(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 07/25/2022 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

| NAME OF PROVIDER OR SUPPLIER  STERLING MANOR  SUMMARY STATEMENT OF DEFICIENCES PROVIDER PRICE PROVIDER TO SUPPLIER  SUMMARY STATEMENT OF DEFICIENCES PRICE PROVIDER PLAN OF CORRECTION PRICE PROVIDER  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  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-2766R. K 324  CORIng Facilities Cooking Facilities Cooking acquirement 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, to asters) 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,  " ooking 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.  13.3.2.5.4, 11.9.3.2.5.4. 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.  13.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through   | AND PLAN OF CORRECTION       |  | IDENTIFICATION NUMBER:  | A. BUILDING <b>01</b> |       |   | COMPLETED |            |
|--|------------------------------|--|---|-----------------------|-------|---|-----------|------------|
| STERLING MANOR  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PROCEDED BY FULL RESULATORY OR LISC IDENTIFYING INFORMATION)  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.  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  Cooking Facilities Cooking Facilities Cooking Facilities Cooking Facilities The 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 18.3.2.5.3, 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 in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.  Cooking facilities or required to be enclosed as hazardous areas, but shall not be open to the corridor.   |                              |  | 315149  | B. WING               |       | 06/06/2019  |           |            |
| MAPLE SHADE, N.J. 080632   MAPLE SHADE, N.J. 0 | NAME OF PROVIDER OR SUPPLIER |  |   |                       | STRE  | EET ADDRESS, CITY, STATE, ZIP CODE                                  |           |            |
| MAPLE SHADE, NJ 08025  | 07551.01                     | - MANOR  |   |                       | 794 I | N FORKLANDING ROAD  |           |            |
| ERETIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  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.  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 324  Cooking Facilities  Cooking Facilities  Cooking Facilities  Cooking Facilities  Cooking Gequipment 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, not 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 a 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 in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.  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 required to be enclosed as hazardous areas, but shall not be open to the corridor.  | SIEKLING                     | 3 MANUR  |   |                       | MAF   | PLE SHADE, NJ 08052   |           |            |
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| 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  THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.  K 324 Cooking Facilities  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 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.   | E 000                        | Initial Comments   |   | E0                    | 00    |   |           |            |
| 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 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 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.   |                              | Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term   |   |                       |       |   |           |            |
| THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.  K 324  SS=D CFR(s): NFPA 101  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 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.   | K 000                        | INITIAL COMMENTS   |   | K 0                   | 00    |   |           |            |
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|  | SS=D                         | Cooking Facilities Cooking equipment is with NFPA 96, Standa and Fire Protection of Operations, unless: * residential cooking e appliances such as m toasters) are used for cooking in accordance * cooking facilities ope compartments with 30 with the conditions un or * cooking facilities in s 30 or fewer patients of 18.3.2.5.4, 19.3.2.5.4 Cooking facilities prot per 9.2.3 are not requ hazardous areas, but corridor. | equipment (i.e., small acrowaves, hot plates, food warming or limited to the corridor in smoke or fewer patients comply ader 18.3.2.5.3, 19.3.2.5.3, asmoke compartments with comply with conditions under to be enclosed as shall not be open to the |                       |       |   |           |            |

(X2) MULTIPLE CONSTRUCTION

Electronically Signed 07/05/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

Any denciency 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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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING <b>0</b> | ECONSTRUCTION<br>1  | (X3) DATE SURVEY<br>COMPLETED |  |  |
|---|---|---|---------------------------------------|---|-------------------------------|--|--|
|   | 315149  |   |                                       |   | 06/06/2019                    |  |  |
| NAME OF PROVIDER OR SUPPLIER  STERLING MANOR        |   |   |                                       | TREET ADDRESS, CITY, STATE, ZIP CODE<br>94 N FORKLANDING ROAD<br>MAPLE SHADE, NJ 08052  |                               |  |  |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |   | ID<br>PREFIX<br>TAG                   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)  | BE COMPLETION                 |  |  |
| 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 observation and interview on 05/30/19, in the presence facility management, it was determined that the facility failed to ensure that 5 of 6 exhaust hood grease baffles were in the proper position to protect against fire as per NFPA 96.  This deficient practice was evidenced by the following:  At 11:45 AM, the surveyor observed 5 of 6 exhaust hood grease baffles over the facility cooking area that were not in the intended positions leaving a 1/2 inch gap between 5 baffles due to the frames being bent and not properly |   | K 324                                 | ,   | that  on ire  & en            |  |  |
|   | in a commercial kitch and exhaust ventilation to prevent flames and entering the exhaust grease-laden vapors equipment. If this grewould build up in the become a major fire houring that time, an in the facility Maintenan Corporate Manager, at the observations and   | e the first layer of protection ens grease management on system. Their purpose is I flammable debris from duct and to capture produced from cooking ase was not captured, it ventilation system and |                                       | baffle system. All dietary staff were instructed to report any gaps that occur the hood baffle system to the administrator and to the maintenance department.  4. The hood in the kitchen with the basystem will be monitored daily by the service director, administrator, as well kitchen staff, to assure that It is maintained in the proper order with no gaps. All findings will be reviewed by the quarterly QA committee. | paffle<br>food<br>as          |  |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                | (X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> |         |   | (X3) DATE SURVEY<br>COMPLETED |                            |
|---|---|--|--|---------|---|-------------------------------|----------------------------|
|   |   | 315149   | B. WING _  | 3. WING |   | 06/06/2019                    |                            |
| NAME OF PROVIDER OR SUPPLIER  STERLING MANOR        |   |  | •  | 79      | TREET ADDRESS, CITY, STATE, ZIP CODE<br>14 N FORKLANDING ROAD<br>APLE SHADE, NJ 08052   |                               |                            |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG                              |         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BI<br>CROSS-REFERENCED TO THE APPROPRIA<br>DEFICIENCY)  |                               | (X5)<br>COMPLETION<br>DATE |
| K 324   | damaged with bent frainstalled, leaving a 1/3 grease baffles.  NJAC 8:39-31.2(e)  NFPA 96 | ames and not properly<br>2 inch gap between the                                      |  | 324     |   |                               | 7/0/40                     |
| K 354<br>SS=E                                       |   |  | K  | 354     | <ol> <li>The sprinkler system in question that was not operational, has been restored by a licensed sprinkler company, and is operational.</li> <li>This deficient practice can potentially affect all residents and staff by the fact that there is no capability of any fire to be extinguished and can cause physical harm to all residents and staff.</li> <li>An in service was done with the</li> </ol> |                               | 7/8/19                     |

