STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315500	A. BUILDING **01** B. WING _____	**09/27/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES - VOORHEES	**1086 DUMONT CIRCLE** **VOORHEES, NJ 08043**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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 not 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		
E 039 SS=D	EP Testing Requirements CFR(s): 483.73(d)(2) *[For RNCHI at §403.748, ASCs at §416.54, HHAs at §484.102, CORFs at §485.68, OPO, "Organizations" under §485.727, CMHC at §485.920, RHC/FQHC at §491.12, ESRD Facilities at §494.62]: (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or	E 039		11/8/19

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/08/2019

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.

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E 039	Continued From page 1 (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. *[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following: (i) Participate in a full-scale exercise that is community based every 2 years; or (A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility- based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d) (2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that	E 039		

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E 039	Continued From page 2 is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop	E 039		

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E 039	Continued From page 3 exercises, and emergency events and revise the hospice's emergency plan, as needed. *[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or (B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise	E 039		

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E 039	Continued From page 4 the [facility's] emergency plan, as needed. *[For LTC Facilities at §483.73(d):] (2) The [LTC facility] must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. (B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's	E 039		

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E 039	Continued From page 5 emergency plan, as needed. *[For ICF/IIDs at §483.475(d)]: (2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or. (B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility- based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed. *[For OPOs at §486.360]	E 039		

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E 039	Continued From page 6 (d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following: (i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event. (ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. This REQUIREMENT is not met as evidenced by: Based on record review and interview on 09/26/19, in the presence of facility Administration, it was determined that the facility failed to participate in a community based emergency drill, and failed to conduct 1 of 2 emergency disaster drills annually in accordance with the Emergency Preparedness guidelines. This deficient practice was evidenced by the following: 1. A review of the facility's disaster drill documentation for the previous 12 months revealed there was no documented community based emergency drill. There was also no documentation that the facility attempted to participate in a community based drill.	E 039	1. Upon identification of deficient practice, it was determined that the facility failed to complete full scale community based drill and did not conduct a full scale in-house drill as required. Facility will complete a community based exercise called "All Aboard." Also, facility will complete a full-scale in house emergency disaster drill. 2. All residents have the potential to be affected. 3. Facility will complete a community based exercise called "All Aboard" on 10/18/2019. Facility will complete the second full-scale in house emergency disaster drill on 10/11/19. Maintenance	

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E 039	Continued From page 7 In an interview at 10:30 AM, the facility's Director of Maintenance confirmed the facility did not participate in a full scale community based drill and did not have any documentation the facility attempted to participate in a community based drill. 2. A review of the facility's emergency disaster drill documentation for the previous 12 months, revealed that the facility conducted a tabletop disaster drill on 12/31/18, but did not conduct a full scale in-house drill as required. In an interview at 1:30 PM, the facility's Administrator was notified of the lack of emergency disaster drills. NJAC 8:39-31.2(e)	E 039	Director/designee will in-service staff on emergency steps and a plan in the event of an emergency. 4. Facility Maintenance Director/designee will bring all updated plans from the community-based exercise and full-scale emergency in house drill to the monthly QAPI Meeting for review and discussion.	
K 000	INITIAL COMMENTS LIFE SAFETY CODE 101:2012 Existing THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000		
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.	K 353		11/8/19

