

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315205	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/25/2019
NAME OF PROVIDER OR SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE TWO 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 321	<p>Continued From page 1</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 6/25/19, in the presence of facility management, it was determined that the facility failed to provide self-closing doors to hazardous areas in the basement level.</p> <p>This deficient practice was evidenced by the following:</p> <p>Throughout a tour of the basement, beginning at 10:10 AM, the surveyor along with the facility's Maintenance Director (MD), Assistant Maintenance Director (AMD), and Administrator observed there were 4 hazardous area rooms that were not provided with self-closing doors as follows:</p> <ol style="list-style-type: none"> The Housekeeping Department Equipment Room measured greater than 50 square feet and contained combustible cardboard boxes of supplies. The door was not self-closing and would not latch into the frame. There were holes in the door and the frame where a door closer had previously been installed. The old "Dietician Office" (now storage room) measured greater than 50 square feet and contained combustible cardboard boxes of supplies. The door was not self-closing and would not latch into the frame. There were holes in the door and the frame where a door closer had previously been installed. 	K 321	<p>The plan of correction is the facility's credible allegation of compliance. Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <ol style="list-style-type: none"> All storage room doors indicated in this statement of deficiencies were immediately mended to self close and positively latch. All residents have the potential to be affected by this deficient practice. All Maintenance Personnel will be in serviced regarding this LSC requirement. The Facility Director of Maintenance will maintain weekly audits of all Hazardous Area Enclosures to ensure all fire rated doors are self closing and positively latch in accordance with all applicable guidelines set forth in this requirement. The Facility Administrator will conduct unannounced routine audits in this area to ensure compliance. 		

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K 321	Continued From page 2 3. The Diaper Storage Room measured greater than 50 square feet and contained combustible packages of disposable diapers. The door was not self-closing and would not latch into the frame. 4. The Records Storage Room measured greater than 50 square feet and contained combustible records storage. The door was not self-closing and would not latch into the frame. In an interview, at the time, the MD stated that some of these rooms were not hazardous areas in the past, and that self-closing devices would be added.	K 321	The facility Administrator as well as the Facility Director of Maintenance will evaluate and present all findings in this area as well as general compliance in all applicable guidelines set forth in this requirement to the Facility Quality Assessment and Assurance Committee on a quarterly basis.	
K 351 SS=D	NJAC 8:39-31.2(e) 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)	K 351		7/31/19

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K 351	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 6/25/19 in the presence of facility management, it was determined that the facility failed to provide automatic fire sprinkler protection to all areas in accordance with NFPA 13.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 10: 40 AM, the surveyor and the facility's Maintenance Director (MD) observed that there was no fire sprinkler protection to the exterior access only storage room. The room contained storage of supplies and gasoline powered lawn equipment. Equipment included a trimmer, leaf blower, leaf vacuum, lawn mower, snow blower, and a container of gasoline. The room had penetrations through the concrete block walls to the kitchen that were sealed with yellow foam spray insulation that was not fire rated to the wall construction.</p> <p>In an interview at the time, the MD stated that the equipment was no longer used since the hospital took over the property several years ago.</p> <p>NJAC 8:39-31.2(e) NFPA 13, 25</p>	K 351	<p>The plan of correction is the facility <input type="checkbox"/>s credible allegation of compliance. Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <ol style="list-style-type: none"> 1. The container of gasoline as well as all lawn equipment indicated in this statement of deficiencies was immediately removed from the exterior access room. 2. All residents have the potential to be affected by this deficient practice. 3. All Maintenance Personnel will be in serviced regarding this NFPA guideline. 4. The penetrations through the concrete block walls will be sealed with fire rated foam. An automatic fire sprinkler protection system will be installed in the exterior access room in accordance with NFPA 13. The projected completion date for this installation is 7/31/19. The facility will continue to maintain mandatory quarterly sprinkler system inspections. <p>The facility Administrator as well as the Facility Director of Maintenance will evaluate, review and present all quarterly inspection findings to the Facility Quality Assessment and Assurance Committee</p>		

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

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K 351	Continued From page 4	K 351	on a quarterly basis.		