	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING <b>0</b>	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED
		315455	B. WING		10/12/2022
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	10/12/2022
				314 BRUNSWICK AVENUE	
AVANT RE	HABILITATION AND (	CARE CENTER		RENTON, NJ 08638	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
K 000	INITIAL COMMEN	TS	K 000		
K 311 SS=D	New Jersey Depart Survey and Field C and Avant Rehabili found to be in nono requirements for pa Medicare/Medicaid Safety from Fire, an National Fire Prote Life Safety Code (L Health Care Occup Avant Rehabilitatio story, Type I Fire R in January 1998. T smoke zones. Vertical Openings - CFR(s): NFPA 101 Vertical Openings - 2012 EXISTING Stairways, elevator shafts, chutes, and between floors are having a fire resista An atrium may be u 19.3.1.1 through 19 If all vertical openin construction provid resistance rating, a box. This REQUIREMED by: Based on observa presence of facility determined that the	<ul> <li>articipation in <ul> <li>at 42 CFR 483.90(a), Life</li> <li>nd the 2012 Edition of the</li> <li>ction Association (NFPA) 101,</li> <li>SC), Chapter 19 EXISTING</li> <li>bancies.</li> </ul> </li> <li>n and Care Center s a three</li> <li>tesistant building that was built</li> <li>The facility is divided into 7</li> <li>Enclosure</li> <li>shafts, light and ventilation</li> <li>other vertical openings</li> <li>enclosed with construction</li> <li>ance rating of at least 1 hour.</li> <li>used in accordance with 8.6.</li> <li>3.1.6</li> <li>ngs are properly enclosed with</li> <li>ing at least a 2-hour fire</li> </ul>	K 311	<ol> <li>Corrective Action:</li> <li>Fire rated exit access door next to room</li> <li>, it was immediately fixed on</li> <li>Audit was completed of fire rated exit</li> </ol>	12/5/22 ∎.

**Electronically Signed** 

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.

11/11/2022

TATEMENT (	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED	
		315455	B. WING		10/12/2022	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
AVANT RE	HABILITATION AND CA	RE CENTER	1314 BRUNSWICK AVENUE TRENTON, NJ 08638			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLÉTIC	
K 311	Continued From page	9 1	K 311			
	capable of maintainin construction.	g the 1-1/2 hour fire rated		access doors to assure that they polatched.	ositively	
	This is evidenced by	the following,		2. Identification of other residents		
	On 10/06/2022 startir	ng at 9:42 AM, a tour of the		areas having the potential to be aff due to the nature of the deficiency:		
		ce of the Maintenance		The deficient practice has the poter		
	Director (MD) was pe	rformed.		affect all residents.		
		veyor performed a closure		3. Measures Put into Place:		
	doors leading into the	2 hour fire rated exit access		Monthly audits will be completed by maintenance director and/or design		
		s stall wells.		assure that fire rated exit access do		
	At 10:20 AM, during a	a closure test of one (1) fire		positively latch.		
		r next to Resident room		4. How Will These Actions Be		
		vas opened to a 90 degree		Measured:	::!! h.a.	
	opening to the doors	d not positive latch into their		The results of the monthly audits w submitted to the Quality Assurance		
		code to maintain the fire		Process Improvement Committee		
	rated construction.			monthly for 6 months. The first of w	•	
		d two additional times with		will take place in December 2022.		
	the same results.			on the results of these audits, a de- will be made regarding the need fo		
	into its frame to main			continued submission and reporting		
	construction to preve poisonous gases to e event of a fire.	nter the exit stairwell in the				
	The MD confirmed th observations.	e findings at the time of				
	The Administrator wa at the Life Safety Coo 10/07/2022 at approx					
	Fire Safety Hazard.	intatory 12.00 i 101.				
	NJAC 8:39- 31.2(e)					
K 351 SS=E	Sprinkler System - In CFR(s): NFPA 101	stallation	K 351	1	12/5/22	

