking Facilities K 324 Cooking Facilities K 324 Cooking Facilities 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 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 mith 30 or fewer patients comply mith and first 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.	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE COMPLETION E APPROPRIATE DATE
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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.		COMPLIANCE WITH SAFETY CODE REC SURVEYED UNDER Cooking Facilities	I THE MINIMUM LIFE QUIREMENTS AS	К 3	24	2/21/20
18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through		Cooking equipment is with NFPA 96, Stands and Fire Protection o Operations, unless: * residential cooking appliances such as n toasters) are used for cooking in accordance * cooking facilities op compartments with 3 with the conditions un or * cooking facilities in 30 or fewer patients of 18.3.2.5.4, 19.3.2.5.4 Cooking facilities pro per 9.2.3 are not require hazardous areas, but corridor.	ard for Ventilation Control f Commercial Cooking equipment (i.e., small hicrowaves, hot plates, r food warming or limited e with 18.3.2.5.2, 19.3.2.5.2 en to the corridor in smoke 0 or fewer patients comply nder 18.3.2.5.3, 19.3.2.5.3, smoke compartments with comply with conditions under t. tected according to NFPA 96 uired to be enclosed as t shall not be open to the			

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

		ND HUMAN SERVICES				/ APPROVE). 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		
		315013	B. WING		02/	10/2020
AME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				1412 MARLTON PIKE		
BARCLAY	S REHABILITATION AN	ID HEALTHCARE CENTER		CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
K 324	Continued From pag 19.3.2.5.5, 9.2.3, TI/		К 32	4		
	This REQUIREMENT is not met as evidenced by: Based on observation and interview on 2/05/20, in the presence of the Facility Maintenance Director, Regional Plant Operations Director and Dietary Director, it was determined that the facility failed to ensure that 1 of 9 exhaust hood grease baffles were in the proper position to protect against grease and fire from entering above the exhaust hood system in accordance with NFPA 96.			 The grease baffle was place intended position closing the gap All residents have the poten affected by this deficient practice baffles will always be placed in the intended position. Kitchen & maintenance staff in-serviced on ensuring that great baffles are placed in their intended position not leaving gaps. Mainter 	ig the gap. the potential to be it practice. Grease laced in their ance staff were that grease eir intended	
	following: At 12:00 P.M., the se exhaust hood grease cooking area, includ cooking stove, were leaving a large gap i	ce was evidenced by the urveyor observed 1 of 9 e baffles over the main ing over the right side of the not in the intended position, in the following location: 6 to 7 from the left-side 3" r the oven		 director or designee will conduct audits to ensure that the grease are in its intended position. 4. Administrator or designee w monthly audits of grease baffles that they are placed in their inten position and not leaving any gap. Findings will be submitted to the committee on a quarterly basis for 	baffles ill conduct to ensure ded s. QAPI	
	in a commercial kitcl and exhaust ventilat to prevent flames an entering the exhaust grease-laden vapors equipment. If this gre	are the first layer of protection hens grease management ion system. Their purpose is ad flammable debris from t duct and to capture s produced from cooking ease was not captured, it e ventilation system and t fire hazard.				

FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet Page 2 of 3

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DA	TE SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING 01			MPLETED
		315013	B. WING		o	2/10/2020
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, 2		
BARCLA	(S REHABILITATION AND	DHEALTHCARE CENTER		1412 MARLTON PIKE CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE TO THE APPROPRIATE CIENCY)	(X5) COMPLETIO DATE
K 324	Director, Regional Pla Dietary Director durin acknowledged that 1 baffles over the main correct position with r and fire from entering baffles.	ant Operations Director and og the observations, who of 9 kitchen hood grease cooking area must be in the no gaps, to prevent grease of the hood above the grease ator was notified of the	K	324	JENCY)	

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: NJ60403

If continuation sheet Page 3 of 3

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