New Jersey Department of Health

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|---|------------------------------|---|-------------------------------|--|
| | | 03A006 | B. WING | | 12/14/2021 | |
| | | | | | 12/14/2021 | |
| NAME OF PI | ROVIDER OR SUPPLIER | | DDRESS, CITY, STA | TE, ZIP CODE | | |
| CAMBRID | GE ENHANCED SENIOR | LIVING | AIN STREET STOWN, NJ 0809 | 57 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE | |
| A 000 | Initial Comments | | A 000 | | | |
| | residential units The facility is not in so all of the standards in Administrative Code & Licensure of Assisted Comprehensive Personal Assisted Living Prograsubmit a plan of correcompletion date for eathat the plan is impler | 3:36, Standards for Living Residences, conal Care Homes and cams. The facility must ection, including a cach deficiency and ensure mented. Failure to correct alt in enforcement action in isions of New Jersey Fitle 8, Chapter 43E, | | | | |
| A1225 | (b) The following safe 8. An electrician N.J.A.C. 13:31 shall a provide a written | statement that the electrical he facility are satisfactory | A1225 | | | |
| | date of inspection, an indicate that that all wiring and per fixtures are i portable electrical app | circuits are not overloaded, manent n safe condition, and that all | | | | |

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

TITLE (X6) DATE

New Jersey Department of Health

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|--|---|--|-------------------------------|
| | | 03A006 | B. WING | | 12/14/2021 |
| | ROVIDER OR SUPPLIER GE ENHANCED SENIOR | LIVING 255 E MA | DDRESS, CITY, STA AIN STREET STOWN, NJ 0809 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE COMPLETE |
| A1225 | Continued From page Laboratories (U.L.) ap ii. The writte available for review by during surve | oproved; and n statement shall be y the Department | A1225 | | |
| | by: Based on interview, repolicy review, it was confailed to complete the | is not met as evidenced ecord review and facility letermined that the facility ir required annual electrical he potential to affect all | | | |
| | | nnual inspections which electrical inspection with a | | | |
| | The DM reported to the been busy with other had forgotten to scheinspection. He stated | for of Maintenance (DM). The surveyor that he had repairs in the building and dule the annual electrical that it was the arrival of the forning of 12/13/2021 that the annual electrical | | | |
| | | nal Director of Maintenance | | | |

New Jersey Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|--|-------------------------------|--|
| | | 03A006 | B. WING | | 12/14/2021 | |
| | ROVIDER OR SUPPLIER | 255 E MAI | DRESS, CITY, STA | ATE, ZIP CODE | | |
| CAMBRID | GE ENHANCED SENIOR | LIVING MOORES | FOWN, NJ 080 | 57 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE COMPLETE | |
| A1225 | Continued From page | 2 | A1225 | | | |
| | because he did not re scheduled. | | | | | |
| | reported that the facili maintenance contract that they had to be inwork needed to be pe inspection. He confirm contacted his compar | ician via the telephone who ity did not have a t with this electrician and vited back to the facility if erformed such as the annual ned that the DM had | | | | |
| | interview with the survidropped the ball" on inspection and that it expectation that the e | | | | | |
| | reported that the elect | 00 AM, the surveyor ative Director (ED) who trician was at the building to ectrical inspection and she onitoring when inspections | | | | |
| | the following responsi "ensure that services vendors are properly accordance with contrinventory and records policies. Must be known | enance Director which listed ibilities: performed by outside completed/supervised in racts/work orders. Maintain according to established wledgeable of maintenance ures, as well as the laws, | | | | |

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|---|---|---|------------------------------|--|----------------------------|--------------------------|
| | | 03A006 | B. WING | | 12 | /14/2021 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STA | TE, ZIP CODE | | |
| CAMBRID | GE ENHANCED SENIOR | LIVING | AIN STREET STOWN, NJ 0809 | 57 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE |
| A1225 | "The Maintenance Dir scheduling preventati" The facility policy, title not dated, indicated: "3: The Maintenance developing and maint maintenance service grounds, and equipment and operable manner | s in the facility." d, "Supervision, s," not dated, indicated: rector is responsible for ve maintenance service." ed, "Maintenance Service," Director is responsible for aining a schedule of to assure that the buildings, ent are maintained in a safe . Director is responsible for ring records/reports: | A1225 | | | |