	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		315219	B. WING		01/10/2020			
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE				
	CENTED		30	001 EVESHAM ROAD				
VUUKHEE	S CENTER		V	VOORHEES, NJ 08043				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLE			
E 000	Initial Comments		E 000					
	Appendix Z-Emergen Provider and Supplie Guidance 483.73, Re Care (LTC) Facilities.	quirements for Long Term						
E 004 SS=D	Develop EP Plan, Re CFR(s): 483.73(a)	view and Update Annually	E 004		1/27/20			
	Federal, State and lo preparedness require develop establish and	ments. The [facility] must I maintain a comprehensive ness program that meets the						
	The emergency prepa include, but not be lin elements:	aredness program must hited to, the following						
	and maintain an eme	The [facility] must develop rgency preparedness plan d], and updated at least lan must do all of the						
	CAH] must comply w State, and local emer requirements. The [h develop and maintain	ency Plan. The [hospital or th all applicable Federal, gency preparedness ospital or CAH] must a comprehensive ness program that meets the section, utilizing an						
		t §483.73(a):] Emergency must develop and maintain						

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.

PRINTED: 07/13/2020

DEFICIENCIES CORRECTION OVIDER OR SUPPLIER	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315219	A. BUILDING B. WING	LE CONSTRUCTION 5 01	(X3) DATE SURVEY COMPLETED			
	315219						
		B. WING STREET ADDRESS, CITY, STATE, ZIP CODE		01/10/2020			
S CENTER							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			3001 EVESHAM ROAD VOORHEES, NJ 08043				
(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE			
reviewed and updated * [For ESRD Facilities Plan. The ESRD facilities maintain an emergener must be [evaluated], a years. This REQUIREMENT by: Based on documenta 1/2/20 and 1/3/20, in f management, it was of failed to review and u Preparedness Plan (E This deficient practice following: On 1/2/20, the survey Preparedness Plan M revealed that the revies signed for the annual review of survey docu survey (2/8/19) reveal conducted on 5/24/18 earlier. In an interview, at 12: of Maintenance (DM), Safety Committee Ch of review. On 1/3/20, at 2:15 PM was notified of the dei	redness plan that must be d at least annually. s at §494.62(a):] Emergency ity must develop and cy preparedness plan that and updated at least every 2 • is not met as evidenced ation review and interview on the presence of facility determined that the facility pdate the Emergency EPP) annually. e was evidenced by the vor reviewed the Emergency lanual (EPP), which ew signature page was review on 11/21/19. A umentation from the previous led the previous review was 8, nearly than 19 months c.15 PM, the facility's Director who also serves as the airman, confirmed the dates A, the facility's Administrator ficient practice at the Life	E 004	4 The Emergency Preparedness Plan w reviewed and updated on January 24, 2020. The Center is at risk for this practice annually. Education was provided to the Maintenance Supervisor on the timelin of the requirement to review the Plan. Maintenance Supervisor/Maintenance helper will make adjustments to the pla as necessary. The Emergency Preparedness Plan w be included in the QAPI agenda by the Center Executive Director to trigger re- and approval each year.	iess The an ill			
	reviewed and updated * [For ESRD Facilities Plan. The ESRD facilities Plan. The ESRD facilities Plan. The ESRD facilities must be [evaluated], a years. This REQUIREMENT by: Based on documenta 1/2/20 and 1/3/20, in management, it was of failed to review and u Preparedness Plan (B This deficient practice following: On 1/2/20, the survey Preparedness Plan M revealed that the revi signed for the annual review of survey docu survey (2/8/19) revea conducted on 5/24/18 earlier. In an interview, at 12: of Maintenance (DM) Safety Committee Ch of review. On 1/3/20, at 2:15 PM was notified of the de Safety Code survey e	 reviewed and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 1/2/20 and 1/3/20, in the presence of facility management, it was determined that the facility failed to review and update the Emergency Preparedness Plan (EPP) annually. This deficient practice was evidenced by the following: On 1/2/20, the surveyor reviewed the Emergency Preparedness Plan Manual (EPP), which revealed that the review signature page was signed for the annual review on 11/21/19. A review of survey documentation from the previous survey (2/8/19) revealed the previous review was conducted on 5/24/18, nearly than 19 months earlier. In an interview, at 12:15 PM, the facility's Director of Maintenance (DM), who also serves as the Safety Committee Chairman, confirmed the dates 	 reviewed and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 1/2/20 and 1/3/20, in the presence of facility management, it was determined that the facility failed to review and update the Emergency Preparedness Plan (EPP) annually. This deficient practice was evidenced by the following: On 1/2/20, the surveyor reviewed the Emergency Preparedness Plan Manual (EPP), which revealed that the review signature page was signed for the annual review on 11/21/19. A review of survey documentation from the previous survey (2/8/19) revealed the previous review was conducted on 5/24/18, nearly than 19 months earlier. In an interview, at 12:15 PM, the facility's Director of Maintenance (DM), who also serves as the Safety Committee Chairman, confirmed the dates of review. On 1/3/20, at 2:15 PM, the facility's Administrator was notified of the deficient practice at the Life Safety Code survey exit conference. 	reviewed and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 gears. This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 1/2/20 and 1/3/20, in the presence of facility management, it was determined that the facility failed to review and update the Emergency Preparedness Plan (EPP) annually. This deficient practice was evidenced by the following: Dn 1/2/20, the surveyor reviewed the Emergency Preparedness Plan Manual (EPP), which reviewed of survey documentation from the previous survey (2/8/19) revealed the previous review was conducted on 5/24/18, nearly than 19 months sarler. In an interview, at 12:15 PM, the facility's Director of Maintenance (DM), who also serves as the Safety Committee Chairman, confirmed the dates of review. Dn 1/3/20, at 2:15 PM, the facility's Administrator was notified of the deficient practice at the Life Safety Code survey exit conference.			

