PRINTED: 09/29/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFIC ENCIES  AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENT FICATION NUMBER:		1 ' '	(X2) MULT PLE CONSTRUCTION A. BUILDING <b>01</b>			(X3) DATE SURVEY COMPLETED	
		315500	B. WING _			09	0/27/2019
	ROVIDER OR SUPPLIER  ARE HEALTH SERVICES	s - VOORHEES		108	EET ADDRESS, CITY, STATE, ZIP CODE 6 DUMONT CIRCLE ORHEES, NJ 08043		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
	Appendix Z-Emerger Provider and Supplie Guidance 483.73, Re Care (LTC) Facilities.	equirements for Long Term					
E 039 SS=D			E	039			11/8/19
	HHAs at §484.102, C	_					
	to test the emergency must do all of the following the one of functional exercise exercised in the following the onset of (ii) Conduct an anot accessible, conductional exercise exercised exercised exercised exercised exercised exercised exercised following the onset of (ii) Conduct an another exercised ex	a full-scale exercise that is ery 2 years; or community-based exercise is uct a facility-based every 2 years; or cility] experiences an actual emergency that requires rgency plan, the m engaging in its next based or individual, functional exercise of the actual event. If the actual event exercise at least ite the year the full-scale or ender paragraph (d)(2)(i) of coted, that may include, but is exercise that is individual, facility-based					

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** 

10/08/2019

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENT FICATION NUMBER:		A. BUILDING	LE CONSTRUCTION  01	COMPLETED	
		315500	B. WING		09/27/2019
	ROVIDER OR SUPPLIER  ARE HEALTH SERVICE	S - VOORHEES		STREET ADDRESS, CITY, STATE, ZIP CODE 1086 DUMONT CIRCLE VOORHEES, NJ 08043	
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E 039	(C) A table is led by a facilitator discussion using a raclinically-releval set of problem state prepared questions emergency plan.  (iii) Analyza and maintain docume exercises, and emergency exercises, and emergency exercises to test the annually. The hospination of the emergency plane is community based even (A) When a not accessible, concluded functional exercise from engaging scale community-based facility-based the onset of the emergency plane (ii) Conduct an years, opposite the functional exercise to the section is conducted in the imited to the follow (A) A second community-based of exercise; or (B) A mocions.	top exercise or workshop that and includes a group harrated, and includes a group harrated, and emergency scenario, and a ments, directed messages, or designed to challenge an ethe [facility's] response to hentation of all drills, tabletop regency events, and emergency plan, as needed.  18.113(d):] ices that provide care in the enhaptice must conduct emergency plan at least ice must do the following: In a full-scale exercise that is exercise that is every 2 years; or a community based exercise is duct an individual facility ercise every 2 years; or ospice experiences a natural gency that requires activation and, the hospital is nog in its next required full used exercise or individual functional exercise following ergency event.  additional exercise every 2 year the full-scale or under paragraph (d) (2)(i) of acted, that may include, but is	E 03	9	

STATEMENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENT FICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION G <b>01</b>	, ,	(X3) DATE SURVEY COMPLETED		
		315500	B. WING _			09/27/2019	
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(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
E 039	is led by a facilitator discussion using a racilinically-relevalues of problem states prepared questions emergency plan.  (3) Testing for hospicare directly. The heaver cises to test the year. The hospice of the exercise that is compared for the emergency plan.  (a) When a not accessible, conditioned for man-made emergency plan.  (b) If the horeman emergency plan exempt from engages full-scale community functional of the emergency endition of the emergency	and includes a group harrated, int emergency scenario, and a hements, directed messages, or designed to challenge an lices that provide inpatient hospice must conduct emergency plan twice per must do the following: In an annual full-scale hemunity-based; or a community-based exercise is duct an annual individual honal exercise; or hospice experiences a natural gency that requires activation han, the hospice is hing in its next required by based or facility-based exercise following the onset	EO	39			

