

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
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NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VINELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 SOUTH MAIN ROAD VINELAND, NJ 08360
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(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: Census: 69 Sample Size: 8</p> <p>TYPE OF SURVEY: Standard Survey of 110 residential units</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.</p> <p>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		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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

TITLE

(X6) DATE

08/11/21

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A 891	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview, policy review and and review of the New Jersey Administrative Code (NJAC) 8:24, it was determined that the facility:</p> <ol style="list-style-type: none"> 1. Failed to ensure the three-compartment sink and sanitizing buckets contained the required concentration of sanitizer 2. Failed to ensure the high-temperature dish washing machine reached the sanitizing temperature of 180 degrees Fahrenheit (F); and 3. Failed to ensure the food thermometer was sanitized in between use. <p>This deficient practice had the potential to impact all residents.</p> <p>Findings included:</p> <p>Reference: NJAC 8:24-2.1(c)3v indicates, "The person in charge shall ensure the following: ...Through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing, that employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused."</p> <p>Reference: NJAC 8:24, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," indicates under 8:24-4.7 Sanitization of equipment and utensils; (a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be sanitized before use after</p>	A 891		
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A 891	<p>Continued From page 2</p> <p>cleaning.</p> <p>(c) After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in the following manner:</p> <ol style="list-style-type: none"> 1. Hot water manual operations by immersion for at least 30 seconds and as specified under N.J.A.C. 8:24-4.8(g); 2. Hot water mechanical operations by being cycled through equipment that is set up as specified under N.J.A.C. 8:24-4.9(h), (j), and (l) and achieving a utensil surface temperature of 160°F as measured by an irreversible registering temperature indicator; or 3. Chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion, manual swabbing, brushing, or pressure spraying methods, using a solution as specified under N.J.A.C. 8:24-4.8(j) by providing: <ol style="list-style-type: none"> iv. An exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in N.J.A.C. 8:24-1.5. <p>Reference: Manufacturer's instructions by Uni-Kim Chemicals, INC, for QS Sanitizer, undated, indicated, "QS Sanitizer is recommended for the sanitizing, disinfecting, and odor controlling requirements in food plants, dairy farms, and in food service operations where spillage, waste disposal, and reusable utensils frequently create unsanitary conditions." "Directions for Use: Food Processing Equipment: for sanitization of previously cleaned food processing equipment and food utensils, dilute 1 ounce per 4 gallons of water to provide 200 ppm of active quaternaries."</p> <p>1. On 07/20/2021 at 10:25 AM, the Food Service Director (FSD) tested the sanitizing bucket and three-compartment sink with sanitizer test strips.</p>	A 891		
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A 891	<p>Continued From page 3</p> <p>Tests revealed the chemicals were at 400 parts per million (PPM). The FSD stated the chemicals should be at a concentration of 200 PPM.</p> <p>On 07/20/2021 at 11:35 AM, the FSD tested the three-compartment sink with sanitizer test strips. The test revealed the chemicals were at 400 PPM. The FSD tested the sanitizer buckets. The test revealed the chemicals were at 300 PPM in the sanitizer on the sink, and 100 PPM in the sanitizer on the counter.</p> <p>The facility did not have a policy related to the use of chemicals for sanitation.</p> <p>Reference: NJAC 8:24-4.9(k)2 indicates, "In a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 194 [degrees Fahrenheit], or less than ... 180 [degrees Fahrenheit]."</p> <p>2. On 07/20/2021 at 11:00 AM, a thermometer sent through the dish washing machine was observed reaching 162 degrees Fahrenheit (F). The Food Service Director (FSD) stated the dish washing machine should get up to 180 degrees F. The FSD indicated the dishwasher was a high temperature machine and not a low temperature chemical sanitation dishwasher.</p> <p>On 07/20/2021 at 11:05 AM, a thermometer sent through the dish washing machine was observed reaching 167 degrees F.</p> <p>The facility policy, titled "Dish Washer," undated, revealed in part, "The rinse cycle should be no less than 180 degrees [Fahrenheit]."</p> <p>Reference: NJAC 8:24-4.6(d)1 indicates,</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>"Equipment food-contact surfaces and utensils shall be cleaned: Before using or storing a food temperature measuring device."</p> <p>3. During tray line observation on 07/20/2021 at 11:00 AM, the Cook was observed placing the thermometer in resident's food that had already been plated and placed in a warming cart. The Cook failed to sanitize the thermometer prior to checking the temperatures. The surveyor asked the Cook if the thermometer had been sanitized prior to checking the temperatures and he stated that it had not.</p> <p>The Food Service Director (FSD) was then observed checking the temperatures of the food items on the steam table. He failed to sanitize the thermometer in between checking the temperatures of each food item. The FSD stated he thought once the food was cooked that he did not have to sanitize the thermometer when checking the food temperatures.</p> <p>The facility did not have a policy related to sanitizing of the thermometer used for monitoring food temperatures.</p>	A 891		
A 913	<p>8:36-10.5(c)(10) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p> <p>10. All meals shall be served at the proper temperature and shall be attractive when served to residents. Place settings and condiments shall be appropriate to the meal;</p>	A 913		

