

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

PRINTED: 05/06/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/29/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SILVER HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1417 BRACE ROAD CHERRY HILL, NJ 08034</b>
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(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
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E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS	K 000		
K 524 SS=D	<p>LIFE SAFETY CODE 101:2012 Existing</p> <p>THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.</p> <p>HVAC - Direct-Vent Gas Fireplaces CFR(s): NFPA 101</p> <p>Direct-Vent Gas Fireplaces Direct-vent gas fireplaces, as defined in NFPA 54, inside of all smoke compartments containing patient sleeping areas comply with the requirements of 18.5.2.3(2), 19.5.2.3(2). 18.5.2.3(2), 19.5.2.3(2), NFPA 54</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview, on 05/23/19 in the presence of facility management, it was determined that the facility failed to provide carbon monoxide (CO) detection that was electronically supervised for gas fire places within a resident sleeping compartment in accordance with NFPA 101:2012 - 19.5.2.3(2)f.</p> <p>This deficient practice was evidenced by the following:</p>	K 524	<p>1. - Fireplace gas supply will be shut-off. - Gas line that supplies fireplace will be capped off. - Fireplace will become inoperable.</p> <p>2. - Residence of [REDACTED] Unit having potential to be affected by the same</p>	7/31/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/02/2019
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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 524	Continued From page 1  At 10:30 AM, the surveyor and the facility's Maintenance Director observed that there was a self-venting gas fire place unit in the main lobby of the facility. The [REDACTED] was open to two resident sleeping corridors on either side of the entrance without smoke compartments doors. There was a CO detector mounted at the ceiling at the gas fire place but it was battery operated and not electronically supervised, as required.  In an interview, at the time, the Maintenance Director confirmed the CO detector was not electronically supervised but would add one to the fire alarm system.  NJAC 8:39-31.2(e)	K 524	deficient practice.  3. - Maintenance staff will be in-service on fire place being inoperable and left out of service.  4. - Administrator/Designee will confirm with Maintenance Department that fire place is out of service and the gas line is capped off . - Result will be presented to the monthly QAPI meetings for review and revision as deemed appropriate.		