Event ID: B6RY21

Facility ID: NJ476002

If continuation sheet Page 2 of 14

		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 02/14/202 M APPROVE D. 0938-039
TATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION		E SURVEY PLETED
		315455	B. WING _			10	/12/2022
NAME OF PF	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
	HABILITATION AND CA	DE CENTED		13	14 BRUNSWICK AVENUE		
	HABILITATION AND CA	RECENTER		TF	RENTON, NJ 08638		
(X4) ID PREFIX TAG			ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
K 351	Continued From page	e 2	ка	351			
	Spinkler System - Ins 2012 EXISTING	stallation					
	Nursing homes, and construction type, are approved automatic s accordance with NFF Installation of Sprinkl In Type I and II const measures are permit sprinkler protection ir or local regulations p In hospitals, sprinkler closets of patient slee of the closet does no sprinkler coverage co required by NFPA 13 Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19 19.4.2, 19.3.5.10, 9.7	PA 13, Standard for the er Systems. ruction, alternative protection ted to be substituted for n specific areas where state rohibit sprinklers. rs are not required in clothes eping rooms where the area t exceed 6 square feet and overs the closet footprint as , Standard for Installation of 0.3.5.3, 19.3.5.4, 19.3.5.5,					
	provided documentat determined that the fa- install sprinklers as re- §483.90(a) physical e accordance with the 2012 Edition, Section National Fire Protection Installation of Sprinkl and as required by th Construction Code N I-2 (health care) use The deficient practice following,				<ol> <li>Corrective Action: Escheon caps were installed on the sprinkler heads located on the flor Unit oxygen storage room, floor clean utility room and third floor of utility room on 10/7/22.</li> <li>Identification of other residents or areas having the potential to be affect due to the nature of the deficiency: The deficient practice has the potentia affect all residents.</li> <li>Measures Put into Place: Audit was completed of sprinkler head escheon caps to assure sprinkler head proper placement of escheon caps. Monthly audits will be completed by the maintenance director and/or designee</li> </ol>	clean - ed al to ds ds	
	09:13 AM, a request				assure that sprinkler heads have prop		

Facility ID: NJ476002

If continuation sheet Page 3 of 14

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 02/14/2023 MAPPROVED D. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
		315455	B. WING _			10/	12/2022
NAME OF PF	ROVIDER OR SUPPLIER	I		ST	TREET ADDRESS, CITY, STATE, ZIP CODE		-
	HABILITATION AND CA	PE CENTER		13	314 BRUNSWICK AVENUE		
				TI	RENTON, NJ 08638		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
K 351	the facility lay-out whi rooms and smoke cor A review of the facility there were three (3) f Starting at 9:40 AM, i MD a tour of the facilit Along the tour, the su facility failed to provid protection in the follow 1) At 9:52 AM, the s floor fire sprinkler head. This fire sprinkler head. This fire sprinkler head. This fire sprinkler head. 2) At 10:00 AM, the the floor Clean U head had no evidence a 1/2 of an inch gap a 3) At 12:38 PM, the the floor Clean U	r (MD) to provide a copy of ich identifies the various mpartments in the facility. / provided layout identified loors in the facility. In the presence of the facility ity was conducted. Inveyor observed that the le proper fire sprinkler wing locations: urveyor observed inside the nit storage room one if no evidence of an escheon in inch gap around the surveyor observed inside Jtility room one sprinkler e of an escheon cap leaving around the sprinkler head.	K 3	351	placement of escheon caps. 4. How Will These Actions Be Measured: Results of monthly audit will be comp by the Maintenance Director and/or designee. The results of these review will be submitted to the Quality Assura and Process Improvement Committee Meeting monthly for 6 months. The fi of which will take place in December 2022. Based on the results of these audits, a decision will be made regard the need for continued submission an reporting.	vs ance s rst	
	a fire the heat would the room and not acti system.	the ceilings, in the event of by pass the fire sprinkler in vate the fire sprinkler e findings at the time of					
		s notified of the deficiency le exit conference on					