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A 913	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, document and policy review, and New Jersey Administrative Code (NJAC) 8:24, it was determined that the facility failed to ensure meals were served at the proper temperature to remain palatable and prevent the risk of food borne illness.</p> <p>This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: NJAC 8:24-3.4 (c) indicates, "Fruits and vegetables that are cooked for hot holding shall be cooked to a temperature of 135 degrees Fahrenheit."</p> <p>1. During a tray line observation on 07/20/2021 at 11:00 AM, the Cook was observed plating food without having checked the food items for the proper holding temperatures. After the food was plated, the surveyor requested to see the food temperature log. Upon review, it was discovered that temperatures had not been recorded for the food currently being served. The Cook then took the temperature of the eggplant parmesan which was already plated and in hot holding area. The temperature of the eggplant parmesan was 126 degrees Fahrenheit (F).</p> <p>On 07/20/2021 at 11:00 AM, the Food Service Director (FSD) was interviewed and stated the food should be 135 degrees F when served. The FSD verified food temperatures should be checked prior to plating.</p>	A 913		

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A 913	Continued From page 6 The facility policy, titled, "Food Temperature," undated, revealed in part, "Before leaving the kitchen, all food should be monitored for proper temperature. No food should leave the kitchen without being at a minimum of 135 degrees."	A 913		
A 935	8:36-11.4(b) Pharmaceutical Services (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the Certified Medication Aide (CMA) had the opportunity to administer 9 doses to 5 residents. One resident, Resident #3, was out at an appointment and the resident was unable to receive [REDACTED] in accordance with the physician's orders. This omission resulted in an 11% medication error rate. Findings included: 1. Resident #3 was admitted to the facility on Executive Order 26, 4.b. [REDACTED]	A 935		

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A 935	<p>Continued From page 7</p> <p>A review of physician's orders dated [redacted] indicated an order for [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. [redacted].</p> <p>No physician's orders were found indicating that [redacted] should be held if Resident #3 was [redacted] Executive Order 26, 4.b. [redacted].</p> <p>A review of Resident #3's Medication Administration Record (MAR) for [redacted] Executive Order 26, 4.b. [redacted], and [redacted] Executive Order 26, 4.b. [redacted] of [redacted] Executive Order 26, 4.b. [redacted] indicated that on [redacted] Executive Order 26, 4.b. [redacted] and [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. [redacted].</p> <p>Each day there was [redacted] that Resident #3 was [redacted] Executive Order 26, 4.b. [redacted].</p> <p>On 07/20/2021 at 11:20 AM, an interview was completed with Certified Medication Aide (CMA) #3, who said Resident #3 was [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. [redacted] on the [redacted] Executive Order 26, 4.b. [redacted] the resident had [redacted] Executive Order 26, 4.b. [redacted] CMA #3 was not aware that Resident #3 was [redacted] Executive Order 26, 4.b. [redacted]. "I don't know if someone doesn't tell me." CMA #3 said that medications were not sent with Resident #3 for the appointments. "When [Resident #3] gets back, it [redacted] Executive Order 26, 4.b. [redacted] for [Resident #3] to [redacted] Executive Order 26, 4.b. [redacted] [Resident #3] Executive Order 26, 4.b. [redacted] [he/she] Executive Order 26, 4.b. [redacted]."</p> <p>On 07/20/2021 at 11:38 AM, an interview was completed with the Director of Nurses (DON). The DON said there was no physician's order to hold Resident #3's [redacted] Executive Order 26, 4.b. [redacted] the resident went [redacted] Executive Order 26, 4.b. [redacted]. Resident #3 [redacted] Executive Order 26, 4.b. [redacted].</p> <p>An interview was completed with Resident #3 on 07/20/2021 at 1:28 PM. Resident #3 reported receiving [redacted] Executive Order 26, 4.b. [redacted] at breakfast and being given</p>	A 935		
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A 935	<p>Continued From page 8</p> <p>lunch upon return to the facility, but Executive Order 26, 4.b. before the lunch meal as ordered.</p> <p>An interview was completed with the Activity Director (AD) on 07/20/2021 at 1:37 PM. The AD said they Executive Order 26, 4.b. for Resident #3. Staff at the Executive Order 26, 4.b. The AD produced the document that showed Resident #3 went out at Executive Order 26, 4.b. and Executive Order 26, 4.b. The AD said that Resident #3 Executive Order 26, 4.b. and Executive Order 26, 4.b. Resident #3 ate lunch in the bistro if the dining room had closed. Staff at the front desk informed the kitchen when Resident #3 was Executive Order 26, 4.b..</p> <p>On 07/21/2021 at 9:32 AM, an interview was completed with CMA #3. CMA #3 verified that Executive Order 26, 4.b. was not given at Executive Order 26, 4.b. on 07/20/2021. CMA #3 was not sure if Resident #3 was Executive Order 26, 4.b. CMA #3 also said that Resident #3 came back about Executive Order 26, 4.b. CMA #3 did not administer Executive Order 26, 4.b. and was not sure if Resident #3 had Executive Order 26, 4.b. "No one lets me know when they (residents) return unless I ask them to tell me."</p> <p>A facility policy, titled, "Medication Administration - General Information," dated 2008, listed "D. Medications are to be given 1 hour before or 1 hour after the scheduled administration time, except medications to be given with food, or before or after meals, which are administered precisely as ordered."</p>	A 935		
A1041	8:36-14.3(a) Emergency Services and Procedures	A1041		