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 315149 B. WING 06/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 794 N FORKLANDING ROAD STERLING MANOR MAPLE SHADE, NJ 08052 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 3 K 354 On 05/29/19 at 09:15 AM, the surveyor maintenance department and the staff as interviewed the Administrator who stated that on to the importance of a sprinkler system. 02/20/19, the facility experienced a small fire that The staff was instructed to report any caused the fire sprinkler system to be temporarily malfunction of the sprinkler system to out of service while repairs were going on. The maintenance and to the administrator. facility notified all agencies and instituted a fire watch by the township fire official. The fire 4. The Administrator as well as the sprinkler system is still not operational, as of maintenance director will monitor the 05/30/19, over 3 months later. sprinkler system on a daily basis and immediately contact the proper authorities In an interview at that time, the Administrator and should the system malfunction. The Corporate Manager stated that based on the facility is in the process of applying to scope of work, it should take an additional 60 install a new state of the art sprinkler days (or more) for work completion. system to replace the current one. All findings will be reviewed with the quarterly NJAC 8:39-31.2(e) quality assurance committee. NFPA 13, 25 K 916 | Electrical Systems - Essential Electric Syste K 916 8/1/19 CFR(s): NFPA 101 SS=D Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced Based on observations and interview on K916 05/29/19, in the presence of facility management, it was determined that the facility failed to provide 1. The annunciator panel in question has a remote alarm annunciator for the emergency been installed. Please see picture electrical system in an area observable by attached.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BUI  |                     |         | CONSTRUCTION<br>1  | (X3) DATE SURVEY<br>COMPLETED        |                            |  |  |
|--|--|---|---------------------|---------|--|--------------------------------------|----------------------------|--|--|
|  | 315149   |   |                     | B. WING |  | 06/06/2019                           |                            |  |  |
| NAME OF PROVIDER OR SUPPLIER  STERLING MANOR     |  |   |                     |         | STREET ADDRESS, CITY, STATE, ZIP CODE  794 N FORKLANDING ROAD  MAPLE SHADE, NJ 08052   |                                      |                            |  |  |
| (X4) ID<br>PREFIX<br>TAG                         | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREFIX<br>TAG |         |  |                                      | (X5)<br>COMPLETION<br>DATE |  |  |
| K 916  | is a repeat deficiency Safety Code survey of This deficient practice following:  During a tour of the find presence of the Adm Maintenance Director (CM), the surveyor of an emergency electric the system was not present to a left such that the system was not present to a left such that the system was not present to a left such that the system was not present to a left such that the system was not present to a left such that the system was not present to a left such that the system was not present to a left such that the system was not present to a left such that the system was not present to a left such that the such that the present to a left such that the such that | fordance with NFPA 99. This of from the previous Life on 05/22/18.  The was evidenced by the sacility at 09:15 AM, in the inistrator, Corporate of the dical generator system, but corovided with a remote alarm staff of the operating of the observation, the nere was no remote alarm system and stated he need system would not support quired annunciator. The CM of the operator would be no time frame for the | K                   | 916     | 2. All residents and staff are affected this deficient practice. Should the generator fail without warning this coulead to injury as well as jeopardizing conditions to the residents and staff.  3. An in-service was given to the administrator, maintenance departmer and nursing staff, as to the importance an annunciator panel in a building. The panel is designed to warn the facility the generator may not function proper case of an emergency should there be power outage. It is necessary to contathe proper authorities immediately to avoid any malfunction of the generator.  4. The administrator, the maintenance department, the nursing staff, and supervisors will monitor the annunciator panel on a daily basis and alert the propauthorities should the annunciator panel any impending problem with the generator. All findings will be reviewed with the quarterly QA committee. | d  at, of e nat y in a ct ce or oper |                            |  |  |