

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

PRINTED: 12/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315330	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2019
NAME OF PROVIDER OR SUPPLIER MARCELLA CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANOCAS ROAD BURLINGTON, NJ 08016	
(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
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 037 SS=D	EP Training Program CFR(s): 483.73(d)(1) *[For RNCHIs at §403.748, ASCs at §416.54, Hospitals at §482.15, ICF/IIDs at §483.475, HHAs at §484.102, "Organizations" under §485.727, OPOs at §486.360, RHC/FQHCs at §491.12:] (1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures. *[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of	E 037	10/24/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/02/2019

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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E 037	<p>Continued From page 1 emergency procedures.</p> <p>(iii) Provide emergency preparedness training at least every 2 years.</p> <p>(iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others.</p> <p>(v) Maintain documentation of all emergency preparedness training.</p> <p>(vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures.</p> <p>*[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) After initial training, provide emergency preparedness training every 2 years.</p> <p>(iii) Demonstrate staff knowledge of emergency procedures.</p> <p>(iv) Maintain documentation of all emergency preparedness training.</p> <p>(v) If the emergency preparedness policies and procedures are significantly updated, the PRTF must conduct training on the updated policies and procedures.</p> <p>*[For LTC Facilities at §483.73(d):] (1) Training Program. The LTC facility must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing</p>	E 037		

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E 037	<p>Continued From page 2</p> <p>staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of all emergency preparedness training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For CORFs at §485.68(d):(1) Training. The CORF must do all of the following:</p> <p>(i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least every 2 years.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment.</p> <p>(v) If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures.</p> <p>*[For CAHs at §485.625(d):(1) Training program. The CAH must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients,</p>	E 037		

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E 037	<p>Continued From page 3</p> <p>personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least every 2 years.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>(v) If the emergency preparedness policies and procedures are significantly updated, the CAH must conduct training on the updated policies and procedures.</p> <p>*[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least every 2 years.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and a review of emergency preparedness training documentation on 9/12/19, in the presence of facility management and review of electronic documentation on 9/13/19, it was determined that the facility failed to train staff on the Emergency Preparedness Plan (EPP) annually for 54 of 145 active staff.</p> <p>This deficient practice was evidenced by the following:</p>	E 037	<p>1. Employees were found to have not completed annual Emergency Preparedness on-line training by company's annual due date. All employees working at the center have the potential to be affected.</p> <p>2. An audit was completed to ensure all employees received their annual Emergency Preparedness training for the</p>	

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E 037	Continued From page 4 On 9/12/19, during an interview at 2:00 PM, the facility's Administrator provided the surveyor staff training records. The records were not complete and did not include all staff. On 9/13/19, the Administrator provided a new list of employee training records via E-mail. A review of these facility's staff training records from 9/13/18 to 9/12/19, revealed that there were 54 of 145 active staff members (37%) that did not complete their on-line emergency preparedness training by their Annual due date. NJAC 8:39-31.2(e), 31.6(a)	E 037	year 2019; all active employees at the center as of September 12, 2019 had completed and/or are in process of completing mandatory annual EP education. 3. The Human Resources Manager will maintain record and ensure all employees complete mandatory annual Emergency Preparedness training by company's annual due date. An audit will begin at the beginning of the calendar year and maintained until the company assigned due date. 4. The results of the monthly audit will be reported to the Administrator for trending and compliance. The HR Manager will be report the results of the audits to the QAPI committee monthly, prior to company assigned due date. Additional actions will be taken as appropriate.		
K 000	INITIAL COMMENTS LIFE SAFETY CODE 101:2012 Existing THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000			
K 918 SS=D	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 service within 10 seconds. If the 10-second criterion is not met during the monthly	K 918		10/24/19	

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K 918	<p>Continued From page 5</p> <p>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.</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on documentation review and interview on 9/12/19, in the presence of facility management, it was determined that the facility failed to inspect the emergency electrical generator weekly, and failed to exercise the generator 12 times each year under load conditions in accordance with NFPA 99.</p> <p>This deficient practice was evidenced by the</p>	K 918	<ol style="list-style-type: none"> 1. In-service was provided for the Maintenance staff on the proper tracking of weekly inspections for the electrical generator and monthly generator load test. 2. Maintenance Director, and/or Maintenance Worker, will perform weekly electrical generator inspection, document, 		

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K 918	<p>Continued From page 6 following:</p> <ol style="list-style-type: none"> 1. A review of the facility's emergency generator log for the previous 12 months revealed that there was no documented load tests of the generator from 10/26/18 to 12/27/18. The missing monthly 11/2018 load test resulted in the facility conducting 11 of the 12 required load tests. 2. A review of the generator log also revealed that there were no documented weekly inspections performed from 11/9/18 to 1/8/19. <p>During an interview, the current Maintenance Supervisor stated he would look for the information but mentioned, that the missing inspections and load test were prior to his employment.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110</p>	K 918	<p>and maintain record. Maintenance Director, and/or Maintenance Worker, will perform monthly generator load test for at least 30 minutes within the required 20-40 days and 12 months a year and submit report to Administrator monthly.</p> <ol style="list-style-type: none"> 3. Maintenance Director will complete a monthly audit to ensure weekly electrical generator inspections are being completed and recorded. Maintenance Director will complete an audit to ensure monthly generator load test is completed for at least 30 minutes and monthly for 12 months. 4. The results of the audits will be reported to the Administrator for trending and compliance. The monthly generator load test report will be provided to the Administrator and submitted to the state monthly for 12 months. The Maintenance Director will report the findings of the audits to QAPI committee monthly for 4 months. Additional actions will be taken as appropriate. 	