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A1041	<p>Continued From page 9</p> <p>(a) The facility shall conduct at least one drill of the emergency plans every month. The 12 drills shall be conducted on a rotating basis, to ensure that four drills occur during each working shift on an annual basis. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and selected residents may participate in drills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, document review and facility policy review, it was determined that the facility failed to ensure complete documentation of the drill including a description of the required monthly fire drills, the date, time and people involved in each drill in accordance with facility policy and this regulation. This has the potential to affect all residents.</p> <p>Findings included:</p> <p>1. On 07/21/2021 at 9:00 AM, the fire drill monitoring forms for 2021 were reviewed for compliance.</p> <p>The fire drill form of the drill performed on 01/07/2021 at 4:25 AM did not provide a description of the type of drill performed.</p>	A1041		

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A1041	<p>Continued From page 10</p> <p>The fire drill form of the drill performed on 02/08/2021 did not provide a description of the drill performed including the time of the drill.</p> <p>The fire drill form of the drill performed on 03/30/2021 at 1:49 PM simply stated "drill" without a description.</p> <p>The fire drill form of the drill performed on 04/15/2021 at 8:45 AM indicated, "bad smoke detector head in room." No further description was provided.</p> <p>The fire drill form of the fire drill performed on 05/11/2021 did not provide a description of the drill performed including the time of the drill.</p> <p>The fire drill form of the fire drill performed on 06/21/2021 did not provide a description of the drill performed including the time of the drill.</p> <p>On 07/21/2021 at 10:00 AM, the Director of Maintenance was interviewed. He stated that he was aware of the regulation to have a fire drill monthly and on different shifts, but he was not aware that he needed to document a detailed description of the drill.</p> <p>The facility fire safety policy, dated 2018, revealed, in part, "11b. Spring Oaks shall maintain documentation of all drills, including the date, hour, description of the drill participating staff, and signature of the person in charge."</p>	A1041		
A1043	<p>8:36-14.3(b) Emergency Services and Procedures</p> <p>(b) The facility shall request of the local fire</p>	A1043		

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A1043	<p>Continued From page 11</p> <p>department that at least one joint fire drill be conducted annually. Upon scheduling a joint fire drill, the facility shall notify first aid and civil defense agencies of this drill and shall participate in community-wide disaster drills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, document review, and facility policy review, it was determined that the facility failed to request the local fire department to complete at least one joint fire drill annually. This had the potential to affect all residents.</p> <p>Findings included:</p> <p>1. On 07/21/2021 at 9:00 AM, the fire drill monitoring forms for 2020 and 2021 were reviewed for compliance. The fire drill forms reviewed did not contain any evidence of a joint fire drill.</p> <p>On 07/21/2021 at 10:00 AM, the Director of Maintenance was interviewed. He stated that he was not aware of the requirement to request the fire department to participate in a fire drill annually.</p> <p>The facility fire safety policy, dated 2018, revealed, in part, "11d. Spring Oaks shall request of the local fire department that at least one joint fire drill be conducted annually."</p>	A1043		
A1045	<p>8:36-14.3(c) Emergency Services and Procedures</p> <p>(c) The facility shall test at least one manual pull</p>	A1045		