Facility ID: NJ60414

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 07/13/2020 MAPPROVEI D. 0938-039 [.]
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		LE CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		315219	B. WING			01/	10/2020
NAME OF P	ROVIDER OR SUPPLIER	·			STREET ADDRESS, CITY, STATE, ZIP CODE		
VOORHE	ES CENTER				3001 EVESHAM ROAD VOORHEES, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 004	Continued From page	e 2	E	004	4		
E 039 SS=D	NJAC 8:39-31.2(e), 3 EP Testing Requirem CFR(s): 483.73(d)(2)	ents	E	039	9		1/27/20
	HHAs at §484.102, C						
	to test the emergency must do all of the follo (i) Participate in a community-based eve (A) When a not accessible, condu exercise every 2 (B) If the [far natural or man-made activation of the emer is exempt from engag community-based or functional event.	a full-scale exercise that is ery 2 years; or community-based exercise is uct a facility-based functional years; or cility] experiences an actual emergency that requires					
	every 2 years, opposi functional exercise un this section is conduct not limited to the follo (A) A second community-based or functional exercise; o (B) A mock of	ite the year the full-scale or nder paragraph (d)(2)(i) of eted, that may include, but is wing: d full-scale exercise that is individual, facility-based r disaster drill; or op exercise or workshop that and includes a group					

Event ID: 8JTH21

Facility ID: NJ60414

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PRINTED: 07/13/2020

							APPROVED
		MEDICAID SERVICES					0.0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI			(X3) DATE COMP	SURVEY PLETED
		315219	B. WING			01/	10/2020
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
VOORHEI	ES CENTER				01 EVESHAM ROAD DORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 039	set of problem statem prepared questions emergency plan. (iii) Analyze maintain documentati exercises, and emerge revise the [facility's] e *[For Hospices at 418 (2) Testing for hospic patient's home. The l exercises to test the e annually. The hospic (i) Participate in community based eve (A) When a not accessible, condu based functional exer (B) If the hos or man-made emerge of the emergency plat exempt from engagin scale community-bas facility- based fut the onset of the emer (ii) Conduct an a years, opposite the ye functional exercise un this section is conduc not limited to the follo (A) A secon community-based or exercise; or (B) A mock	temergency scenario, and a nents, directed messages, or designed to challenge an the [facility's] response to and on of all drills, tabletop ency events, and mergency plan, as needed. 3.113(d):] tees that provide care in the nospice must conduct emergency plan at least e must do the following: a full-scale exercise that is ery 2 years; or community based exercise is not an individual facility cise every 2 years; or spice experiences a natural ency that requires activation n, the hospital is g in its next required full ed exercise or individual unctional exercise following gency event. Idditional exercise every 2 ear the full-scale or nder paragraph (d) (2)(i) of ted, that may include, but is wing: d full-scale exercise that is a facility based functional disaster drill; or op exercise or workshop that ind includes a group	E	039			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: NJ60414

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PRINTED: 07/13/2020 FORM APPROVED