If continuation sheet Page 4 of 14

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 02/14 FORM APPRO OMB NO. 0938-	OVE
TATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		315455	B. WING		10/12/2022	2
	ROVIDER OR SUPPLIER	RE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 BRUNSWICK AVENUE TRENTON, NJ 08638			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLI	ETIO
K 351	Continued From page 10/07/2022 at approx Fire Safety Hazard. NJAC 8:39-31.1(c), 3 NFPA 13.	kimately 12:50 PM.	К 35	1		
K 355 SS=D	CFR(s): NFPA 101 Portable Fire Extingu Portable fire extinguis inspected, and maint NFPA 10, Standard for Extinguishers. 18.3.5.12, 19.3.5.12, This REQUIREMENT by: Based on observation documentation on 10 facility management, facility failed to: 1) P tag attached to the fine visual examination for 2) Install portable fire required height for 1 Maintain one (1) port proper working condit requirements of NFF 19.3.5.12, 9.7.4.1 and Association (NFPA) 7 6.1, 6.1.3.8.1 and 6.1 Reference #1 NFPA for portable fire exting - 7.3 Maintenance. - 7.3.1.1 All Fire Extin - 7.3.1.1.1 Fire extin	ishers shers are selected, installed, ained in accordance with or Portable Fire NFPA 10 T is not met as evidenced on and review of facility D/06/2022 in the presence of it was determined that the erform and document on the re extinguisher a monthly or 1 of 16 fire extinguishers, e extinguishers with-in the of 16 fire extinguishers 3) able fire extinguishers in tion, in accordance with the PA 101, 2012 Edition, Section d National Fire Protection 10, 2010 Edition, Sections 1.3.8.3. and N.J.A.C. 5:70.	K 35	<ol> <li>Corrective Action: On 10/7/22, the fire extinguisher loca near the exit doors leading to the ou resident solution area was mounted the proper height and visual inspecti completed and documented on the t attached to the extinguisher. On 10, fire extinguisher was replaced next t resident room .</li> <li>Identification of other residents areas having the potential to be affe due to the nature of the deficiency: The deficient practice has the potentia affect all residents.</li> <li>Measures Put into Place: Audit was completed of Fire extingui and their attached tags to ensure compliance. Monthly audits will be completed by maintenance director and/or designed assure that Fire extinguishers and the</li> </ol>	tside I to on ag (7/22 o the or cted tial to ishers the ee to	2

Event ID: B6RY21

Facility ID: NJ476002

If continuation sheet Page 5 of 14

		ND HUMAN SERVICES MEDICAID SERVICES				FORM	D: 02/14/2023 MAPPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION 1	(X3) DATE	
		315455	B. WING			10/	12/2022
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				13	314 BRUNSWICK AVENUE		
AVANTRE	EHABILITATION AND CA	RECENTER		Т	RENTON, NJ 08638		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
K 355	specifically indicated electronic notification According to NFPA 1 date the inspection w of the person perform recorded at least more be kept on a tag or later extinguishers. Reference #2 NFPA 1 - 6.1.3.8 Installation - 6.1.3.8.1 Fire extin- weight not exceeding that the top of type fire than 5 feet above the - 6.1.3.8.3 In no case between the bottom of extinguisher and the During the building to presence of the faciliti (MD) the surveyor ob sixteen (16) portable locations with the foll- 1) At 12:18 PM, the "ABC- type" fire extin-	by an inspection or 0- 4-3.4 At least monthly, the ras performed and the initials ning the inspection shall be nthly and that records shall bel attached to the fire 10 n Height. nguishers having a gross 140 lb shall be installed so re extinguisher is not more a floor. se shall the clearance of the hand portable fire floor be less than 4 inches. but on 10/06/2022 in the ty Maintenance Director served and inspected fire extinguishers in various owing, surveyor observed one guisher near the exit doors a Resident smoking area that	K	355	4. How Will These Actions Be Measured: Results of monthly audit will be comp by the Maintenance Director and/or designee. The results of these review will be submitted to the Quality Assura and Process Improvement Committee Meeting monthly for 6 months. The fi of which will take place in December 2022. Based on the results of these audits, a decision will be made regard the need for continued submission an reporting.	vs ance s rst	
	extinguisher was more floor to the to the cent needle of the extingu The surveyor also ob extinguisher was last 2022 with no evidence inspection being performance	served that the fire annually inspected June					

