

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

PRINTED: 04/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315346	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2021
NAME OF PROVIDER OR SUPPLIER N J VETERANS MEM HOME PARAMUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1 VETERANS DRIVE PARAMUS, NJ 07652		
(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	K 000			
K 321 SS=E	<p>Hazardous Areas - Enclosure</p> <p>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4.</p>	K 321		2/10/22	

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

TITLE

(X6) DATE

Electronically Signed

11/10/2021

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 321	<p>Continued From page 1</p> <p>Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, it was determined that the facility failed to ensure the separation of hazardous areas as evidenced by the failure to ensure penetrations in the ceiling from pipes and ceiling tiles were sealed on 6 of 12 Wings (█ Wing, █ building, █ floor; █ Wing, █ building, █ floor; █ Wing, █ building, █ floor; █ Wing, █ building, █ floor; █ Wing, █ building, █ floor; █ Wing; and █ Wing, █ Building, █ floor); and failed to ensure the corridor doors had self-closing devices installed on the corridor door on 3 of 12 Wings (█ Wing, █ building, █ floor; █ Wing; and █ Wing, █ building, █ floor) to prevent the spread of combustible particles in the event of a fire. These failed practices had the potential to affect 27 residents who resided on the █ Wing, 15 residents who resided on the █ Wing, 26</p>	K 321	<p>Corrective Action</p> <p>-Ceiling from pipes and ceiling tiles were sealed using recommended Fire Barrier Sealant (red) from █ to prevent penetration on 6 of 12 wings █ Wing, █ building, █ fl.; █ Wing, █ building, █ fl.; █ wing, █ building, 2 █ fl. █ Wing █ building, █ fl) and failed to ensure the corridor doors had self-closing devices installed on the corridor door on 3 of 12 wings (█ Wing, █ building, 1 █ floor, █ Wing; and █ Wing, █ building, █ fl.) to prevent the spread of combustible particles in the event of a fire. This deficient practice had the potential to affect 27 residents on the █ Wing, 15 residents on the █ Wing, 26 residents on</p>	

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K 321	Continued From page 2 residents who resided on the █ Wing and 21 residents who resided on the █ Wing. Findings included: 1. Observation on 10/20/2021 at 9:15 AM, revealed the █ wing in the █ building, █ floor, in the laundry, had an approximate two-inch unsealed hole in the ceiling tile where a pipe penetrated the ceiling. 2. Observation on 10/20/2021 at 9:45 AM, revealed off the █ Wing, in the dining room, on the █ building, █ floor, in a mechanical room, contained four one-inch unsealed holes in the ceiling tile where pipes penetrated the ceiling and a ceiling tile gapped downward and unsealed about one inch. 3. Observation on 10/20/2021 at 10:38 AM, revealed off the █ Wing, in the elevator mechanical room, located in the █ building, █ floor, that contained three two-inch unsealed holes in the ceiling tiles where metal piping penetrated the ceiling and approximately six one-inch unsealed holes in the ceiling tiles where metal piping penetrated the ceiling. 4. Observation on 10/20/2021 at 11:06 AM, revealed on the █ Wing, a storage room, █ located in the █ building, █ floor, that did not have a self-closing device installed on the corridor door and contained approximately 20 combustible nightstands, plastics, personal protective equipment (PPE), plastic carts, and other combustible products. 5. Observation on 10/20/2021 at 11:14 AM, revealed on the █ wing, a storage room, █	K 321	█ Wing and 21 residents on the █ Wing. █ Wing in the █ building, 1 █ fl in laundry had a two inch unsealed hole in the ceiling where the pipe penetrated the ceiling. █ Wing in the dining room █ building, █ fl in the mechanical room had 4 one-inch unsealed holes in the ceiling tile where pipes penetrated the ceiling. █ Wing in the elevator mechanical room 2 █ building, █ fl contained 3 two-inch unsealed holes in the ceiling tiles where metal pipes penetrated the ceiling and 6 one-inch unsealed holes in the ceiling tiles where metal pipes penetrated the ceiling. █ Wing, a storage room, █ located in the █ bldg, █ fl did not have a self-closing devise installed on the corridor door and contained 20 combustible nightstands, plastics, PPE, plastic carts and other combustible products. █ wing, a storage room █ located in the █ bldg, █ fl did not have a self-closing devise installed on the door and contained cardboard boxes, a wooden desk, Christmas decorations and other combustible products. █ Wing and █ Wing in the █ bldg, █ t fl by nurses station had a closet that did not have a self-closing devise installed on the door and cardboard boxes, PPE and other products were in the room. The Hazardous Areas under concern were corrected using the recommended Fire Barrier Sealant (red) from █ to prevent penetration and resident/staff safety was ensured. Potential To Affect		

