

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

PRINTED: 12/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315022	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2020
NAME OF PROVIDER OR SUPPLIER MEADOW LAKES			STREET ADDRESS, CITY, STATE, ZIP CODE 300 MEADOW LAKES EAST WINDSOR, NJ 08520	
(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
E 000	Initial Comments	E 000		
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 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.	K 324		11/25/20

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

TITLE

(X6) DATE

Electronically Signed

11/25/2020

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 324	<p>Continued From page 1 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview conducted on 11/18/2020 in the presence of the Plant Operations Director and Security Director, it was determined that the facility failed to ensure that the fire suppression system nozzles over the cooking stove were in the proper position to protect against the extension of fire, in accordance with NFPA 96.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:23 AM, in the facility kitchen, the surveyor observed over the 6-burner cooking stove that 3 of 3 fire suppression nozzles were not in the proper position to protect against the extension of fire. The three fire suppression nozzles were directed toward the rear of the working cooking stove and in the event of a fire, would offer no protection against the extension of fire.</p> <p>In an interview with the Plant Operations Director at the time of the observation, he confirmed that the three fire suppression nozzles at the working 6-burner cooking stove were facing the rear of the stove and would offer no fire protection in the event of a fire.</p> <p>The Administrator was informed of this finding at the Life Safety Code exit conference on 11/18/2020 at 1:15 PM.</p>	K 324	<p>This plan of correction constitutes that Meadow Lakes written allegation of compliance for the deficiency cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. Deficiency K-324</p> <p>1. There were no reports of any residents being affected by the deficient practice, all residents could potentially be affected</p> <p>2. All residents could potentially be affected</p> <p>3. The Ansul nozzles were immediately corrected upon discovery. The root cause of deficiency was that the [REDACTED] nozzles were moved when weekly maintenance of hood cleaning was being done, not returned to position and it went unnoticed. Corrective Measures put in place: a. All cooks will be in-serviced and re-educated on the proper position of the [REDACTED] nozzles and return demonstration on how to properly position by 11/25/2020. b. The [REDACTED] suppression system has</p>		

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K 324	Continued From page 2 NJAC 8:39-31.2(e) 19.3.2.5.3*(5)(a) NFPA 96	K 324	been added to our opening and closing checklists and will be checked throughout the day by the manager in charge. by 11/25/2020.b 4. Audits of the [REDACTED] system will be conducted by Director of Dining Service each month and it will be reported quarterly to the Quality Assessment Performance Improvement (QAPI) Program that is chaired by the Administrator. This process will continue until 100 percent compliance has been maintained for four quarters.		