Facility ID: NJ476002

If continuation sheet Page 6 of 14

		ND HUMAN SERVICES MEDICAID SERVICES			FORI	D: 02/14/202 MAPPROVE D. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING <b>01</b>	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		315455	B. WING		10	/12/2022
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
AVANT RE	EHABILITATION AND CA	RE CENTER	13 TF			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
K 355	Continued From page August 2022 and Sep		K 355			
K 374 SS=F	indicating needle was zone on the gauge. The surveyor also ob to the extinguisher ha examination document The MD confirmed th observations. The Administrator wa at the Life Safety Coo 10/07/2022 at approx NFPA 10 NJAC 8:39 -31.1 (c), Subdivision of Buildin CFR(s): NFPA 101 Subdivision of Buildin Doors 2012 EXISTING Doors in smoke barrie bonded wood-core do resists fire for 20 min plates of unlimited he are permitted to have assemblies per 8.5. D automatic-closing, do are not required to sw egress travel. Door o clear width of 32 inch doors. 19.3.7.6, 19.3.7.8, 19	Resident room #115 pressure is in the "RED" discharge served on the tag attached ad a monthly visual inted for 10/01/2022. e findings at the time of is notified of the deficiency de exit conference on kimately 12:50 PM. 31.2 (e). ing Spaces - Smoke Barrie ing Spaces - Smoke Barrie ers are 1-3/4-inch thick solid bors or of construction that utes. Nonrated protective eight are permitted. Doors a fixed fire window Doors are self-closing or o not require latching, and ving in the direction of pening provides a minimum ues for swinging or horizontal	K 374			12/5/22

Facility ID: NJ476002

If continuation sheet Page 7 of 14

						NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	PLE CONSTRUCTION G 01	( )	ATE SURVEY MPLETED
		315455	B. WING			10/12/2022
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2	ZIP CODE	
AVANT RE	HABILITATION AND CA	RE CENTER		1314 BRUNSWICK AVENUE TRENTON, NJ 08638		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE JIENCY)	(X5) COMPLETIO DATE
K 374	Continued From page	e 7	K 37	74		
	provided documentat determined that the fa smoke barrier doors to smoke when complete This deficient practice sets of corridor smoke was evidenced by the Reference 1: - 8.5.4.1, Doors in smo opening, leaving only necessary for proper without louvers or gril bottom of a new door of an inch. On 10/06/2022 during 09:13 AM, a request Maintenance Director the facility lay-out whi rooms and smoke con A review of the facility that there are two (2) smoke doors on the corridor double smok and three (3) corridor floor. Starting at 9:40 AM, i MD a tour of the facilit The surveyor perform	noke barriers shall close the operation, and shall be lls. The clearance under the shall be a maximum of 3/4 g the survey entrance at was made to the r (MD) to provide a copy of ich identifies the various mpartments in the facility y provided lay-out identified sets of corridor double floor, are two (2) sets of e doors on the facility is smoke doors on the facility ity was conducted. ned closure tests of the oke barrier doors in the		<ol> <li>Corrective Action: On 10/7/22 the double located between the and resident room #</li> <li>Resident room assure that the smoke I leaving only the minimul necessary for proper op 2. Identification of oth areas having the potent due to the nature of the The deficient practice h affect all residents.</li> <li>Measures Put Into Audit was completed of doors to assure all clos transfer of smoke.</li> <li>Monthly audits will be of maintenance director a assure that smoke barr resist the transfer of sm 4. How Will These Action Measured: Results of monthly aud by the Maintenance Dir designee. The results of will be submitted to the and Process Improvem Meeting monthly for 6 r of which will take place 2022. Based on the resi audits, a decision will b the need for continued reporting.</li> </ol>	-floor day room resident room were fixed to barrier doors close um clearance peration. her residents or tial to be affected e deficiency: has the potential to Place: f smoke barrier e to resist the completed by the nd/or designee to hoke. ctions Be it will be completed rector and/or of these reviews Quality Assurance hent Committee months. The first in December sults of these e made regarding	
	between the floo	set of double smoke doors or the room and Resident th doors were release from				

