

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLMDEL, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 COMMONS WAY HOLMDEL, NJ 07733
---	---

(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Initial</p> <p>CENSUS: 0</p> <p>CAPACITY: 150</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1089	<p>8:36-16.3(b) Physical Plant</p> <p>(b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation.</p>	A1089		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLMDEL, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 COMMONS WAY HOLMDEL, NJ 07733
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A1089	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility provided documentation it was determined that the facility failed to ensure that ventilation was present and functioning properly in resident bathrooms for 5 of 110 residential unit bathrooms. This deficient practice was evidenced by the following:</p> <p>During the entrance conference on 3/14/22 at 9:15 a.m., the surveyor interviewed the Executive Director (ED) and the Director of Environmental Services (DEVS) of the facility and requested a copy of the facility lay out which identifies the various rooms in the facility. The surveyor also asked how many residential units were in the building. The ED stated that there are 110 residential units in the facility.</p> <p>On 3/14/22 at 9:51 AM, and continuing on 3/15/22, in the presence of the facility's Corporate Senior Director Plant Operations (CSDPO) and DEVS, the surveyor performed an initial tour of the building, which included four floors with 110 residential units. During the tour of the building the surveyor observed that when tested by placing a piece of single ply tissue paper across the ventilation grills, 5 residential bathroom exhaust systems did not function properly in the following locations:</p> <ol style="list-style-type: none"> 1. Residential unit # [REDACTED] bathroom exhaust when tested did not function properly. 2. Residential unit # [REDACTED] bathroom exhaust when tested did not function properly. 3. Residential unit # [REDACTED] bathroom exhaust 	A1089		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLMDEL, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 COMMONS WAY HOLMDEL, NJ 07733
---	---

(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) COMPLETE DATE
A1089	Continued From page 2 when tested did not function properly. 4. Residential unit # [REDACTED] bathroom exhaust when tested did not function properly. 5. Residential unit # [REDACTED] bathroom exhaust when tested did not function properly. The CSDPO and DEVS confirmed the surveyor's findings during the tour and inspection of the building. Additionally, the 5 bathrooms had no windows with an area that would open and vent to the outside and relied solely on mechanical ventilation.	A1089		
A1097	8:36-16.6 Physical Plant All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility provided documentation, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the facility, as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health	A1097		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLMDEL, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 COMMONS WAY HOLMDEL, NJ 07733
---	---

(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) COMPLETE DATE
A1097	<p>Continued From page 3</p> <p>care) use occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems. This deficient practice was evidence by the following:</p> <p>Reference #1: Uniform Construction Code, Special detailed requirements based on use and occupancy section 407 group I-2, [F] 407.5 Automatic sprinkler system. Smoke compartments containing patient sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with Section 903.3.1.1. The smoke compartment shall be equipped with approved quick-response or residential sprinklers in accordance with section 903.3.2.</p> <p>Reference #2: National Fire Protection Association (NFPA) 13 Standard for the Installation of Sprinkler Systems. Installation Requirements: -8.8.4.1.1 Unobstructed Construction. -8.8.4.1.1.1 Under unobstructed construction, the distance between the sprinkler deflector and the ceiling shall be a minimum on 1 inch (25.4 mm) and a maximum of 12 inches (305 mm) throughout the area of coverage of the sprinkler.</p> <p>During the entrance conference on 3/14/22 at 9:15 a.m., the surveyor interviewed the Executive Director (ED) and the Director of Environmental Services (DEVS) of the facility and requested a copy, for review, of the Department of Community Affairs (DCA) approved architectural plans, and a copy of the facility lay out which identifies the various rooms in the facility.</p> <p>On 3/14/22 at 9:51 AM, and continuing on 3/15/22, the surveyor, in the presence of the</p>	A1097		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLMDEL, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 COMMONS WAY HOLMDEL, NJ 07733
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A1097	<p>Continued From page 4</p> <p>facility's Corporate Senior Director Plant Operations (CSDPO) and DEVS toured the building, which included four floors with residential units. During the tour of the building, the surveyor observed that the facility failed to provide proper fire sprinkler protection in the following locations:</p> <ol style="list-style-type: none"> 1. On 3/14/22 at 10:33 AM, the surveyor observed inside the third (3rd) floor electrical room that there was one (1) up-rite sprinkler located within 12 inches of the ceiling above. The up-rite sprinkler's spray pattern was blocked by a steel "I"- beam from reaching the other half of the room, which included a 21 inch deep by 3 feet wide alcove area. The surveyor informed the CSDPO about the issue and the he agreed that the fire sprinkler would not reach into the other half of the room, and the alcove in the room. 2. On 3/14/22 at 12:51 PM, the surveyor observed that inside residential unit [REDACTED], there was an 18 inch by 27 inch closet, next to the bathroom, that had no evidence of a sprinkler inside the closet. The CSDOP confirmed the surveyor's observation, that there was no evidence of a fire sprinkler inside the closet. <p>Later, the surveyor reviewed the facility provided DCA plans and observed that on the approved plan DCA reference # 5233-17 there were supposed to be two (2) up-rite sprinklers in the third floor electrical room, as opposed to the one (1) observed.</p> <ol style="list-style-type: none"> 3. On 3/15/22 at 10:55 AM, the surveyor observed inside Resident unit [REDACTED], a 12 inch by 2 feet 6 inch kitchen closet that had no evidence of a sprinkler inside the closet. 	A1097		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLMDEL, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 COMMONS WAY HOLMDEL, NJ 07733
---	---

