

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

PRINTED: 10/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315289	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2021
NAME OF PROVIDER OR SUPPLIER VOORHEES PEDIATRIC FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1304 LAUREL OAK ROAD VOORHEES, NJ 08043	
(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	E 000		
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 09/29/21 and Voorhees Pediatric Facility was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy</p> <p>Voorhees Pediatric Facility is a 1-story building that was built in 1984. It is composed of Type II unprotected construction and is divided into nine smoke zones. The generator supplies emergency power to approximately 40 - 50 % of the building as per the Maintenance Director.</p> <p>The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions.</p>	K 000		

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

TITLE

(X6) DATE

Electronically Signed

10/15/2021

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 000	Continued From page 1 The facility has 119 certified beds. At the time of the survey the census was 107.	K 000			
K 353 SS=D	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 09/29/21, in the presence of the Plant Operations Director and Respiratory Director, it was determined that the facility failed to ensure that the automatic sprinkler heads were unobstructed. This deficient practice was evidenced by the following:</p> <p>At 12:15 PM, the surveyor observed in the [REDACTED] Unit supply room, that approximately 10 combustible cardboard boxes were being stored within 5-inches of the drop ceiling and fire sprinkler head. All items should have been</p>	K 353	<p>K353 All staff, residents and visitors could be affected by this deficient practice. The boxes were removed immediately to allow required clearance from the sprinkler heads. A tape line was placed around the perimeter of the supply room as a visual aide/reminder for staff. Supply staff will be re-educated on the deficient practice and the associated risks that it poses to the facility and its residents/staff by 10/22/21. Weekly, walking environmental rounds will</p>	11/30/21	

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K 353	Continued From page 2 stored 18-inches below the sprinkler head to provide protection in the event of a fire. The Plant Operations Director and Respiratory Director confirmed the finding during the observation. The Administrator was informed of the finding at the Life Safety Code exit conference on 09/29/21. NJAC 8:39-31.2(e) NFPA 101- 2012 edition 19.3.5.1 section 9.7	K 353	be conducted by the Safety Officer/Designee to ensure 100% compliance. If this deficient practice is found, staff will be re-educated and/or disciplined according to the progressive discipline policy. Quality assurance (QA) results will be reported quarterly to the Safety Committee until this deficient process is no longer an issue. Completion date will be 11/30/2021.		
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 09/29/21, it was determined that the facility did not maintain the required clearance around electrical panels, electrical equipment and controls in accordance with NFPA 101, 2012 LSC Edition, Section 19.5.1, 19.5.1.1, 9.1, 9.1.2, NFPA 99 2012 Edition, Section 15.5.1.2 and NFPA 70 2011 Edition, Section 110.26. This deficient practice of not ensuring 36" in front of the electrical panels will prevent staff and emergency personnel from disconnecting the electrical power quickly. In addition, cardboard	K 911	K911 All staff, residents and visitors could be affected by this deficient practice. The boxes were immediately removed from both the [REDACTED] soiled utility room and the [REDACTED] nourishment electrical closet to allow required clearance from the electrical panels. New storage shelves were ordered and installed in another area of the wing that can accommodate the items that were moved. All housekeeping and supply staff will be educated on the	11/30/21	

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K 911	<p>Continued From page 3</p> <p>storage boxes and paper stored in front of electrical equipment may provide an ignition source and pose a fire risk. The deficient practice was observed in 2 of 6 electrical rooms, and was evidenced by the following:</p> <p>1. At 12:28 PM, the surveyor, Plant Operations Director and Respiratory Director observed in the [REDACTED] Unit soiled utility room, by resident room [REDACTED], that approximately six (6) combustible cardboard boxes were being stored under the electrical panels. The panels had a sign indicating "ATTENTION: DO NOT BLOCK the ELECTRICAL PANELS".</p> <p>2. At 12:35 PM, the surveyor, Plant Operations Director and Respiratory Director observed in the [REDACTED] Unit nourishment/electrical closet, by the nurses' station that four (4) combustible cardboard boxes were being stored under the electrical panel. The panel had a sign indicating "ATTENTION: DO NOT BLOCK the ELECTRICAL PANELS".</p> <p>The observations were confirmed by the Plant Operations Director and Respiratory Director during the tour of the electrical rooms in the facility.</p> <p>The Administrator was notified of the findings at the Life Safety Code exit conference on 09/29/21.</p> <p>NJAC 8:39-31.2(e)</p>	K 911	<p>deficient practice, the required clearance required around electrical panels, and where items were relocated to by 10/22/21. Weekly environmental rounds will be conducted by the Safety Officer/Designee to ensure that the electrical panels are not blocked and out of compliance. During the weekly environmental rounds, 2 staff members will be interviewed on the process to ensure they have the most up to date information to prevent a recurrence. Quality assurance (QA) results will be reported quarterly to the Safety Committee. Completion date will be 11/30/2021.</p>		