

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/30/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARBOR AT LAUREL CIRCLE, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 MONROE STREET BRIDGEWATER, NJ 08807</b>
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E 000	Initial Comments	E 000		
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K 324 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>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through</p>	K 324		9/1/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  08/12/2019
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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 324	<p>Continued From page 1 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review on 7/29/19 in the presence of facility management, it was determined that the facility failed to inspect the range-hood fire suppression system semi-annually in accordance with NFPA 96.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the facility's range-hood fire suppression system inspections for the previous 12 months revealed that the last inspection by the licensed vendor was conducted on 11/2/18, nearly 9 months ago.</p> <p>In an interview at 11:30 AM, the Director of Facilities stated that she would reach out to the licensed inspection vendor to see if another inspection was conducted. No further inspections were provided by the date of survey.</p> <p>At 12:30 PM, the surveyor observed that the inspection tag on the system identified that the licensed vendor last inspected the system in 11/2018.</p> <p>NJAC 8:39-31.2(e) NFPA 96</p>	K 324	<ol style="list-style-type: none"> <li>1. Inspection of the facility's range-hood fire suppression system was immediately re-scheduled to comply with semi-annual inspections in accordance with NFPA 96 standards</li> <li>2. All residents have the potential to be affected by the deficient practice.</li> <li>3. The facility's range-hood fire suppression system will be placed on a recurring 6-month schedule with calendar reminders to ensure semi-annual inspections occur in accordance with NFPA 96 standards.</li> <li>4. The Director of Facilities or designee will audit the range-hood fire suppression system inspection quarterly to ensure compliance with NFPA 96 standards. The first and third quarter audit will ensure the inspection is scheduled. The second and fourth quarter audit will ensure the inspection occurred.</li> </ol> <p>Results of the audits will be submitted to Quality Assurance and Performance Improvement committee monthly. The committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for</p>		

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K 324	Continued From page 2	K 324	further auditing.		
K 345 SS=E	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on interview and document review on 7/29/19 in the presence of facility management, it was determined that the facility failed to inspect the fire alarm system semi-annually in accordance with NFPA 72.  This deficient practice was evidenced by the following:  A review of the facility's fire alarm system inspection for the previous 12 months revealed that the last inspection by the licensed vendor was conducted on 11/1/18, nearly 9 months ago.  In an interview at 11:30 AM, the Director of Facilities stated that she would reach out to the licensed inspection vendor to see if another inspection was conducted. No further inspections were provided by the date of survey.</p> <p>NJAC 8:39-31.2(e) NFPA 72</p>	K 345	<p>1. Inspection of the facility's fire alarm system was immediately re-scheduled to comply with semi-annual inspections in accordance with NFPA 70, National Electric Code, and NFPA 72 standards.</p> <p>2. All residents have the potential to be affected by the deficient practice.</p> <p>3. The facility's fire alarm system will be placed on a recurring 6-month schedule with calendar reminders to ensure semi-annual inspections occur in accordance with NFPA 70, National Electric Code, and NFPA 72 standards.</p> <p>4. The Director of Facilities or designee will audit the fire alarm system inspection quarterly to ensure compliance with NFPA 70 and 72 standards. The first and third quarter audit will ensure the inspection is scheduled. The second and fourth quarter audit will ensure the inspection occurred.</p>	9/1/19	

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K 345	Continued From page 3	K 345	Results of the audits will be submitted to Quality Assurance and Performance Improvement committee monthly. The committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for further auditing.		
K 351 SS=D	<p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 7/29/19 in the presence of facility management, it was determined that the facility failed to provide automatic fire sprinkler protection to all areas in accordance with NFPA 13.</p>	K 351	<p>1. Installation of automatic fire sprinkler protection in the closet of the Physical Therapy room was immediately scheduled to comply with semi-annual inspections in accordance with NFPA 13.</p>	9/1/19	