Facility ID: NJ476002

If continuation sheet Page 8 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING 01       (X3) DATE SURVEY COMPLETED         NAME OF PROVIDER OR SUPPLIER       315455       B. WING       10/12/2022         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       10/12/2022         AVANT REHABILITATION AND CARE CENTER       STREET ADDRESS, CITY, STATE, ZIP CODE       1314 BRUNSWICK AVENUE TRENTON, NJ 08638         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDER'S PLAN OF CORRECTION       (X5)		DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					FOR	D: 02/14/2023 M APPROVED D. 0938-0391
NMME OF PROVIDER OR SUPPLIER     STREET ADDRESS, OTY, STATE, ZP CODE       VANT REHABILITATION AND CARE CENTER     STREET ADDRESS, OTY, STATE, ZP CODE       Paint     BUMMARY STREEMENT OF DETICENCIES       Index of PROVIDER OR SUPPLIER     Provides of Address of Content of the STREET ADDRESS, OTY, STATE, ZP CODE       Paint     BUMMARY STREEMENT OF DETICENCIES       Index of PROVIDER OF ADDRESS, OTY, STATE, ZP CODE     STREET ADDRESS, OTY, STATE, ZP CODE       Paint     BEGO DERIFICIENCIES       Index of Provides of Address of Content of Detaction     Provides of Address of Content of Detaction       Index of Provides of Address of Content of Detaction     Provides of Address of Content of Detaction       Index of Provides of Address of Content of Detaction     Provides of Address of Content of Detaction       Index of Provides of Address of Content of Detaction     Provides of Address of Content of Detaction       Index of Provides of Address of Content of Transe, this revealed two additional times with the same results.     K 374       In the same results.     In At 12:25 PM, one set of double smoke doors next to Resident room when when both doors were release from their magnetic hold open devices and allowed to set of cost to the transfer of smoke. The surveyor observed a gag greater than 3/8 of an inch between the meeting edges. This text was repeated two additional times with the same results.       In the same results.     In At 12:25 PM, one set of double smoke doors next to Resident room when magnetic hold open devices and allowed to set of cost in the transfer of smoke. The surveyo	STATEMENT (	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	· /				
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STREE, JP CODE         AVAIT REHABILITATION AND CARE CENTER       1314 BRUNSWICK AVENUE         IVAID       SUMMARY STREMENT OF DEFICIENCIES         IVAID       BLUMARY STREMENT OF DEFICIENCIES         IVAID       BLUMARY STREMENT OF DEFICIENCIES         IVAID       BLUMARY STREMENT OF DEFICIENCIES         IVEACU DEFICIENCY MUST BE PREVENCED BY FULL       IVENCE         RECAULT OF CONSCIPTION INFORMATION)       IVENCE         K 374       Continued From page 8       IVENCE         their magnetic hold open devices and allowed to self close into their frame, this revealed one door did not close in to its frame, it was not resistant to the transfer of smoke. The surveyor observed an paproximately 34 inch opening between the two doors.       K 374         2) At 11:07 AM, one set of double smoke doors next to Resident room when meeting edges.       K 314 filter stream approximately 34 inch opening between the two doors next to Resident room when meeting edges.         11 is test was repeated two additional times with the same results.       3) At 12:25 PM, one set of double smoke doors next to Resident room when meeting edges.         12 this test was repeated two additional times with the same results.       3) At 12:25 PM, one set of double smoke doors next to Resident room when meeting edges.         13 this test was repeated two additional times with the same results.       3) At 12:25 PM, one set of double smoke doors mext to Resident room when meeting edges. <th></th> <th></th> <th>315455</th> <th>B. WING</th> <th></th> <th></th> <th>10</th> <th>/12/2022</th>			315455	B. WING			10	/12/2022
AVAIT REHABILITATION AND CARE CERTER     TRENTON, NJ 88633       (YA1)0 PREFIX TAG     ISUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDD BY FULL REGULATION OR LSC DENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCIES) THE APROPRATE DECORRECTION CORRECTION (EACH DEFICIENCY MUST BE PRECEDD BY FULL REGULATION OR LSC DENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCE) TO THE APROPRATE DECORRECTION CORRECTION (EACH DEFICIENCE) TO THE APROPRATE DEFICIENCY     ID PREFIX TAG       K 374     Continued From page 8 their magnetic hold open devices and allowed to self close into their frame, it has not resistant to the transfer of smoke. The surveyor observed an approximately 34 inch opening between the two doors. This test was repeated two additional times with the same results.     K 374       2) At 11:07 AM, one set of double smoke doors next to Resident room when devices and allowed to self close into their frame, this revealed it was not resistant to the transfer of smoke. The surveyor observed ag agg greater than 1/2 of an inch between the meeting edges. This test was repeated two additional times with the same results.     3) At 12:25 PM, one set of double smoke doors next to Resident room when the revealed it was not resistant to the transfer of smoke. The surveyor observed a gag greater than 3/8 of an inch between the meeting edges. The surveyor measure and recorded a 1/2 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor	NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
