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

PRINTED: 10/23/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		315205	B. WING		06/25/2019
NAME OF PR	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE	
MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE				WO COOPER PLAZA CAMDEN, NJ 08103	
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	5.75
F 000	INITIAL COMMENTS		F 000		
	STANDARD SURVE	Y: 6/25/19			
	CENSUS: 74				
	SAMPLE SIZE: 18				
		ubstantial compliance with 2 CFR Part 483, Subpart B, illties.			
F 908 SS=D	Essential Equipment, CFR(s): 483.90(d)(2)	Safe Operating Condition	F 908		7/19/19
	and patient care equi	in all mechanical, electrical, pment in safe operating is not met as evidenced			
	Based on observation interview on 6/25/19, management, it was a failed to maintain com	in the presence of facility determined that the facility nmercial clothes dryers in on by failing to maintain the		The plan of correction is the facility □'s credible allegation of compliance. Preparation and/or execution of this plat of correction does not constitute admission or agreement by the provide the truth of the facts alleged or	an
	This deficient practice following:	was evidenced by the		conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely becau it is required by the provision of federal	ıse
	Maintenance Director Maintenance, Adminis observed that 2 of the clothes dryers (4th wa main laundry had a he			and state law. 1. The lint build up in the lower chamber was immediately cleaned out. All Laune Personnel were immediately in service regarding this procedure. 2. All residents have the potential to be affected by this deficient practice.	er dry d
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>	TITLE	(X6) DATE

07/12/2019

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.

Electronically Signed

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F 908	In an interview, at the stated that the facility from the dryers every. A review of the facility that the last cleaning (6/24/19). In an interview at the Aide (LA) stated that sheets available and cleaned the dryers th. The surveyor then ob with linen and start the lint trap. The Administrator propolicy and Procedure email which stated, "Total catching system will be manufacturer recomme email clarified the cleaned that the line is the state of the sta	time, the facility's MD 's policy was to clean the lint 2 or 3 loads. 's lint cleaning log revealed was signed the day before time, the facility's Laundry there were no more log stated that she had not at morning. served the LA load the dryer e machine without cleaning vided the surveyor with the for Drying Machines via The dryer machine lint be cleaned routinely or per nendations." A second aning parameters as "every ree hours as needed."	F 90	3. All Laundry Personnel will be in serviced on the Facility Dry Machine Policy and Procedure as well as all applicable guidelines set forth in this requirement. 4. The Facility Director of Housekee Laundry Services will maintain daily of all dry machine lint chambers for days and once weekly thereafter to ensure compliance in this area. Additionally, The Facility Director of Housekeeping & Laundry Services reference the facility lint cleaning log an additional quality assurance meat The Facility Director of Housekeepin Laundry Services will report all findithe Administrator at the facility daily Morning Meeting. The Facility Administrator will conduct unannour routine audits to ensure compliance area. Both the Facility Director of Housek & Laundry Services as well as the FAdministrator will review, evaluate a present all findings in this procedure well as general compliance in all applicable guidelines set forth in this requirement to the Facility Quality Assurance Committee on a quarterl basis.	eping & vaudits 90 will g as asure. ng & ngs to nced e in this eeping facility and e as s	