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K 321	<p>Continued From page 3</p> <p>located in the [REDACTED] building, [REDACTED] floor, that did not have a self-closing device installed on the door and contained cardboard boxes, a wooden desk, Christmas decorations, and other combustible products.</p> <p>6. Observation on 10/20/2021 at 11:29 AM, located off the [REDACTED] wing and [REDACTED] Wing, in the [REDACTED] building, [REDACTED] floor, by the nursing station, revealed a storage closet that did not have a self-closing device installed on the door and contained cardboard boxes, personal protective equipment (PPE), and other combustible products.</p> <p>On 10/20/2021 at 11:35 AM, and during the tour, the Maintenance Crew Supervisor acknowledged the above concerns.</p> <p>New Jersey Administrative Code § 8:39-31.2 (e)</p>	K 321	<p>-This deficiency has the potential to affect all residents, staff and families POS in the facility.</p> <p>Systemic Change -The staff was in-serviced on the Fire Safety reminders in the facility. _Penetration holes were sealed to prevent the spread of smoke and fire. _The storage rooms will have self-closing devises installed and unnecessary items will be removed if not needed (furniture, decorations, etc.) _Ceiling tiles will be inspected and sealed to prevent penetration and spread of smoke and fire. This had the potential to affect 27 residents on [REDACTED] wing, 15 residents on [REDACTED] wing, 26 residents on [REDACTED] wing and 21 residents on [REDACTED] wing. Self enclosed devises installed on corridor door [REDACTED] wing, second building, storage room [REDACTED] building, [REDACTED] fl., and storage closet door off [REDACTED] wing by nurses station, [REDACTED] building, [REDACTED] fl.</p> <p>Monitoring -The engineering dept. will conduct monthly rounds of the buildings to assess safety and compliance. There are weekly check lists regarding building surveillance.</p> <p>_Nursing and Administration will round the buildings and report variances to engineering by work orders, email or calls depending on the severity of the concern observed. Nursing rounds daily. Administration rounds 3-4 times a week</p>	

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K 321	Continued From page 4	K 321	through the building. -Building Admin. will gradually increase engineer dept and increase off hour coverage. Currently staffing for engineering is filled for evening and weekend coverage for additional observations. Previously had staff on call for engineering. -Issues reported during the quarter will be reported by engineering to QAPI Committee for further action if needed.		
K 353 SS=E	<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 observations and interview, it was determined the facility failed to ensure ceiling penetrations were sealed, to reduce the potential</p>	K 353	<p>Corrective Action -Ceiling penetrations were sealed using Fire Barrier Sealant (red) from ████ to</p>	2/10/22	