· ,		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	, ,			(X3) DATE SURVEY COMPLETED		
		315500	B. WING _			09/27/2019		
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(X4) ID PREFIX TAG	(EACH DEFIC EN	STATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL R LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF COME (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
E 039	exercises, and eme the hospice's emerge 444 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The do the following:  (i) Participate i exercise that is come (A) When a not accessible, conductive full by a facility-based function (B) If the [Fe experiences an actue emergency that reque emergency plan, the engaging in its next community based of facility-based functionset of the emerge (ii) Conduct an or and that may incleated following:  (A) A second community-based of functional exercise;  (B) A mock (C) A table is led by a facilitator discussion, using a clinically-releval set of problem state prepared questions emergency plan.  (iii) Analyze the	rgency events and revise pency plan, as needed.  1.184(d), Hospitals at t \$485.625(d):] 2TF, Hospital, CAH] must to test the emergency plan [PRTF, Hospital, CAH] must an annual full-scale munity-based; or a community-based exercise is duct an annual individual, onal exercise; or PRTF, Hospital, CAH] and natural or man-made ulires activation of the electrical full-scale individual, onal exercise following the ency event.  [additional] annual exercise ude, but is not limited to the end full-scale exercise that is reindividual, a facility-based or a disaster drill; or top exercise or workshop that and includes a group narrated, and emergency scenario, and a ments, directed messages, or designed to challenge an electrical facility's] response to and attion of all drills, tabletop	EO					

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
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E 039	the [facility's] emerge  *[For LTC Facilities at (2) The [LTC facility] is test the emergency procedure (ICF/IID] must do the form (i) Participate in exercise that is common (A) When a second facility-based function (B) If the [LT experiences an actual emergency that requiremency plan, from engaging its next community-based or facility-based function onset of the emergen (ii) Conduct an atthat may include, but following:  (A) A second community-based or functional exercise; of (B) A mock (C) A tableto is led by a facilitator in using a narrated, emergency scenario, statements, directed of questions desergency plan.  (iii) Analyze the response to and main drills, tabletop exercises.	ncy plan, as needed.  (§483.73(d):] must conduct exercises to an at least twice per year, ed staff drills using the es. The [LTC facility, following: an annual full-scale nunity-based; or community-based exercise is ext an annual individual, eal exercise.  (C facility] facility  I natural or man-made res activation of the the LTC facility is exempt exercise following the cy event. Individual, facility based is not limited to the  d full-scale exercise that is an individual, facility based in disaster drill; or op exercise or workshop that includes a group discussion, clinically-relevant and a set of problem messages, or prepared signed to challenge an [LTC facility] facility's itain documentation of all	E	039			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENT FICATION NUMBER:		A. BUILDING 0	CONSTRUCTION 1	COMPLETED		
		315500	B. WING		09/27/2019	
	ROVIDER OR SUPPLIER  ARE HEALTH SERVICE	ES - VOORHEES	10	TREET ADDRESS, CITY, STATE, ZIP CODE 186 DUMONT CIRCLE OORHEES, NJ 08043		
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E 039	emergency plan, as  *[For ICF/IIDs at §44: (2) Testing. The ICF- to test the emergency year. The ICF/IID m  (i) Participate in that is community-b  (A) When a not accessible, condition facility-based function (B) If the IC natural or man-mad activation of the emice ICF/IID is exempt for required full-scale or individual, facility-exercise following the event.  (ii) Conduct and that may include, but following:  (A) A second community-based of functional exercise;  (B) A mock (C) A table is led by a facilitator discussion, using a clinically-relevate set of problem state prepared questions emergency plan.  (iii) Analyze the maintain documentate exercises, and emergency	needed.  83.475(d)]:  (/IID must conduct exercises cy plan at least twice per ust do the following:	E 039			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENT FICATION NUMBER:		A. BUILDING	E CONSTRUCTION  01	COMPLETED	
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E 039	(d)(2) Testing. The O to test the emergency the following:     (i) Conduct a pay or workshop at least exercise is led by a group discussion, us relevant emergency problem statements prepared questions emergency plan. If t actual natural or r requires activation of OPO is exempt from required testing of the emergency eve (ii) Analyze the maintain documenta and emergency eve and OPO's] emerge This REQUIREMEN by: Based on record re 09/26/19, in the pres Administration, it wa failed to participate i emergency drill, and emergency disaster with the Emergency  This deficient practic following:  1. A review of the fat documentation for th revealed there was a based emergency d	DPO must conduct exercises by plan. The OPO must do  aper-based, tabletop exercise annually. A tabletop facilitator and includes a sing a narrated, clinically scenario, and a set of directed messages, or designed to challenge an he OPO experiences an man-made emergency that if the emergency plan, the energency plan, the exercise following the onset vent.  OPO's response to and attion of all tabletop exercises, and revise the [RNHCl's next plan, as needed.  T is not met as evidenced  view and interview on sence of facility is determined that the facility is determined that the facility is determined that the facility in a community based a failed to conduct 1 of 2 drills annually in accordance if a community in a comm	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 disasted drill.  2. All residents have the potential to baffected.  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	er De

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STATEMENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULT PLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENT FICATION NUMBER: COMPLETED A. BUILDING 01 315500 B. WING 09/27/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1086 DUMONT CIRCLE **MANORCARE HEALTH SERVICES - VOORHEES** VOORHEES, NJ 08043 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFIC ENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFIC ENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENT FY NG INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) E 039 Continued From page 7 E 039 Director/designee will in-service staff on emergency steps and a plan in the event In an interview at 10:30 AM, the facility's Director of Maintenance confirmed the facility did not of an emergency. participate in a full scale community based drill 4. Facility Maintenance Director/designee will bring all updated plans from the and did not have any documentation the facility attempted to participate in a community based community-based exercise and full-scale drill. emergency in house drill to the monthly QAPI Meeting for review and discussion. 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) K 000 **INITIAL COMMENTS** K 000 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 353 Sprinkler System - Maintenance and Testing K 353 11/8/19 CFR(s): NFPA 101 SS=D 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.

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION A. BUILDING <b>01</b>			(X3) DATE SURVEY COMPLETED	
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K 353	for any non-required sprinkler system.  9.7.5, 9.7.7, 9.7.8, and This REQUIREMENT by: Based on documents on 09/26/19, in the promanagement, it was a failed to conduct an ininvestigation of the ausystem every 5 years 25.  This deficient practice following:  A review of the facility system report, dated licensed vendor identinspection date was under the proposal was not facility.  During an interview a review, the DM stated and the sproposal was not facility.	stem last checked  stem test  oply source  information on coverage or partial automatic  d NFPA 25  is not met as evidenced  ation review and interview esence of facility determined that the facility internal obstruction atomatic fire sprinkler in accordance with NFPA  was evidenced by the  obside that the last internal anknown.  y's Director of Maintenance osal for the 5-year internal endor, dated 11/16/18, but signed as accepted by the  t the of time document of the proposal was never opection was not performed.	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 identifit that all residents have the potential to limpacted by the deficient practice.  3. Administrator in-serviced the Maintenance Director on conducting a 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 result 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.	fire w	

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K 353	1 3		K	353			
K 918 SS=E	NFPA 13, 25  8 Electrical Systems - Essential Electric Syste  E CFR(s): NFPA 101		K	918			11/8/19
	Maintenance and Tes The generator or oth and associated equip supplying service with 10-second criterion is test, a process shall be confirm this capability critical branches. Mai generator and transfer accordance with NFP Generator sets are in under load 30 minute day intervals, and exe months for 4 continuous under load conditions simulated cold start at transfer of all EES load competent personnel stored energy power accordance with NFP circuit breakers are in program for periodical components is estable manufacturer required maintenance and test readily available. EES circuits are marked, in separate from normal the possibility of dampower source is a desinstallations. 6.4.4, 6.5.4, 6.6.4 (NF 111, 700.10 (NFPA 70)	er alternate power source ment is capable of nin 10 seconds. If the not met during the monthly per provided to annually of for the life safety and intenance and testing of the er switches are performed in A 110.  Is spected weekly, exercised in 20-40 ercised once every 36 ercised once every 36 ercised once every 36 ercised once a complete in automatic or manual ads, and are conducted by and Maintenance and testing of sources (Type 3 EES) are in A 111. Main and feeder is spected annually, and a ally exercising the ished according to ments. Written records of ting are maintained and is electrical panels and eadily identifiable, and power circuits. Minimizing age of the emergency sign consideration for new					

	CORRECTION	IDENT FICATION NUMBER:	A. BUILDING	E CONSTRUCTION 01	COMPLETED	
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K 918	by: Based on document on 09/26/19, in the programment, it was failed to inspect the effor 30 of 52 weeks are emergency generator times each year on a accordance with NFF.  This deficient practice following:  A review of the facility for the previous 12 m following:  1. There were no we generator recorded from 30 weeks.  2. The facility conductor of 12/19, 07/31/19, 08 power outages that effective (12/10/18 and 09/10/19) was conducted only of count toward the required load tests.  In an interview at 10: of Maintenance state and was not the inspections.  NJAC 8:39-31.2(e), 3 NFPA 99, 110	ation review and interview resence of facility determined that the facility emergency generator weekly and failed to exercise the runder load condition 12 20 to 40 day interval in PA 99.  The was evidenced by the ewas evidenced by the was evidenced by the ewas evidenced the ewas (05/30/19, 10/31/19) and there were 2 exceeded 30 minutes 19); however, the 09/10/19 10 days later and does not uired 12 load tests. This is conducting 5 of the 12 10/30 AM, the facility's Director d that he was hired in ere for the missing tests and 11.2(g)	K 918	1. Upon identification of deficient practice it was determined that the fa failed to inspect the emergency geneweekly for 30 of 52 weeks and failed exercise the emergency generator unload condition 12 times each year on 20-40 day interval.  2. A review was completed and ident that all residents have the potential to impacted by the deficient practice.  3. Administrator in-serviced the Maintenance Director on conducting emergency generator test weekly an exercise the emergency generator unload 12 times per year.  4. The Administrator and/or designed audit weekly generator documentation weekly x 4 and then monthly x 2. Resof the audits will be reported to the monthly Quality Assessment and Assurance Committee for review and action as appropriate.	arator to nder a iffied be an d to nder e will n sults	
K 923 SS=D		inder and Container Storag	K 923	8	11/8/19	

STATEMENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION NG <b>01</b>	1, ,	(X3) DATE SURVEY COMPLETED			
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K 923	Continued From pag	ge 11	KS	023				
	Greater than or equilibrium Storage locations are ventilated in accordada 5.1.3.3.3. >300 but <3,000 cul Storage locations are within an enclosed i limited- combustible gates outdoors) that gases are not stored separated from comparinklered) or enclononcombustible conductors than or equal to 1/2 hr. fire protection Less than or equal to 1/2 hr. fire protection Less than or equal to 300 cubinstored in an enclosuration and the significant or equal to 300 cubinstored in an enclosuration and the significant or gate of where the significant where the significant of which they are recylinders are marked to significant of which they are recylinders. When facting the significant of which they are recylinders are marked to significant or cylinders are marked to significant or cylinders are marked to significant or cylinders stored in the weather.	re outdoors in an enclosure or interior space of non- or construction, with door (or can be secured. Oxidizing d with flammables, and are abustibles by 20 feet (5 feet if posed in a cabinet of astruction having a minimum in rating.  o 300 cubic feet compartment, individual or immediate use in patient aggregate volume of less than or feet are not required to be are. Cylinders must be attions as specified in 11.6.2. In readable from 5 feet is on fa cylinder storage room, des the wording as a N: OXIDIZING GAS(ES)						

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NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES - VOORHEES				STREET ADDRESS, CITY, STATE, ZIP CO 1086 DUMONT CIRCLE VOORHEES, NJ 08043	DE		
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K 923	failed to ensure cylind open are protected from with NFPA 99.  This deficient practice following:  At 12:10 PM, the surval Director of Maintenan Administrator-in-Train were two storage cag cylinders (E-tanks) be the building. The cag lattice type on the sid the cylinders from rain In an interview, at the	ns and interview on ence of facility determined that the facility ders that are stored in the om weather in accordance was evidenced by the veyor along with the facility's nee (DM) and ning observed that there we of compressed oxygen ehind the wall at the rear of yes were a metal open es and would not protect	K 92	1. Upon identification of defi practice it was determined the failed to ensure cylinders are open are protected from the 2. A review was completed at that all residents have the poimpacted by the deficient process. Maintenance Director obtous supplies and completed the the cylinders that are stored on Monday September 30, 24. The Administrator and/or audit weekly x4 and then more ensure that cylinders stored are protected from the weath of the audits will be reported monthly Quality Assessment Assurance Committee for reaction as appropriate. The Committee for the continued action.	nat the facility e stored in the weather and identified otential to be actice. ained covering of in the open 2019. designee will onthly x 2 to in the open ner. Results to the e and view and quality Committee		