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K 351	Continued From page 4  This deficient practice was evidenced by the following:  At 12:27 PM, the surveyor, along with the Director of Facilities (DF) and two Administrators, observed that there was no fire sprinkler protection provided in the storage closet in the Physical Therapy room. The room was greater than 2-foot by 2-foot in size and contained combustible physical therapy supplies and equipment.  In an interview at the time, the Director of Facilities and the two Administrators stated they were not aware there was no protection to the closet.  NJAC 8:39-31.1(c), 31.2(e) NFPA 13	K 351	2. All other portions of the facility were inspected to ensure compliance with NFPA 13 (Standard for the Installation of Sprinkler Systems).  3. All portions of the facility will be inspected by the Director of Facilities or designee upon completion of any building modification to ensure compliance with NFPA 13 (Standard for the Installation of Sprinkler Systems).  4. All facility inspections during times of renovation will be reviewed by the QAPI committee to ensure compliance with NFPA 13 (Standard for the Installation of Sprinkler Systems).  Receipt of sprinkler installation is attached.		
K 918 SS=D	Electrical Systems - Essential Electric System 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 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	K 918		9/1/19	

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K 918	<p>Continued From page 5</p> <p>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 interview and document review on 7/29/19 in the presence of facility management, it was determined that the facility failed to conduct a 4-hour load test at least every 36 months in accordance with NFPA 99.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the facility's emergency generator log for the previous 36 months revealed that there was no documented test or power outage in the facility that was equal to or greater than 4 continuous hours in duration.</p> <p>In an interview at 11:30 AM, the Director of Facilities stated that she was not aware of any</p>	K 918	<ol style="list-style-type: none"> <li>1. The facility will conduct a continuous 4-hour load test of the emergency generator (8/16/19 pending air quality) in accordance with NFPA 99.</li> <li>2. All other portions of the facility were audited to ensure compliance with NFPA 99.</li> <li>3. The facility will schedule and conduct a continuous 4-hour generator load test with calendar reminders bi-annually to ensure compliance with NFPA 99.</li> <li>4. The Director of Facilities or designee will audit the generator log annual to ensure compliance with NFPA 99</li> </ol>		

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K 918	Continued From page 6 test of the generator meeting the 4-hour requirement.  NJAC 8:39-31.2(e) NFPA 99, 110	K 918	standards.  Results of the audits will be submitted to Quality Assurance and Performance Improvement committee monthly. The committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for further auditing.		
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a	K 923		9/1/19	

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K 923	<p>Continued From page 7</p> <p>minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 7/29/19 in the presence of facility management, it was determined that the facility failed to maintain 5-feet of separation between combustible material and storage of quantities of oxygen greater than 300 cubic feet in accordance with NFPA 99.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 12:35 PM, the surveyor, along with the Director of Facilities and the Administrator observed that there were 16 full e-tanks of compressed oxygen and 4 used tanks in the oxygen storage room on the resident unit. There were shelves directly above the tanks with combustible respiratory supplies and there were supplies at floor level next to the stored tanks. The volume of the tanks exceeded the 300 cubic foot threshold requiring a 5-foot separation between the oxygen and combustible material.</p> <p>In an interview at the time, the Director of Facilities stated she would move the supplies to a fire rated cabinet.</p>	K 923	<ol style="list-style-type: none"> <li>1. The facility removed numerous oxygen tanks to reduce the total storage to under the 300 cubic foot threshold.</li> <li>2. All other areas of the facility were audited to ensure compliance with all aspects of NFPA 99.</li> <li>3. The Director of Facilities or designee will conduct environmental rounds of the facility monthly to ensure compliance with all aspects of NFPA 99.</li> <li>4. The Director of Facilities or designee will audit the results of the monthly environmental rounds to ensure compliance with all aspects of NFPA99.</li> </ol> <p>Results of the audits will be submitted to Quality Assurance and Performance Improvement committee monthly. The committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for further auditing.</p>	



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

PRINTED: 11/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

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