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K 353	<p>Continued From page 5</p> <p>for smoke particles to spread from one smoke compartment to another smoke compartment in the event of a fire. This affected 5 of 12 Wings █ Wing, █ Wing, █ Wing, █ Wing, and █ & █ Wing) reviewed for fire penetrations. This had the potential to affect 27 residents who resided on the █ Wing, 25 residents who resided on the █ Wing, and 26 residents who resided on the █ Wing.</p> <p>Findings included:</p> <ol style="list-style-type: none"> On 10/20/2021 at 9:28 AM, on the █ floor, █ building, located on the █ Wing, the electrical room had approximately 20 one-inch and three one and a half-inch unsealed holes in the ceiling tile from metal pipes that penetrated the ceiling. On 10/20/2021 at 9:34 AM, on the █ floor, █ building, located off the █ Wing, an electrical room had approximately one three-inch and one two-inch unsealed holes in the ceiling tile from metal pipes that penetrated the ceiling. On 10/20/2021 at 9:44 AM, on the █ floor, █ building, located off the █ Wing kitchen, the electrical room had approximately 11 three-quarter inch unsealed holes in the ceiling tile from metal pipes that penetrated the ceiling. On 10/20/2021 at 11:26 AM, on the █ floor, 2nd building, located off the █ and █ Wings, the recreation room had an approximate four-inch unsealed hole in the ceiling tile, and two one-inch unsealed holes in the ceiling tiles. On 10/20/2021 at 11:36 AM, on the █ floor, █ building, located on the █ Wing, the electrical room of the quiet room had approximately five one-inch unsealed holes in the ceiling tile from 	K 353	<p>prevent penetration where █ fl █ building 20 one-inch and 3 one and 1/2 inch unsealed holes in the ceiling tile from metal pipes were observed.</p> <p>- █ fl, █ bldg located off the █ Wing, an electrical room had 1 three inch and 1 two- inch unsealed holes in the ceiling tile from metal pipes that penetrated the ceiling. These holes have been sealed using recommended Fire Barrier Sealant to prevent penetration.</p> <p>- █ fl., █ building located off █ Wing kitchen, the electrical room had 11 three quarter inch unsealed holes in the ceiling tile from metal pipes that penetrated the ceiling. These holes have been sealed using recommended Fire Barrier Sealant to prevent penetration.</p> <p>- █ fl, █ building located off the █ and █ Wings, the recreation room had a 4 inch unsealed hole in the ceiling tile and 2 one-inch unsealed holes in the ceiling tile. These holes have been sealed using Fire Barrier Sealant (red) 3M to prevent penetration.</p> <p>█ fl, █ building, located on the █ Wing the electrical room of the quiet room had 5 one-inch unsealed holes in the ceiling tile from the pipes that penetrated the ceiling. All holes were filled in with Fire Sealant. These holes have been sealed using Fire Barrier Sealant to prevent penetration.</p> <p>Potential To Affect -This deficiency has the potential to affect all residents, staff and families POAs in the facility.</p>	

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K 353	Continued From page 6 metal pipes that penetrated the ceiling. On 10/20/2021 at 11:37 AM, and during the tour, the Maintenance Crew Supervisor acknowledged and agreed to the above findings. New Jersey Administrative Code § 8:39-31.2 (e)	K 353	Systemic Change -The engineering department will address the penetration holes noted and seal same to prevent penetration of smoke and fire. The [REDACTED] Insulation from [REDACTED]. -Increased hours for engineering coverage for the facility is in progress. -This repair affects 27 residents in [REDACTED] wing, 25 residents in [REDACTED] wing and 26 residents who reside in the [REDACTED] wing. Monitoring -Engineering department will conduct monthly rounds of the buildings to assess safety and compliance. -Nursing and Administration will routinely round the building and report variances to engineering by work orders, email, or calls depending on the severity of the concern observed. Nursing rounds daily. Administrator rounds building 3-4 times per week. -Issues reported during the quarter will be reported to QAPI for further action if needed. QAPI to meet quarterly to ensure quality. Work has been completed for this deficiency.		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted	K 712		12/15/21	