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(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
A1045	<p>Continued From page 12</p> <p>alarm each month of the year and maintain documentation of test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, document review, and facility policy review, it was determined that the facility failed to test at least one manual pull alarm each month of the year and maintain documentation of test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition. This had the potential to affect all residents.</p> <p>Findings included:</p> <p>1. On 07/21/2021 at 9:00 AM, the fire drill monitoring forms for 2021 were reviewed for compliance. The fire drill forms reviewed for 01/07/2021, 02/08/2021, 04/15/2021, 05/11/2021, and 06/21/2021 revealed the facility did not test at least one manual pull alarm every month.</p> <p>On 07/21/2021 at 10:00 AM, the Director of Maintenance was interviewed. He stated that he was not aware of the requirement to test at least one manual pull alarm monthly.</p> <p>The facility fire safety policy, dated 2018, revealed, in part, "11e, Spring Oaks shall test at least one manual pull alarm each month of the year and maintain documentation of the tests, location of each manual pull alarm tested, persons testing the alarm and its condition."</p>	A1045		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
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NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VINELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 SOUTH MAIN ROAD VINELAND, NJ 08360
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(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 A1089	<p>Continued From page 13</p> <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> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and facility policy review, it was determined that the facility failed to provide a means of ventilation for every bathroom. The deficient practice was identified in 7 out of 10 bathrooms checked for mechanical ventilation.</p> <p>Findings included:</p> <p>1. On 07/19/2021 at 2:40 PM, the ventilation in the second-floor public bathroom and Rooms Executive Order 26, 4.b. was not functioning. There were no windows to the outside in these bathrooms. The surveyor, in the presence of the Maintenance Director (MD), tested the ventilation with toilet paper held to the vent grid which pulled no air indicating the ventilation was not functioning in these bathrooms.</p> <p>On 07/19/2021 at 3:45 PM, the ventilation in Room Executive Order 26, 4.b. and the Executive Order 26, 4.b. was not</p>	A1089 A1089		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
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NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VINELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 SOUTH MAIN ROAD VINELAND, NJ 08360
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A1089	<p>Continued From page 14</p> <p>functioning. There were no windows in the bathrooms. The surveyor tested the ventilation in the presence of the MD with toilet paper held to the vent grid which had no pull of air indicating the ventilation was not functioning in these bathrooms.</p> <p>On 07/19/2021 at 3:45 PM, the MD confirmed the ventilation was not functioning in sections of the facility.</p> <p>The facility, "Physical Plant," policy, dated 2019, revealed in part, "16.3 Means of ventilation shall be provided either by windows or by mechanical ventilation for every bathroom or water closet (compartment) or habitable room."</p>	A1089		
A1249	<p>8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews, it was determined that the facility failed to ensure the building was kept free from fire hazards when</p>	A1249		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
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NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VINELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 SOUTH MAIN ROAD VINELAND, NJ 08360
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A1249	<p>Continued From page 15</p> <p>fire-rated doors to the basement and water heater room were left propped open preventing them from automatically closing and latching in the frame in the event of an emergency. This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p> <p>1. On 07/19/2021 at 4:20 PM, during the life safety tour with the Maintenance Director (MD), the fire-rated door to the basement and the fire-rated door to the water heater room were found to be propped open preventing them from closing automatically and latching securely into their frames in the event of an emergency.</p> <p>On 07/19/2021 at 4:20 PM, the MD stated the doors should not be propped open.</p> <p>On 07/21/2021 at 12:00 PM, the Director of Nursing stated there was no policy related to fire doors not being propped open.</p>	A1249		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25a002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/20/2021
NAME OF FACILITY SPRING OAK ASSISTED LIVING AT VINELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 1611 SOUTH MAIN ROAD VINELAND, NJ 08360

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0891	Correction	ID Prefix A0913	Correction	ID Prefix A0935	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. # 8:36-10.5(c)(10)	Completed	Reg. # 8:36-11.4(b)	Completed
LSC	09/15/2021	LSC	09/15/2021	LSC	09/15/2021
ID Prefix A1041	Correction	ID Prefix A1043	Correction	ID Prefix A1045	Correction
Reg. # 8:36-14.3(a)	Completed	Reg. # 8:36-14.3(b)	Completed	Reg. # 8:36-14.3(c)	Completed
LSC	09/15/2021	LSC	09/15/2021	LSC	09/15/2021
ID Prefix A1089	Correction	ID Prefix A1249	Correction	ID Prefix	Correction
Reg. # 8:36-16.3(b)	Completed	Reg. # 8:36-17.7	Completed	Reg. #	Completed
LSC	09/30/2021	LSC	09/30/2021	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/21/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		