City ID Prefers         SUMMARY STATEMENT OF DEFICIENCIES IS AN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRECIMENT OR OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         ID PREFIX (CONSERPERENCE DT OT HEAPROPRIATE DEFICIENCY)         ID PREFIX (CONSERPERENCE DT OT HEAPROPRIATE DEFICIENCY)           K 374         Continued From page 8 their magnetic hold open devices and allowed to self close into this frame, this revealed one door did not close into this frame, this revealed one door did not close into this frame, this revealed one door doors. This test was repeated two additional times with the same results.         K 374           2) At 11:07 AM, one set of double smoke doors next to Resident room when devices and allowed to self close into their frame, this revealed It was not resistant to the transfer of smoke. The surveyor deserved a gar greater than 1/2 of an inch between the meeting edges. This test was repeated two additional times with the same results.         S) At 12:25 PM, one set of double smoke doors next to Resident room when this revealed It was not resistant to the transfer of smoke. The surveyor destruct a gar greater than 1/2 of an inch between the meeting edges. This test was repeated two additional times with the same results.         S) At 12:25 PM, one set of double smoke doors next to Resident room when this revealed It was not resistant to the transfer of smoke. The surveyor observed a gar greater than 3/8 of an inch between the meeting edges. The surveyor observed a gar greater than 3/8 of an inch between the meeting edges. The surveyor observed a gar greater than 3/8 of an inch between the meeting edges. The surveyor observed a gar greater than 3/8 of an inch between the meeting edges. The surveyor observed a gar greater than 3/8 of an inch between the meeting edges. The surveyor observed a gar greater than 3/8 of	AVANT RE	HABILITATION AND CA	RE CENTER		1	1314 BRUNSWICK AVENUE		
PREFX TAG       (EACH CORRECTIVE ACTION SHOLLD BE REGULATORY OR USC IDENTIFYING INFORMATION)       PREFX TAG       CASTA       CASTA       CONTINUE RECORDER ON SHOLLD BE CROSS-REFERENCE TO TABLE APPROPRIATE       COMPLETION DATE         K 374       Continued From page 8 their magnetic hold open devices and allowed to self dose into their frame, this revealed one door did not close into its frame, it was not resistant to the transfer of smoke. The surveyor observed an approximately 34 inch opening between the two doors. This test was repeated two additional times with the same results.       K 374         2) At 11:07 AM, one set of double smoke doors next to Resident room when the meeting edges. The surveyor measure and recorded a 1/2 of an inch gap between the two dodys. This test was repeated two additional times with the same results.       S) At 12:25 PM, one set of double smoke doors next to Resident room when the meeting edges. The surveyor measure and recorded a 1/2 of an inch gap between the meeting edges. This test was repeated two additional times with the same results.         3) At 12:25 PM, one set of double smoke doors next to Resident room when the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The						TRENTON, NJ 08638		
<ul> <li>their magnetic hold open devices and allowed to self close into their frame, this revealed one door did not close into its frame, it was not resistant to the transfer of smoke. The surveyor observed an approximately 34 inch opening between the two doors.</li> <li>2) At 11:07 AM, one set of double smoke doors next to Resident room when the meding edges.</li> <li>2) At 11:07 AM, one set of double smoke doors next to Resident room when the meeting edges.</li> <li>The surveyor observed a gap greater than 1/2 of an inch between the meeting edges.</li> <li>This test was repeated two additional times with the same results.</li> <li>3) At 12:25 PM, one set of double smoke doors next to Resident room when the meeting edges.</li> <li>This to Resident room when the meeting edges.</li> <li>This to an one set of double smoke doors next to Resident room when the meeting edges.</li> <li>The surveyor observed a gap greater than 1/2 of an inch between the meeting edges.</li> <li>This test was repeated two additional times with the same results.</li> <li>3) At 12:25 PM, one set of double smoke doors next to Resident room when the meeting edges.</li> <li>This test was repeated two additional times with the same results.</li> <li>b) At 12:25 PM, one set of double smoke doors next to Resident room when the meeting edges.</li> <li>The surveyor observed a 3/8 of an inch between the meeting edges.</li> <li>The surveyor observed a 3/8 of an inch between the meeting edges.</li> <li>The surveyor measure and recorded a 3/8 of an inch dap observed a 3/8 of an inch between the meeting edges.</li> <li>This was repeated two additional times with the same results.</li> <li>This test was repeated two additional times with the same results.</li> <li>This would allow the transfer of smoke, fire and poisonous gasses to pass from one smoke compartment to another in the event of a fire.</li> </ul>	PREFIX	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	) BE	COMPLETION
