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

PRINTED: 10/15/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315289		1 ' '	(X2) MUL ⁻ A. BUILDI	FIPLE CONSTRUCTION NG 01		(>	(X3) DATE SURVEY COMPLETED	
		B. WING			10/25/2019			
NAME OF PROVIDER OR SUPPLIER VOORHEES PEDIATRIC FACILITY				1304	EET ADDRESS, CITY, STATE, ZIP CODE 4 LAUREL OAK ROAD DRHEES, NJ 08043	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
E 000	Initial Comments		E	000				
K 000	Appendix Z-Emerger Provider and Supplie	equirements for Long Term	K	000				
	LIFE SAFETY CODE 101:2012							
K 324 SS=D			К	324			10/28/19	
	with NFPA 96, Stand and Fire Protection of Operations, unless: * residential cooking appliances such as not toasters) are used for cooking in accordance. * cooking facilities operate of cooking facilities operate of the cooking facilities in 30 or fewer patients of 18.3.2.5.4, 19.3.2.5.4. Cooking facilities pro 96 per 9.2.3 are not resident of the cooking facilities.	s protected in accordance ard for Ventilation Control f Commercial Cooking equipment (i.e., small nicrowaves, hot plates, r food warming or limited se with 18.3.2.5.2, 19.3.2.5.2 ten 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 l. tected according to NFPA required to be enclosed as t shall not be open to the						
AROPATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUF	RE		TITLE		(X6) DATE	

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.

Electronically Signed

11/04/2019

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 315289 B. WING 10/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1304 LAUREL OAK ROAD **VOORHEES PEDIATRIC FACILITY** VOORHEES, NJ 08043 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 324 Continued From page 1 K 324 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 This REQUIREMENT is not met as evidenced by: Based on observation and interview on K324 Plan of Correction: Kitchen Baffles 10/22/19, in the presence of the Facility All staff, residents and visitors could be Maintenance Director, it was determined that the affected by this deficient practice. The facility failed to ensure that 4 of 6 exhaust hood grease baffles were replaced on grease baffles were in the proper position to 10/28/2019. To ensure ongoing full protect against grease and fire from entering compliance, the grease baffles will be above the exhaust hood system in accordance inspected every 6 months as part of the with NFPA 96. inspection of the fire suppression system by the facility's independent contractor. This deficient practice was evidenced by the In addition, the safety officer or the following: dietary director will include the inspection of the grease baffles as part of the At 11:40 AM, the surveyor observed 4 of 6 monthly facility safety rounds. That exhaust hood grease baffles over the main report will be given to the Maintenance cooking area, including over the 4-burner stove Department Supervisor or Director of and 2-burner flat top, that were not in the Dietary Services. These results will be intended positions leaving gaps at the following reported semi-annually to the Safety locations: Committee. Completion date 10/28/2019 Section # 1 Section # 2 1 to 2 1/2" gap 1 to 2 1" gap 2 to 3 1/2" gap 2 to 3 1" gap The grease baffles are the first layer of protection in a commercial kitchens grease management and exhaust ventilation system. The purpose is

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		315289	B. WING _			10/25/2019	
NAME OF PROVIDER OR SUPPLIER VOORHEES PEDIATRIC FACILITY				STREET ADDRESS, CITY, STATE, ZIF 1304 LAUREL OAK ROAD VOORHEES, NJ 08043	CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
K 324	to capture grease-lad cooking equipment at flammable debris from If this grease were not in the ventilation systemazard. When interviewed at the Maintenance Direct both acknowledged the grease baffles over the in the correct position.	len vapors produced from and prevent flames and an entering the exhaust duct. In captured, it would build up the em and become a fire the time of the observation, and 4 of 6 kitchen hood are main cooking area must tion with no gaps, to prevent entering the hood above the	K	324			