New Jer	sey Department of ⊦	lealth				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPP		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		060307	B. WING		06/0	C)3/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PALACE REHABILITATION AND CARE CENTEF 315 WEST MILL ROAD MAPLE SHADE, NJ 08052 08052						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	THE FACILITY WA WITH THE STAND ADMINISTRATIVE STANDARDS FOR TERM CARE FACI SUBMIT A PLAN O INCLUDING A COM DEFICIENCY AND IMPLEMENTED. F DEFICIENCIES MA ENFORCEMENT A WITH THE PROVIS JERSEY ADMINIS CHAPTER 43E, EN LICENSURE REGU 8:39-31.1(c) Manda (c) Fire safety main long-term care facil Uniform Fire Safety adopted by the New Community Affairs. Safety Code may b Safety Element of t	VPLETION DATE, FOR EACH ENSURE THAT THE PLAN IS AILURE TO CORRECT Y RESULT IN CTION IN ACCORDANCE SIONS OF THE NEW FRATIVE CODE, TITLE 8, FORCEMENT OF	S 000 S 2120			7/29/21
		DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE
	ically Signed					06/11/21
STATE FOR	M		6899	DAAL 11	If continue	tion sheet 1 of 3

If continuation sheet 1 of 3

New Jer	sey Department of H	lealth			FURM	PPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060307			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		C 06/03/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PALACE	REHABILITATION AN		Г MILL ROA HADE, NJ(
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLET DATE
S2120	Continued From pa	age 1	S2120			
	This REQUIREMENT is not met as evidenced by: Based on interview and review of facility documentation on 06/01/21, it was determined that the facility failed to ensure that their building was inspected by a local fire code official on a quarterly basis, for the last five quarters, in accordance with the quarterly inspection requirement of the Uniform Fire Code (NJAC 5:18). This deficient practice was evidenced by the following: A review of the facility's quarterly fire code inspection reports and related documentation, for the last five quarters, revealed that the building was inspected one time, as indicated on the certification dated 02/18/20. During an interview with the surveyor at 10:35 AM, the facility's Maintenance Director, Regional Plant Operations Director and Administrator confirmed that the building was only inspected one time within the last five quarters (last certification dated 02/18/20) and stated that this			Element One The Fire Marshall was immediated contacted regarding the quarterly inspections. The fire inspection wa to the maintenance checklist to er being properly scheduled. Element Two All residents have the potential to affected by this practice.	fire as added nsure it is	
				Element Three The Fire Marshall will be contacte administrator/designee prior to the scheduled quarterly inspection to them that the facility is due for ins The Maintenance Director has add required quarterly inspections to the maintenance binder spreadsheet checked a minimum of weekly. Maintenance staff received re-edu about required inspections per staff federal life safety regulations.	e remind pection. ded the he which is ucation	
	was due to a recen Shade Fire Departr longer had a town of The facility could no reflecting this chan The surveyor inform	It change made by the Maple ment. They stated that they no (Maple Shade) fire inspector. ot provide documentation ge. med the Administrator of this ife Safety Code survey exit		Element Four The Administrator will maintain a l dates when quarterly fire inspectio due to ensure compliance. The Administrator will monitor complia report findings at the quarterly qua assurance committee on an ongot basis. Maintenance director will begin to fire marshal a month prior to inspec being due weekly by email and ph inspection is completed.	ons are nce and ality ing contact ection	

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New Jer	<u>sey Department of F</u>	lealth				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		060307	B. WING		C 06/03/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
		315 WES	T MILL ROAI			
PALACE	REHABILITATION AN	ID CARE CENTER MAPLE S	SHADE, NJ 0	8052		
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