

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/26/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315511</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT HANOVER TOWNSHIP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 WHIPPANY ROAD WHIPPANY, NJ 07981</b>
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E 000	Initial Comments	E 000		
	This facility is 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.			
K 000	INITIAL COMMENTS	K 000		
	LIFE SAFETY CODE 101:2012			
K 161 SS=B	Building Construction Type and Height CFR(s): NFPA 101	K 161		12/19/19
	Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5			
	Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered			
	2 II (111) One story non-sprinklered Maximum 3 stories sprinklered			
	3 II (000) Not allowed non-sprinklered			
	4 III (211) Maximum 2 stories sprinklered			
	5 IV (2HH)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/21/2019
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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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K 161	<p>Continued From page 1</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 10/08/19, it was determined that the facility failed to comply with the height requirements for a wood frame construction type.</p> <p>This deficient practice was evidenced by the following:</p> <p>During a tour of the building, in the presence of the Maintenance Director and Regional Physical Plant Manager from 10:55 AM to 1:30 PM, the surveyor observed that the oldest section of the building (aka The Mansion) was a 3-story wood frame structure. This section of the building was located in the front and was used for offices, physical therapy and occupational therapy. This section of the building exceeded the 1-story height limitation for wood frame structures as required by NFPA 101:2012. During the tour of this section of the building, the facility's Maintenance Director and Regional Physical Plant Manager both acknowledged and confirmed</p>	K 161	<p>This Time Limited Waiver was approved by the SSA/RO on 2/14/2019. The status of all milestones and interim corrective measures as of 10/11/2019 are noted below.¿ The TLW milestones continue to be met and completion is expected on or before December 19, 2019.¿This update to the existing TLW is submitted in response to the deficiency at K161.</p> <p>¿ TLW in effect:</p> <p>CareOne at Hanover has obtained an FSES study which demonstrates equivalency with the 2012 LSC with the exception of the open stairway leading to the 2nd floor of the historic mansion.¿ CareOne at Hanover submits this POC and updated Time Limited Waiver in order to 1) address the open stairway and 2) ensure resident safety while the work is performed. ¿CareOne at Hanover is in the process of providing a fire rated</p>	

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K 161	Continued From page 2 this finding in an interview.  The surveyor informed the Administrator of the above finding during the Life Safety Code exit conference at 2:30 PM.  NJAC 8:39-31.2	K 161	separation for the open stairway leading to the 2nd floor. ; This will include installation of a new smoke barrier, relocation of exit signage, a new locking door and storefront glazing. ; In addition, one (1) new smoke detector will be provided and one (1) existing smoke detector will be relocated.  ; Significant milestones and timeframes: Design fire separation for the 2nd floor landing. ; Please see draft sketch (attached). ; Timeframe to finalize: 1 month. Status: ; COMPLETED ; Obtain DOH approval/functional review. ; Timeframe for completion: 2 ; month. Status: ; COMPLETED Obtain plans and specs from existing fire system vendor. ; Timeframe: 3 months. ; Status: ; COMPLETED Submit drawings to DCA and obtain approval. ; Timeframe for completion 3 months. Status: ; COMPLETED Bid project. Timeframe for completion 1 month. Status: ; COMPLETED Obtain building permits. ; Timeframe for completion 1 month. Status: ; IN-PROGRESS, EXPECTED 10/2019 Construct 2nd floor landing. ; Timeframe for completion 8 weeks. Status: ; ON TRACK FOR COMPLETION Final inspections/approvals/Certificate of Occupancy: ; 1 week ; ; Status: ; ON TRACK FOR COMPLETION Total timeframe for this TLW milestone is expected to be completed on or before December 19, 2019. While the above milestones are being completed, resident safety will be ensured with the following:		

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K 161	Continued From page 3	K 161	<ol style="list-style-type: none"> <li>1. Restrict access to the 2nd floor to administrative staff only; Status: ON-GOING</li> <li>2. Provide direct supervision of the affected area at the centrally located reception desk, which is staffed Sun-Sat from 8:00 am to 8:00 pm; Status: ON-GOING</li> <li>3. Provide additional fire safety training to all receptionists; Status: COMPLETED</li> <li>4. Close off all affected areas during off-hours when reception is not staffed Status: ON-GOING</li> <li>5. Provide 2 additional lockable doors further restricting access to the therapy suite. Status: COMPLETED</li> </ol>		
K 252 SS=B	<p>Number of Exits - Corridors CFR(s): NFPA 101</p> <p>Number of Exits - Corridors Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. 18.2.5.4, 19.2.5.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview on 10/08/19, it was determined that the facility failed to provide two (2) remote and NFPA approved exits in a fire section.</p> <p>This deficient practice was evidenced by the following</p>	K 252	<p>The facility is requesting for a waiver. The residents are not adversely affected by the deficiency. The dining room, salon, and restrooms are the only patient areas on the lower level. These areas are monitored by staff and are located adjacent to the elevator. The elevator leading to the lower level can only be used</p>	12/19/19	

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K 252	<p>Continued From page 4</p> <p>During a tour of the building, in the presence of the facility's Maintenance Director and Regional Physical Plant Manager from 10:55 AM to 1:30 PM, the surveyor observed that the basement of the newest section of the building did not have 2 exits remote from each other. The exits were physically located in the same direction of the corridor. The primary exit was a stairway leading to the first floor. The secondary exit was in the same area and leads through a dining room instead of directly to the outside. During the tour of this section of the building, the Maintenance Director and Regional Physical Plant Manager both acknowledged and confirmed this finding in an interview.</p> <p>The surveyor informed the Administrator of the above finding during the Life Safety Code exit conference at 2:30 PM.</p> <p>NJAC 8:39-31.2</p>	K 252	<p>with an access code. The corridor in question is a service only corridor which is utilized only by staff. It is separated from the resident areas by cross corridors doors with signage stating not an exit and NOTICE: Restricted Area Authorized Personnel Only.</p>		