<ul> <li>approximately 34 inch opening between the two doors.</li> <li>This test was repeated two additional times with the same results.</li> <li>2) At 11:07 AM, one set of double smoke doors next to Resident room when when both doors were release from their magnetic hold open devices and allowed to self close into their frame, this revealed it was not resistant to the transfer of smoke. The surveyor measure and recorded a 1/2 of an inch between the meeting edges. The surveyor measure and recorded a 1/2 of an inch doors were release from their magnetic hold open devices and allowed to self double smoke doors the same results.</li> <li>3) At 12:25 PM, one set of double smoke doors next to Resident room when the meeting edges. This test was nepeated two additional times with the same results.</li> <li>3) At 12:25 PM, one set of double smoke doors next to Resident room when the meeting edges. This revealed it was not resistant to the transfer of smoke. The surveyor beserved a gap greater than 3/8 of an inch between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor beserved a gap greater than 3/8 of an inch doors. This test was repeated two additional times with the same results.</li> <li>This test was repeated two additional times with the same results.</li> </ul>	K 374	<ul> <li>their magnetic hold open devices and allowed to self close into their frame, this revealed one door did not close into its frame, it was not resistant to the transfer of smoke. The surveyor observed an approximately 34 inch opening between the two doors.</li> <li>This test was repeated two additional times with the same results.</li> <li>2) At 11:07 AM, one set of double smoke doors next to Resident room when when both doors were release from their magnetic hold open devices and allowed to self close into their frame, this revealed it was not resistant to the transfer of smoke. The surveyor observed a gap greater than 1/2 of an inch between the meeting edges. The surveyor measure and recorded a 1/2 of an inch gap between the meeting edges.</li> </ul>		к	374	1		
<ul> <li>2) At 11:07 AM, one set of double smoke doors next to Resident room when when both doors were release from their magnetic hold open devices and allowed to self close into their frame, this revealed it was not resistant to the transfer of smoke. The surveyor observed a gap greater than 1/2 of an inch between the meeting edges. The surveyor measure and recorded a 1/2 of an inch gap between the meeting edges. This test was repeated two additional times with the same results.</li> <li>3) At 12:25 PM, one set of double smoke doors next to Resident room when when both doors were release from their magnetic hold open devices and allowed to self close into their frame, this revealed it was not resistant to the transfer of smoke. The surveyor beserved a gap greater than 3/8 of an inch between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges. This test was repeated two additional times with the same results.</li> <li>This would allow the transfer of smoke, fire and poisonous gasses to pass from one smoke compartment to another in the event of a fire.</li> </ul>								
next to Resident room when when when both doors were release from their magnetic hold open devices and allowed to self close into their frame, this revealed it was not resistant to the transfer of smoke. The surveyor observed a gap greater than 3/8 of an inch between the meeting edges. The surveyor measure and recorded a 3/8 of an inch gap between the meeting edges near the bottom of the doors. This test was repeated two additional times with the same results. This would allow the transfer of smoke, fire and poisonous gasses to pass from one smoke compartment to another in the event of a fire.								
poisonous gasses to pass from one smoke compartment to another in the event of a fire.		next to Resident room doors were release fr devices and allowed this revealed it was n smoke. The surveyo than 3/8 of an inch be The surveyor measur inch gap between the bottom of the doors. This test was repeated	m when when both rom their magnetic hold open to self close into their frame, ot resistant to the transfer of r observed a gap greater etween the meeting edges. re and recorded a 3/8 of an e meeting edges near the					
The MD confirmed the findings at the time of		poisonous gasses to	pass from one smoke					
		The MD confirmed th	e findings at the time of					