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K 353	Continued From page 8 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 documentation review and interview on 09/26/19, in the presence of facility management, it was determined that the facility failed to conduct an internal obstruction investigation of the automatic fire sprinkler system every 5 years in accordance with NFPA 25. This deficient practice was evidenced by the following: A review of the facility's current fire sprinkler system report, dated 08/21/19, revealed that the licensed vendor identified that the last internal inspection date was unknown. At 1:30 PM, the facility's Director of Maintenance (DM) provided a proposal for the 5-year internal inspection from the vendor, dated 11/16/18, but the proposal was not signed as accepted by the facility. During an interview at the of time document review, the DM stated the proposal was never accepted and the inspection was not performed. NJAC 8:39-31.1(c), 31.2(e)	K 353	1. Upon identification of deficient practice a fire sprinkler inspection test has been scheduled on October 21st, 2019 (please refer to attachment). 2. A review was completed and identified that all residents have the potential to be impacted by the deficient practice. 3. Administrator in-serviced the Maintenance Director on conducting a fire sprinkler inspection every 5 years. 4. The Maintenance Director is to follow scheduled test tasks. Administrator/designee will monitor the completion of tasks to ensure timely completion. Facility Maintenance Director/designee will review the results of the fire sprinkler inspection test in the monthly Quality Assessment and Assurance Committee meeting. The Quality Assessment and Assurance Committee will determine the need for further and continued action.	

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K 353	Continued From page 9 NFPA 13, 25	K 353		
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced	K 918		11/8/19

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K 918	Continued From page 10 by: Based on documentation review and interview on 09/26/19, in the presence of facility management, it was determined that the facility failed to inspect the emergency generator weekly for 30 of 52 weeks and failed to exercise the emergency generator under load condition 12 times each year on a 20 to 40 day interval in accordance with NFPA 99. This deficient practice was evidenced by the following: A review of the facility's emergency generator log for the previous 12 months revealed the following: 1. There were no weekly inspection of the generator recorded from 09/07/18 to 05/02/19, 30 weeks. 2. The facility conducted 4 load tests (05/30/19, 07/2/19, 07/31/19, 08/31/19) and there were 2 power outages that exceeded 30 minutes (12/10/18 and 09/10/19); however, the 09/10/19 was conducted only 10 days later and does not count toward the required 12 load tests. This resulted in the facility conducting 5 of the 12 required load tests. In an interview at 10:30 AM, the facility's Director of Maintenance stated that he was hired in [redacted] and was not there for the missing tests and inspections. NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110	K 918	1. Upon identification of deficient practice it was determined that the facility failed to inspect the emergency generator weekly for 30 of 52 weeks and failed to exercise the emergency generator under load condition 12 times each year on a 20-40 day interval. 2. A review was completed and identified that all residents have the potential to be impacted by the deficient practice. 3. Administrator in-serviced the Maintenance Director on conducting an emergency generator test weekly and to exercise the emergency generator under load 12 times per year. 4. The Administrator and/or designee will audit weekly generator documentation weekly x 4 and then monthly x 2. Results of the audits will be reported to the monthly Quality Assessment and Assurance Committee for review and action as appropriate.	
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101	K 923		11/8/19

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K 923	Continued From page 11 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced	K 923		

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MANORCARE HEALTH SERVICES - VOORHEES	**1086 DUMONT CIRCLE** **VOORHEES, NJ 08043**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 923	Continued From page 12 by: Based on observations and interview on 09/26/19, in the presence of facility management, it was determined that the facility failed to ensure cylinders that are stored in the open are protected from weather in accordance with NFPA 99. This deficient practice was evidenced by the following: At 12:10 PM, the surveyor along with the facility's Director of Maintenance (DM) and Administrator-in-Training observed that there were two storage cages of compressed oxygen cylinders (E-tanks) behind the wall at the rear of the building. The cages were a metal open lattice type on the sides and would not protect the cylinders from rain, snow, and ice. In an interview, at the time, the DM stated that they have been stored there for a long time. NJAC 8:39-31.2(e) NFPA 99	K 923	1. Upon identification of deficient practice it was determined that the facility failed to ensure cylinders are stored in the open are protected from the weather 2. A review was completed and identified that all residents have the potential to be impacted by the deficient practice. 3. Maintenance Director obtained supplies and completed the covering of the cylinders that are stored in the open on Monday September 30, 2019. 4. The Administrator and/or designee will audit weekly x4 and then monthly x 2 to ensure that cylinders stored in the open are protected from the weather. Results of the audits will be reported to the monthly Quality Assessment and Assurance Committee for review and action as appropriate. The Quality Assessment and Assurance Committee will determine the need for further and continued action.	