(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) COMPLETE DATE
A1097	<p>Continued From page 5</p> <p>Along the tour on 3/14/22 and 3/15/22 the CSDPO and DEVS confirmed the surveyor's findings.</p> <p>Later the surveyor reviewed the facility provided lay-out and observed the following:</p> <ol style="list-style-type: none"> 1. On the Executive Order 26, 4.b. there were 21 residential units located within the smoke compartment. 2. On the Executive Order 26, 4.b. there are 8 residential units located within the smoke compartment. 3. On the Executive Order 26, 4.b. there are 8 residential units located within the smoke compartment. <p>Fire Safety Hazard.</p>	A1097		



Hackensack Meridian Living at Holmdel, LLC, DBA Villas of Holmdel
Plan of Correction
Initial Survey -March 14; 15, 2022

A1089 Physical Plant

Plan of Correction:
<p>1. The corrective actions accomplished for the residents affected by the deficient practice:</p> <ul style="list-style-type: none">a. We conducted a root cause analysis to identify the underlying cause of the deficient practice to implement necessary corrective actionsb. Advantage Mechanical was notified and the technician was dispatched to the facility to assess the issue. It was identified that Pulley on exhaust fan was loose. Pulley was tightened and the belt was replaced. Bathroom exhaust in residential units Executive Order 26, 4.b. was retested and functioned properly.c. No residents were affected by the deficient practice.d. All other areas throughout the facility were assessed and tested. Ventilation was present and functioning properly in all areas.
<p>2. How we will identify other residents having the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none">a. All residents have the potential to be affected.
<p>3. Measures put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <ul style="list-style-type: none">a. Facility wide rounds and inspection was conducted to ensure ventilation was functioning properly in all areas.b. Monthly quality checks and inspection will be conducted by maintenance personnel to ensure proper functioning of the ventilation.
<p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none">a. Maintenance personnel will perform monthly inspections using the audit tool to monitor that ventilation is present and functions properly. Findings will be reported to the Director of Environmental Services.b. The Director of Environmental Services or designee will report findings to the QA committee quarterly.

Date of Compliance: March 15, 2022



Hackensack Meridian Living at Holmdel, LLC, DBA Villas of Holmdel
Plan of Correction
Initial Survey -March 14; 15, 2022

A1097 Physical Plant

Plan of Correction:
<p>1. The corrective actions accomplished for the residents affected by the deficient practice:</p> <ul style="list-style-type: none">a. NJ Service, Testing, & Inspection was contacted. Technicians were dispatched to the facility and fire sprinkler was added in linen closet in room 115; in the 3rd floor electrical room and in the closet in room 224.b. No residents were affected by the deficient practice.
<p>1. How we will identify other residents having the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none">a. All residents have the potential to be affected.
<p>2. Measures put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <ul style="list-style-type: none">a. Facility wide rounds were made by NJSTI technicians and the Director of Environmental Services to ensure sprinkler coverage was provided in all areas of the facility as required by the NJ Uniform Construction Code.
<p>3. How the corrective actions will be monitored to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none">a. This issue was an oversight on a new construction, missing fire sprinklers were added in all identified areas. Facility was assessed to confirm that proper fire sprinkler protection is now provided in accordance of NJ Uniform Construction code

Date of Compliance: March 15, 2022