	-	MEDICAID SERVICES					MAPPROVE 0. 0938-039
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE	
		315219	B. WING _			01/	10/2020
NAME OF P	ROVIDER OR SUPPLIER	L		STF	REET ADDRESS, CITY, STATE, ZIP CODE		
VOORHEI	ES CENTER				1 EVESHAM ROAD ORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	set of problem statem prepared questions emergency plan. (3) Testing for hospic care directly. The ho exercises to test the e year. The hospice m (i) Participate in that is community-bas (A) When a not accessible, condu- facility-based function (B) If the hose or man-made emerge of the emergency pla exempt from engagin full-scale community functional of the emergency ever (ii) Conduct an a that may include, but following: (A) A secon community-based or exercise; or (B) A mock (C) A tablet by a facilitator that ind using a narrated, emergency scenario, statements, directed questions des emergency plan. (iii) Analyze the	t emergency scenario, and a nents, directed messages, or designed to challenge an es that provide inpatient spice must conduct emergency plan twice per ust do the following: an annual full-scale exercise sed; or community-based exercise is uct an annual individual nal exercise; or spice experiences a natural ency that requires activation n, the hospice is g in its next required based or facility-based exercise following the onset ent. additional annual exercise is not limited to the ad full-scale exercise that is a facility based functional disaster drill; or op exercise or workshop led cludes a group discussion clinically-relevant and a set of problem messages, or prepared signed to challenge an hospice's response to and ion of all drills, tabletop	EC)39			

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Facility ID: NJ60414

If continuation sheet Page 5 of 13

PRINTED: 07/13/2020 FORM APPROVED

		MEDICAID SERVICES	_			NO. 0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION IG 01	· · ·	TE SURVEY MPLETED	
		315219	B. WING		0	1/10/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
VOORHEE	ES CENTER			3001 EVESHAM ROAD VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETIC DATE	
E 039	Continued From page	5	E 0;	39			
	the hospice's emerge	ncy plan, as needed.					
	*[For PRFTs at §441.]						
	§482.15(d), CAHs at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must						
		test the emergency plan					
	twice per year. The [PRTF, Hospital, CAH] must					
	do the following:						
		an annual full-scale exercise					
	that is community-bas	sea; or community-based exercise is					
		ict an annual individual,					
	facility-based function						
	-	RTF, Hospital, CAH]					
	=	I natural or man-made					
	emergency that requi						
		[facility] is exempt from					
		equired full-scale community					
	based or	individual, facility-based					
		llowing the onset of the					
	emergency event.	dditional] annual exercise or					
		but is not limited to the					
	following:						
	(A) A second	full-scale exercise that is					
		ndividual, a facility-based					
	functional exercise; of						
		disaster drill; or					
	is led by a facilitator a	p exercise or workshop that					
	discussion, using a na	- ·					
		t emergency scenario, and a					
	-	ents, directed messages, or					
	prepared questions	designed to challenge an					
	emergency plan.						
		facility's] response to and					
	exercises, and emerg	on of all drills, tabletop					
	⊢exercises, and emerg	ency events and revise					

Facility ID: NJ60414

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	S FOR MEDICARE &					NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G 01	· · ·	TE SURVEY MPLETED
		315219	B. WING		0	1/10/2020
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE	
VOORHEE	S CENTER			3001 EVESHAM ROAD VOORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
E 039	Continued From page	e 6	E 03	39		
	the [facility's] emerge	ncy plan, as needed.				
	*[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to					
	test the emergency plan at least twice per year, including unannounced staff drills using the					
	emergency procedure	•				
	ICF/IID] must do the i	following: an annual full-scale exercise				
	that is community-bas	sed; or				
		community-based exercise is uct an annual individual,				
	facility-based function					
	(B) If the [LT	C facility] facility experiences				
	an actual natural or n requires activation of	nan-made emergency that the emergency plan,				
		mpt from engaging its next				
	required a full-scale of	community-based or				
		-based functional exercise				
	-	the emergency event.				
	that may include, but	additional annual exercise is not limited to the				
	following: (A) A secon	d full-scale exercise that is				
	-	an individual, facility based				
	functional exercise; o (B) A mock	disaster drill; or				
		op exercise or workshop that				
		ncludes a group discussion, clinically-relevant				
	emergency scenario,	-				
	statements, directed	messages, or prepared				
	questions des emergency plan.	signed to challenge an				
		[LTC facility] facility's				
	response to and main drills, tabletop exercis	ntain documentation of all				
	بأمعيم بدم متماحة ملطمة مالتعام	ses, and emergency				

