

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

PRINTED: 09/12/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315060 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 01/31/2020 |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER ST MARY'S CENTER FOR REHABILITATION & HEALTHCARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 220 ST MARY'S DRIVE CHERRY HILL, NJ 08003 | |
| (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 | INITIAL COMMENTS LIFE SAFETY CODE 101:2012 Existing | K 000 | | |
| K 351 SS=D | THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. Sprinkler System - Installation CFR(s): NFPA 101 Spinkler 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: | K 351 | | 3/2/20 |

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

TITLE

(X6) DATE

Electronically Signed

02/20/2020

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 351 | Continued From page 1 Based on observations and interview on 01/24/20 in the presence of facility management, it was determined that the facility failed to provide automatic fire sprinkler protection to elevator shafts in accordance with NFPA 13. This deficient practice was evidenced by the following: At 10:05 AM, the surveyor and the facility's Director of Maintenance (DM) observed that there was no fire sprinkler protection in the hydraulic elevator shafts. In an interview, at the time, the DM confirmed there was no fire sprinkler protection within the shaft and stated he would address the issue. NJAC 8:39-31.1(c), 31.2(e) NFPA 13 | K 351 | K351: Sprinklers will be installed in accordance with NFPA 13 and NFPA 101 in 3 elevator shafts by 4/24/2020 to ensure compliance. Audits of these 3 sprinkler shafts will be done monthly by the Maintenance Director for a period of 3 months, then quarterly after for a period of 1 year total to ensure compliance with NFPA 13 and NFPA 101. Results of these audits will be brought and discussed to the QA/QAPI meeting on a quarterly basis. The submission of this response to the statement of deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or required correction. This response is prepared, executed, and submitted solely as a requirement of the provisions of federal and state law. | | |
| K 353 SS=D | Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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. a) Date sprinkler system last checked _____ | K 353 | | 3/13/20 | |

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| K 353 | <p>Continued From page 2</p> <p>b) Who provided system test</p> <hr/> <p>c) Water system supply source</p> <hr/> <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 interview and documentation review on 01/23/20 and observations on 01/24/20 in the presence of facility management, it was determined that the facility failed to test the automatic fire sprinkler system pump annually in accordance with NFPA 25.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 01/23/20, a review of the facility's fire sprinkler system inspection documentation for the previous 12 months revealed that the test dated 05/24/19 had no annual fire pump performance data due to a broken test header. Further review revealed the last fire pump test was conducted on 08/30/18.</p> <p>The facility provided a proposal for the header repair dated 06/11/19 and signed as accepted by the facility on 06/18/19. However, the facility was unable to provide a date the repair was completed and ready for the annual performance test.</p> <p>On 01/24/20 at 12:00 PM, the surveyor observed that the licensed vendor was conducting the annual performance test. The test report was then provided to the surveyor upon completion.</p> | K 353 | <p>K353: The facility did have an Annual fire pump inspection completed on 1/24/2020 in accordance with NFPA25, as noted by the surveyor. The Maintenance Director will ensure that all future testing of the fire pump will be in compliance with NFPA 25 testing requirements. Audits of fire pump testing will be done quarterly by the Maintenance Director with results brought and discussed to the QA/QAPI meeting on a quarterly basis.</p> <p>The submission of this response to the statement of deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or required correction. This response is prepared, executed, and submitted solely as a requirement of the provisions of federal and state law.</p> | | |

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| K 353 | Continued From page 3 NJAC 8:39-31.1(c), 31.2(e) NFPA 25 | K 353 | | | |

POST-CERTIFICATION REVISIT REPORT

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|--|----|---|---|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315060 | Y1 | MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing | Y2 | DATE OF REVISIT 3/13/2020 | Y3 |
| NAME OF FACILITY ST MARY'S CENTER FOR REHABILITATION & HEALTHCARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 220 ST MARY'S DRIVE CHERRY HILL, NJ 08003 | | |

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|---|---------------------------------------|---|---------------------------------------|--|----------------------------------|
| ID Prefix _____ Reg. # NFPA 101 LSC K0351 | Correction Completed 03/13/2020 | ID Prefix _____ Reg. # NFPA 101 LSC K0353 | Correction Completed 03/13/2020 | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed _____ |
| ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed _____ | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed _____ | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed _____ |
| ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed _____ | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed _____ | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed _____ |
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|---|------------------------|---|-----------------------|------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON 1/31/2020 | | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |