

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARISTACARE AT MANCHESTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1770 TOBIAS AVENUE MANCHESTER, NJ 08759</b>	
(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 000	INITIAL COMMENTS  LIFE SAFETY CODE 101:2012  THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000		
K 293 SS=D	Exit Signage CFR(s): NFPA 101  Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Complaint# NJ00128482  Based on observations and interview on 9/19/19 in the presence of facility management, it was determined that the facility failed to display exit directional signs to identify designated exits in the event of an evacuation.  This deficient practice was evidenced by the following:  At 8:50 AM, the surveyor along with the Administrator, Director of Nursing, Director of Maintenance, and the Project Manager conducted a tour of the newly constructed [REDACTED]	K 293	1. No residents are affected.  2. Immediate removal of the exit directional sign above the door leading to the [REDACTED] Immediate contact to construction company to provide two exit directional signs with direction for evacuation for residents, staff ,and visitors in the exit corridor from the dining room near the business offices. Installed 2 exit directional signs on 9/23/19.  3. Immediate review of current building exit directional signs throughout facility to ensure proper placement. Ensure for next phases of the renovations that all exit directional signs are properly placed	9/24/19

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

TITLE

(X6) DATE

Electronically Signed

09/19/2019

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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NAME OF PROVIDER OR SUPPLIER  <b>ARISTACARE AT MANCHESTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1770 TOBIAS AVENUE</b> <b>MANCHESTER, NJ 08759</b>		
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K 293	<p>Continued From page 1</p> <p>██████ resident dining room and observed the following:</p> <p>1. There was an exit directional sign above the door leading to the ██████████. The exit way was not provided with a path to the common way (fire road). A review of the Department of Community Affairs (DCA) approved plans dated 9/6/19 revealed that there was no approval for the exit directional sign at that location.</p> <p>2. There were no exit directional signs provided in the exit corridor from the dining room near the business offices. The exit corridor led to a set of smoke barrier doors to the lobby area on one end and to a set of smoke barrier doors to the ██████████ on the other side. However, there were no exit directional signs to direct residents, staff, and visitors for an evacuation.</p> <p>In an interview, at 9:30 AM, the Administrator and Director of Maintenance stated they would remove the exit directional sign leading to the courtyard and would add two exit signs in the exit corridor by the business offices.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p>	K 293	<p>meeting code standards and the construction plans show proper placement meeting code standards.</p> <p>4. Report of the exit sign monitoring by the Director of Maintenance or designee to the monthly QAPI meeting for the next three months. Report the appropriate exit directional signs based on the 9/3/19 approved construction plans to monthly QAPI until construction has been completed.</p>		