Facility ID: NJ60414

If continuation sheet Page 7 of 13

	S FOR MEDICARE & I					IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01	· · ·	E SURVEY IPLETED
		315219	B. WING		0,	1/10/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
VOORHEI	ES CENTER			3001 EVESHAM ROAD VOORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
E 039	Continued From page emergency plan, as n		EO	39		
	to test the emergency The ICF/IID must do t (i) Participate in a that is community-base (A) When a o not accessible, condu- facility-based function (B) If the ICF natural or man-made activation of the emer- is exempt from engag full-scale community-l based functional of the emergency eve (ii) Conduct an ac may include, but is no (A) A second community-based or a functional exercise; of (B) A mock o (C) A tableto is led by a facilitator a discussion, using a na clinically-relevant set of problem statem prepared questions emergency plan. (iii) Analyze the Im maintain documentati exercises, and emergent *[For OPOs at §486.3]	ID must conduct exercises y plan at least twice per year. the following: an annual full-scale exercise sed; or community-based exercise is act an annual individual, hal exercise; or. F/IID experiences an actual emergency that requires rgency plan, the ICF/IID ping in its next required based or individual, facility- exercise following the onset ent. dditional annual exercise that ot limited to the following: d full-scale exercise that is an individual, facility-based r disaster drill; or p exercise or workshop that and includes a group arrated, t emergency scenario, and a hents, directed messages, or designed to challenge an CF/IID's response to and on of all drills, tabletop lency events, and revise hor plan, as needed.				

Facility ID: NJ60414

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<u>ULITER</u>		MEDICAID SERVICES				<u>O. 0938-039</u>	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01	· · ·	E SURVEY PLETED	
		315219	B. WING		01	01/10/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
VOORHEE	ES CENTER			3001 EVESHAM ROAD VOORHEES, NJ 08043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
E 039	Continued From page	2.8	F 03	q			
E 039	to test the emergency following: (i) Conduct a par or workshop at least a is led by a facilitator a discussion, using a na emergency scenario, statements, dire questions designed to plan. If the OPO expe or man-made emerge of the emergency pla engaging in its next following the onset of (ii) Analyze the C maintain documentati and emergency even and OPO's] emergen	y plan. The OPO must do the ber-based, tabletop exercise annually. A tabletop exercise and includes a group arrated, clinically relevant and a set of problem ected messages, or prepared b challenge an emergency eriences an actual natural ency that requires activation n, the OPO is exempt from required testing exercise the emergency event. DPO's response to and ion of all tabletop exercises, ts, and revise the [RNHCI's	E 03	9			
	Based on documenta 1/2/20, in the presence and post-survey elect 1/6/20, it was determine conduct a community	ocumentation that a drill was		A Table Top Drill was performed of January 24, 2020 to correct this p An in-service on the yearly comm requirement was provided on Jan 2020 to the Maintenance Supervis	vractice. unity drill uary 24,		
		e was evidenced by the		The Center is at risk for this pract annually.			
	documentation for en for the previous 12 m facility did not conduc full-scale emergency			The Center Executive Director will the Community Drill requirement in QAPI Annual Agenda. The Mainter Supervisor/Maintenance helper w present the response of the requer Local OEM to participate in a Corr Drill. Should a Community Drill no accessible to the Center, the Main	in the enance rill est of the nmunity ot be		

Facility ID: NJ60414

If continuation sheet Page 9 of 13

						10.0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 01	CONSTRUCTION		TE SURVEY MPLETED
		315219	B. WING		0	1/10/2020
NAME OF PI	ROVIDER OR SUPPLIER	•	ST	REET ADDRESS, CITY, STATE, ZIP CODE	•	
	ES CENTER		30	01 EVESHAM ROAD		
VOORINEE	LO OENTER		V	OORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
E 039	Continued From page	9	E 039			
	a request to participate in a Il but would contact		responsible to schedule a Table or Mock Drill.	Top Drill		
		/l, the facility's Administrator		Disaster Drill reports will be pres during QAPI annually.	sented	
	documentation via en consisted of an email management on 1/3/2 information on future	's Administrator submitted nail. The documentation sent to emergency 20 by the DM requesting drills. No further information ify a request for the current				
K 000	NJAC 8:39-31.2(e) INITIAL COMMENTS		K 000			
	LIFE SAFETY CODE	E 101:2012				
K 352 SS=E			K 352			1/27/20
	Sprinkler System - Su Automatic sprinkler s attachments are insta integrity in accordance Fire Alarm and Signa signal that sounds an continuously attended remote facility when s impaired. 9.7.2.1, NFPA 72	ystem supervisory alled and monitored for e with NFPA 72, National ling Code, and provide a d is displayed at a d location or approved				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID: 8JTH21

