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	315219	A. BUILDING **01** B. WING _____	**01/10/2020**

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VOORHEES CENTER	**3001 EVESHAM ROAD** **VOORHEES, NJ 08043**

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E 000	Initial Comments This facility is not 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.	E 000		
E 004 SS=D	Develop EP Plan, Review and Update Annually CFR(s): 483.73(a) The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. * [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain	E 004		1/27/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/27/2020

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E 004	Continued From page 1 an emergency preparedness plan that must be 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. The facility provided no further documentation.	E 004	The Emergency Preparedness Plan was 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 timeliness of the requirement to review the Plan. The Maintenance Supervisor/Maintenance helper will make adjustments to the plan as necessary. The Emergency Preparedness Plan will be included in the QAPI agenda by the Center Executive Director to trigger review and approval each year.	

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E 004	Continued From page 2	E 004		
E 039 SS=D	NJAC 8:39-31.2(e), 31.6(i) EP Testing Requirements CFR(s): 483.73(d)(2) *[For RNCHI at §403.748, ASCs at §416.54, HHAs at §484.102, CORFs at §485.68, OPO, "Organizations" under §485.727, CMHC at §485.920, RHC/FQHC at §491.12, ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated,	E 039		1/27/20

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E 039	Continued From page 3 clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. *[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following: (i) Participate in a full-scale exercise that is community based every 2 years; or (A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility- based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d) (2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated,	E 039		

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E 039	Continued From page 4 clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise	E 039		

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E 039	Continued From page 5 the hospice's emergency plan, as needed. *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise	E 039		

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E 039	Continued From page 6 the [facility's] emergency 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 procedures. The [LTC facility, ICF/IID] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's	E 039		

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E 039	Continued From page 7 emergency plan, as needed. *[For ICF/IIDs at §483.475(d)]: (2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or. (B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed. *[For OPOs at §486.360] (d)(2) Testing. The OPO must conduct exercises	E 039		

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E 039	Continued From page 8 to test the emergency plan. The OPO must do the following: (i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event. (ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 1/2/20, in the presence of facility management and post-survey electronic communication on 1/6/20, it was determined that the facility failed to conduct a community based full-scale drill annually or provide documentation that a drill was not available through the community. This deficient practice was evidenced by the following: A review of the facility's emergency preparedness documentation for emergency preparedness drills for the previous 12 months revealed that the facility did not conduct a community based full-scale emergency preparedness drill. In an interview, at 12:15 PM, the facility's Director of Maintenance (DM) stated he had no	E 039	A Table Top Drill was performed on January 24, 2020 to correct this practice. An in-service on the yearly community drill requirement was provided on January 24, 2020 to the Maintenance Supervisor. The Center is at risk for this practice annually. The Center Executive Director will include the Community Drill requirement in the QAPI Annual Agenda. The Maintenance Supervisor/Maintenance helper will present the response of the request of the Local OEM to participate in a Community Drill. Should a Community Drill not be accessible to the Center, the Maintenance Supervisor/Maintenance Helper will be	

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E 039	Continued From page 9 information regarding a request to participate in a community-based drill but would contact emergency management officials. On 1/3/20, at 2:15 PM, the facility's Administrator was notified of the deficient practice. On 1/6/20, the facility's Administrator submitted documentation via email. The documentation consisted of an email sent to emergency management on 1/3/20 by the DM requesting information on future drills. No further information was provided to identify a request for the current drill cycle. NJAC 8:39-31.2(e)	E 039	responsible to schedule a Table Top Drill or Mock Drill. Disaster Drill reports will be presented during QAPI annually.	
K 000	INITIAL COMMENTS LIFE SAFETY CODE 101:2012 The facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed under CMS-2786R.	K 000		
K 352 SS=E	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by:	K 352		1/27/20

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K 352	Continued From page 10 Based on documentation review and interview on 1/2/20, in the presence of facility management, it was determined that the facility failed to repair and maintain supervisory devices and signals for the automatic fire sprinkler system in accordance with NFPA 72. This deficient practice was evidenced by the following: A review of the facility's Quarterly fire sprinkler system inspections revealed that the [redacted] Unit tamper switch (wet system #2) was not signaling/reporting to the fire alarm panel to notify staff if water was turned off to the fire sprinkler system on that resident unit. The licensed inspection vendor identified the deficiency in the system on the reports dated 6/7/19 and 8/14/19. The facility also provided a work order indicating a current inspection was conducted on 11/21/19. However, the report was not available at the time. The work order indicated that a follow-up was required for repairs. In an interview, at 12:15 PM, the facility's Director of Maintenance (DM) stated that the butterfly valve was replaced but was waiting for corporate approval to have the alarm wiring completed. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25, 72	K 352	Repairs were completed on the Sprinkler System on January 7, 2020. The system 100 unit tamper switch signals/reports to the fire alarm panel. The system was programmed and tested and found to be functioning properly. Each unit may be at risk for this practice. Maintenance Director reviewed all sprinkler systems and found them to be functioning. Education was provided to the Maintenance Supervisor regarding the completion of work orders and timely follow up on recommendations made during inspections. The Maintenance Director/Center Executive Director will audit Fire Sprinkler Inspections quarterly for 4 quarters to ensure that all required work has been completed timely. Results of these audits will be reviewed and reported during quarterly QAPI Committee meetings.	
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying	K 918		1/27/20

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K 918	Continued From page 11 service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 1/2/20 in the presence of facility management, it was determined that the facility failed to maintain the emergency generator in accordance with NFPA 99 by failing to replace outdated batteries after multiple notifications by the licensed inspection vendor.	K 918	Failing outdated generator batteries identified during the semi-annual inspection were replaced on January 6, 2020. The Center is at risk for this practice on a semi-annual basis.	

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K 918	Continued From page 12 This deficient practice was evidenced by the following: A review of the facility's generator inspection documentation revealed that the facility's licensed inspection vendor identified the batteries were outdated and due for replacement in accordance with NFPA 99. This concern was identified on Semi-annual inspections dated 7/26/18, 1/30/19, and 7/11/19. In an interview, at 12;15 PM, the facility's Director of Maintenance (DM) stated he would look into it. NJAC 8:39-31.2(e) NFPA 99	K 918	The Maintenance Supervisor was provided education on timely follow up of recommendations made during semi-annual inspections. Maintenance Director/Center Executive Director will audit Generator Inspections quarterly for 4 quarters and report results during quarterly QAPI meetings. Center Executive Director will review audits to ensure that there is timely follow-up on all recommendations.	