STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315427	A. BUILDING **01** B. WING _____	**05/24/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	**535 N OAK AVE** **PITMAN, NJ 08071**

(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 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		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/19/21 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 Occupancies. United Methodist @ Pitman is a 5 story building that was built in 1990's. It is composed of Type 1 construction. The facility is divided into 5 smoke zones.	K 000		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was	K 293	How any corrective action will be	6/1/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/03/2021

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K 293	Continued From page 1 determined that the facility failed to properly identify doors with signage as "No Exit" for 2 of 2 doors, in accordance with NFPA 101, 2012 Edition, Section 7.10 and 7.10.8.3. The deficient practice was evidenced by the following: 1. The surveyor observed at 01:22 PM, that the corridor door that led into the fountain enclosed courtyard was not an exit and did not have a "No Exit" sign. 2. The surveyor observed at 01:37 PM, that the dining room door led into the enclosed courtyard was not an exit and displayed the incorrect sign "NOT AN EXIT". The findings were verified by the Maintenance Director at the times of the observation The Administrator was notified of the findings at the Life Safety Code exit conference. NJAC 8:39-31.2(e)	K 293	accomplished for those residents found to be affected? The facility has eliminated all signs that were not in compliance and replaced with appropriate signage. All residents had the potential to be affected. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected. However, the two signs identified have been removed, discarded, and appropriate signs displayed in their place. What measures will be put into place or systemic changes made to ensure the deficient practice will not reoccur. This will be added to preventative maintenance program and checked monthly, for a period of 3 months. If any sign is not within stated guidelines, it will be removed and replaced with appropriate signage. Prior to being added to the program maintenance staff will be in serviced, also the members of the safety committee as well, so that it becomes a part of the safety rounds performed monthly. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not reoccur. The outcome of the safety audits will also be reviewed by the QAPI team, for 3 months. Once 100% compliance is achieved with no further issues being noted, this will be placed on the annual agenda for review as a qapi study held during 2021, to ensure full compliance has been maintained	

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K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to provide notification by audible and visible signals in 1 of 1 courtyards, in accordance with NFPA 101, 2012 Edition, Section 19.3.4.3.1, 9.6, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9. The deficient practice was evidenced by the following: Interview on 05/19/21 at 9:35 AM with the Maintenance Director revealed the facility was not aware of the requirements for horn / strobe tied to the fire alarm in enclosed courtyards. The surveyor observed at 11:15 AM, that the	K 341	How any corrective action will be accomplished for residents found affected by deficient practice? The corrective action that has taken place to address the deficient practice potentially affecting all residents was the facility retained the services of Johnson Fire Protection Company to purchase and install the horn/strobe device in the enclosed courtyard adjacent to the main building. This will abate the deficient practice. All Staff will be in serviced upon completion of the installation, and the purpose of the device. When available the	6/30/21

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K 341	Continued From page 3 fountain enclosed courtyard did not have a horn/strobe tied into the fire alarm. The findings were verified by the Maintenance Director at the time of the observation. The Administrator was notified of the findings at the Life Safety Code exit conference. NJAC 8:39-31.2(e)	K 341	Physical Plant Director will attend external in-service training regarding Changes to the NFPA fire code, and enlist assistance from our vendor, for updated information. How the facility will identify the other residents having potential to be affected by the same deficient practice. All residents have the potential to have been affected by this, device not having been installed in the enclosed courtyard. The device upon the completion of the installation will be a part of the main building fire alarm monitoring system. What measures will be put into place or systemic changes made to ensure that deficient practice will not reoccur.? By installing the strobe/ horn apparatus this will eliminate the deficient practice. The apparatus will be checked in conjunction with the fire alarm systems by Johnson Fire Company. This will also be discussed during the annual review of hazard and vulnerability analysis which will occur at the end of the calendar year safety committee meeting. There were not any negative resident or physical plant outcomes as a result of not having this device available. How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not reoccur. The equipment will be included in the standard fire alarm testing, the results will be noted, any issues will be addressed immediately. The results of this testing will	

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K 341	Continued From page 4	K 341	be reviewed by both the safety and QAPI committees on a monthly basis.	
K 353 SS=F	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 _____ b) Who provided system test _____ c) Water system supply source _____ 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, it was determined that the facility failed to maintain the sprinkler system, ensuring the ceiling level was smoke resisting for 5 of 10 rooms, in accordance with NFPA 101, 2012 Edition, Section 19.3.5.1, 4.6.12, 8.5.6, 8.5.6.2 and 9.7. NFPA 25, 2011 Edition, Section 5.1, 5.2.2.1. The deficient practice of failing to provide a complete smoke resisting ceiling at the level of the installed sprinklers would not ensure prompt and proper operation of the sprinklers. Based on observation and interview, the facility failed to provide a	K 353	K353 allation Fire Alarm System How any corrective action will be accomplished for those residents to have been affected by the deficient practice? The facility has secured the services of Johnson Fire Control Systems to repair, replace install items that were deficient to ensure compliance. Due to the nature of the deficient practice all residents were potentially affected. Upon the completion of the installation	6/30/21