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K 712	<p>Continued From page 7</p> <p>between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility document review and interview, it was determined the facility failed to ensure required fire drills were conducted at least quarterly on each shift and under varying conditions to ensure staff were trained and prepared to provide for resident safety in the event of a fire or other emergencies. This deficient practice occurred 4 of 4 quarters reviewed for completion of fire drills. This had the potential to affect all residents.</p> <p>Findings included:</p> <p>1. A review of the fire drill documentation from October 2020 through September 2021 provided by the Maintenance Crew Supervisor, indicated that no fire drills were conducted on the 1st and 2nd shifts during the 4th quarter of 2020; on the 1st and 2nd shift during the 1st quarter of 2021; on the 2nd shift during the 2nd quarter of 2021; or on the 2nd shift during the 3rd quarter of 2021.</p> <p>During an interview, at the time of the document review on 10/20/2021 at 2:30 PM, the Maintenance Crew Supervisor acknowledged he had provided all the documentation related to fire drills. He stated the facility had COVID-19 in the building during some parts of the year and that was the reason the drills were not completed.</p> <p>A review of the facility policy, undated, titled, "Maintenance of Safeguards-Appendix- B," indicated, "Life Safety Inspection Requirement:</p>	K 712	<p>Corrective Action</p> <p>-Fire Drills have commenced with one on each shift per month starting final quarter of 2021.</p> <p>-Fire Drills were not conducted at least quarterly on each shift and under varying conditions to ensure staff were trained and prepared to provide resident safety in the event of a fire or other emergencies. This deficient practice occurred in 4 of 4 quarters. No fire drills were conducted on the 1st and second shifts during the 4th quarter of 2020; on the 1st and second shifts during the 1st quarter of 2021; on the 2nd shift during the 2nd quarter of 2021 or on the 2nd shift during the third quarter of 2021.</p> <p>Potential To Affect</p> <p>-This deficiency has the potential to affect all residents, staff and families in the facility.</p> <p>Systemic Change</p> <p>-The Paramus Veterans Memorial Home will conduct fire drills one on each shift per month going forward until further notice.</p> <p>Monitoring</p> <p>-Fire Drills have resumed for all shifts at The Veterans Memorial Home at</p>		

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K 712	Continued From page 8 Conduct 3 fire drills, one on each shift, per month." New Jersey Administrative Code § 8:39-31.6 (b)	K 712	Paramus. 3 fire drills, one on each shift per month will be conducted per regulations. -Engineering will report fire drills and staff response to the QAPI Committee for action planning as needed per quarter.		
K 741 SS=E	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by:	K 741		12/15/21	

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K 741	<p>Continued From page 9</p> <p>Based on observation and interview, it was determined the facility failed to ensure 1 of 1 smoking areas (Building [REDACTED] Floor) was equipped with self-closing metal containers into which ashtrays can be emptied in all smoke areas to prevent potential fires. This had the potential to affect 29 residents who resided in Building [REDACTED]</p> <p>Findings included:</p> <p>1. On 10/20/2021 at 10:08 AM, the smoking area located outside of Building [REDACTED] Floor, was observed with two smoking extinguishment poles with air holes towards the top and did not have a self-closing metal container for the extinguishment of smoking materials. There were two residents sitting in wheelchairs in the smoking area.</p> <p>During an interview on 10/20/2021 at 10:08 AM, the Maintenance Crew Supervisor indicated they were not aware of the above requirement.</p> <p>During an interview on 10/20/2021 at 4:20 PM, the Administrator indicated they were not aware of the above requirement.</p> <p>New Jersey Administrative Code § 8:39-31.6 (a)</p>	K 741	<p>Corrective Action</p> <ul style="list-style-type: none"> -Smoking shall be prohibited in any room and NO SMOKING signs shall be posted with the international symbol for no smoking. -Smoking area outside Building [REDACTED] fl was observed with two smoking extinguishment poles with air holes toward the top and did not have a self-closing metal container for the extinguishment of smoking material. Two residents sitting in wheelchairs were in the smoking area. The requirement of 18.7.4(3) shall not apply where the patient is under direct observation. -Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. -Metal containers with self-closing cover devises into ashtrays can be emptied shall be readily available to all areas where smoking is permitted 18.7.4, 19.7.4. <p>Potential To Affect</p> <ul style="list-style-type: none"> -This deficiency has the potential to affect all residents, staff and families POAs in the facility. <p>Systemic Change</p> <ul style="list-style-type: none"> -Self closing metal containers will be installed in the areas where smoking is permitted. This will be in accordance with 18.7.4, 19.7.4. -These items would be in compliance with The New Jersey Administrative Code 8:39- 31.6(a). -Engineering will assess smoking areas smoking monthly for compliance. 		

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NAME OF PROVIDER OR SUPPLIER N J VETERANS MEM HOME PARAMUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1 VETERANS DRIVE PARAMUS, NJ 07652		
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K 741	Continued From page 10	K 741	Monitoring -The Engineering department along with Administration ordered said items for the residents that smoke outside of the building. -The placement of items and installation will be reported by engineering at the next Quarterly Fire Safety Committee Meeting and it will be determined if further action on this matter will be needed. One ash tray received, two more coming.		