Facility ID: NJ60414

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PRINTED: 07/13/2020

FORM APPROVED

		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION	(X3) DATE	0.0938-039
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		· · ·	LETED
		315219	B. WING		01/	10/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
VOORHEE	ES CENTER			3001 EVESHAM ROAD VOORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETIO DATE
K 352	Based on documenta 1/2/20, in the presence was determined that t and maintain supervise the automatic fire spri- with NFPA 72. This deficient practice following: A review of the facility system inspections re- tamper switch (wet sy signaling/reporting to staff if water was turn system on that reside inspection vendor ide system on the reports The facility also provi- a current inspection w However, the report w The work order indica required for repairs. In an interview, at 12: of Maintenance (DM) valve was replaced b	ation review and interview on be of facility management, it the facility failed to repair sory devices and signals for inkler system in accordance was evidenced by the r's Quarterly fire sprinkler evealed that the Unit ystem #2) was not the fire alarm panel to notify ed off to the fire sprinkler	K 35	 Repairs were completed on the Sprin System on January 7, 2020. The sys 100 unit tamper switch signals/report the fire alarm panel. The system was programmed and tested and found to functioning properly. Each unit may be at risk for this prace Maintenance Director reviewed all sprinkler systems and found them to functioning. Education was provided to the Maintenance Supervisor regarding th completion of work orders and timely follow up on recommendations made during inspections. The Maintenance Director/Center Executive Director will audit Fire Spri Inspections quarterly for 4 quarters to ensure that all required work has bee completed timely. Results of these au will be reviewed and reported during quarterly QAPI Committee meetings. 	tem s to be tice. be le nkler or udits	
K 918 SS=E	NJAC 8:39-31.1(c), 3 NFPA 13, 25, 72 Electrical Systems - E CFR(s): NFPA 101	1.2(e) Essential Electric Syste	K 91	8		1/27/20
	Maintenance and Tes The generator or oth	Essential Electric System ting er alternate power source ment is capable of supplying				

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/13/20 FORM APPROVI OMB NO. 0938-03
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED
		315219	B. WING		01/10/2020
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	•
VOORHEE	S CENTER			001 EVESHAM ROAD OORHEES, NJ 08043	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTIO
K 918	criterion is not met du process shall be provi capability for the life s Maintenance and tes transfer switches are with NFPA 110. Generator sets are in under load 30 minute day intervals, and ex- months for 4 continue under load conditions simulated cold start a transfer of all EES loa competent personnel stored energy power accordance with NFF circuit breakers are in program for periodica components is establ manufacturer require maintenance and tes readily available. EES circuits are marked, r separate from norma the possibility of dam source is a design co installations. 6.4.4, 6.5.4, 6.6.4 (NI 111, 700.10 (NFPA 70 This REQUIREMENT by: Based on documenta 1/2/20 in the presence was determined that the emergency gener	onds. If the 10-second uring the monthly test, a vided to annually confirm this safety and critical branches. ting of the generator and performed in accordance aspected weekly, exercised as 12 times a year in 20-40 ercised once every 36 bus hours. Scheduled test is include a complete and automatic or manual ads, and are conducted by 1. Maintenance and testing of sources (Type 3 EES) are in PA 111. Main and feeder aspected annually, and a ally exercising the lished according to ments. Written records of ting are maintained and S electrical panels and readily identifiable, and 1 power circuits. Minimizing age of the emergency power onsideration for new EPA 99), NFPA 110, NFPA 0) T is not met as evidenced ation review and interview on the of facility management, it the facility failed to maintain rator in accordance with replace outdated batteries	K 918	Failing outdated generator batteries identified during the semi-annual inspection were replaced on January 2020. The Center is at risk for this practice semi-annual basis.	<i>i</i> 6,

Facility ID: NJ60414

PRINTED: 07/13/2020

CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			OMB NO. 0938-039 (X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDI	NG 01		COMPLETED 01/10/2020	
	315219		B. WING				
NAME OF PROVIDER OR SUPPLIER				ST	REET ADDRESS, CITY, STATE, ZIP CODE		
					01 EVESHAM ROAD DORHEES, 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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETIO DATE
K 918	Continued From page 12		К 918				
	This deficient practice was evidenced by the following: A review of the facility's generator inspection documentation revealed that the facility's licensed				The Maintenance Supervisor was provided education on timely follow u recommendations made during semi-annual inspections.	on timely follow up of ade during	
	documentation revea inspection vendor ide outdated and due for with NFPA 99. This co Semi-annual inspection and 7/11/19.			Maintenance Director/Center Executi Director will audit Generator Inspection quarterly for 4 quarters and report res during quarterly QAPI meetings.	ons		
		;15 PM, the facility's Director stated he would look into it.			Center Executive Director will review audits to ensure that there is timely follow-up on all recommendations.		
	NJAC 8:39-31.2(e) NFPA 99						

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