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K 353	Continued From page 5 sprinkler box, in accordance with NFPA 101, 2012 Edition, Section 19.3.5.1, 4.6.12, 9.7.5 and NFPA 25, 2011 Edition, Section 5.1, 5.2.1.1.2, 5.4.1.4 and NFPA 13, 2010 Edition, Section 7.1.4, 8.5.5.2.1, 8.5.6.1. The complete sprinkler system inspection and testing is out of compliance and could affect all occupants of the building. The deficient practice was evidenced by the following: The surveyor observed the annual sprinkler inspection report dated: 04/26/21 under other deficiencies, the following issues were noted: Dry system : Replace 3/4" globe valve on the air supply from compressor (handle was removed and is stripped) Replace 2-dry pendents in outside storage room (outdated) Remove top tier of boxes from outside storage room (requires 18" clearance from ceiling) No head box for dry system with sprinkler heads and wrench Wet system: Tamper didn't report to FACP at riser check It's without hydraulic placard Extra sprinkler heads and wrench are needed in head box	K 353	Johnson Fire Control. All items are installed and fully functional. Replace ¿ glove valve on the air supply from compressor □ corrected May 25th. Replace 2 dry pendants in outside storage room outdated- ordered by Johnsons on May 25th awaiting receipt from manufacturer and then will installed by Johnson Fire Control Remove top of boxes from outside storage. No head box for dry system with sprinkler heads/wrench corrected May 25th. Wet system Tampler did not report to FACP at riser check □ corrected my 25th. Sprinkler heads wrench are needed corrected on May 25th. All other items found upon tour in room [redacted] floor and physical therapy room, have been corrected. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected by the same deficient practice. To prevent reoccurrence this will be added into the maintenance work order system, so that the Director of Maintenance Environmental Services Supervisor and the Administrator may monitor this on a quarterly basis to ensure timeliness of each required system inspection. What Measure will be put into place or changes to be made to ensure deficient practice does not reoccur. This will become a preventative maintenance monthly audit done via	

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K 353	Continued From page 6 During a facility tour with the Maintenance Director on 5/19/21 the following was observed; 1. The surveyor observed at approximately 10:59 AM, in the floor [redacted] room by resident room [redacted] that above the electrical panels the ceiling tile had penetrations by electrical piping and was not properly fire stopped, allowing hot gases and smoke to pass the sprinkler into the space above. 2. The surveyor observed at approximately 11:15 AM, in the floor [redacted] by resident room [redacted] that above the electrical panels the ceiling tile had penetrations by electrical piping and was not properly fire stopped, allowing hot gases and smoke to pass the sprinkler into the space above. 3. The surveyor observed at approximately 11:45 AM, in the floor [redacted] Utility room by resident room [redacted] that above the electrical panels the ceiling tile had penetrations by electrical piping and was not properly fire stopped, the penetrations were filled in with a gray caulking. The Maintenance Director stated he could not provide any documentation on the fire rating of the gray product used. 4. The surveyor observed at approximately 12:00 PM, in the floor [redacted] by resident room [redacted] that above the electrical panels the ceiling tile had penetrations by electrical piping and was not properly fire stopped, allowing hot gases and smoke to pass the sprinkler into the space above. 5. The surveyor observed at approximately 12:20 PM, in the floor [redacted] Physical Therapy room electrical closet that above the electrical panels the ceiling tile had penetrations by electrical	K 353	safety committee. It will be reviewed monthly for a period of 6 months or until such time, the Safety committee deems based on data the study no longer remains pertinent as 100% compliance has been achieved. How will the facility monitor the corrective actions.? The data from the safety committee will be reviewed by the QAPI committee, for a period of 6 months. Once QAPI study is completed it will be reviewed at the year end qapi meeting to ensure compliance is maintained. Date of completion June 30,21	

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K 353	Continued From page 7 piping and was not properly fire stopped, allowing hot gases and smoke to pass the sprinkler into the space above. An interview was conducted with the Maintenance Director during the observations where he confirmed the above observations and record review. The Administrator was notified of the findings at the Life Safety Code exit conference. NJAC 8:39-31.2(e) NFPA 25	K 353		