If continuation sheet Page 9 of 14

		ND HUMAN SERVICES			PRINTED: 02/14/202 FORM APPROVE	
TATEMENT C	S FOR MEDICARE &	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		315455	B. WING		10/12/2022	
NAME OF PF	ROVIDER OR SUPPLIER		· ·	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
	HABILITATION AND CA	DE CENTED		1314 BRUNSWICK AVENUE		
	HABILITATION AND CA	RECENTER		TRENTON, NJ 08638		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
K 374	Continued From page	e 9	K 374	4		
	observations.					
		-	K 53	1	12/5/22	
33-E	Elevators					
	Elevators are inspect ASME A17.1, Safety Escalators. Firefighter monthly with a writter Existing elevators con Safety Code for Exist Escalators. All existin distance of 25 feet or level that best serves personnel for firefight Firefighter's Service I A17.3. (Includes firefi recall and smoke det firefighter's service P operation, machine re elevator lobby smoke 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT by: Based on observatio 07/2021, in the prese was determined that	nform to ASME/ANSI A17.3, ting Elevators and ag elevators, having a travel r more above or below the a the needs of emergency ting purposes, conform with Requirements of ASME/ANSI ighter's service Phase I key ector automatic recall, hase II emergency in-car key boom smoke detectors, and a detectors.) T is not met as evidenced ons and interview on 10/06, ence of facility management it the facility failed to maintain		<ol> <li>Corrective Action: Upon identification that elevator #1 and emergency telephones were not workit</li> </ol>		
	elevators tested, in a A17.3.	communications for 2 of 3 accordance with ASME/ANSI e was evidenced by the		<ul><li>properly, the elevator company was</li><li>immediately called and repaired both</li><li>telephones.</li><li>2. Identification of other residents or</li></ul>		

Facility ID: NJ476002

If continuation sheet Page 10 of 14

	S FOR MEDICARE &	MEDICAID SERVICES	(X2) MULTIP	LE CONSTRUCTION		NO. 0938-03 ATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			OMPLETED
		315455	B. WING			10/12/2022
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP COL	DE	
AVANT RE	HABILITATION AND CA	RE CENTER		1314 BRUNSWICK AVENUE		
				TRENTON, NJ 08638		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
K 531	Continued From page	e 10	К 53	1		
	following:			areas having the potential to	be affected	
				due to the nature of the defic	iency:	
		trance at 9:13 AM, a request		The deficient practice has the	e potential to	
		ntenance Director (MD), how n the building. The MD told		affect all residents. 3. Measures Put into Place		
	•	e are three (3) elevators.		Monthly audits will be complete		
				maintenance director and/or	•	
		ng at 9:40 AM, during a tour		assure that Emergency telep elevators #1, #2 and #3 work		
	-	presence of the facility ) at 9:42 AM a test of		4. How Will These Actions		
		cy telephone was performed.		Measured:		
	-	ested the emergency phone		Results of monthly audit will	•	
	it did not function pro	perly.		by the Maintenance Director		
	On 10/07/2022 during	g a tour of the building with		designee. The results of the will be submitted to the Quali		
		nal Maintenance (CRM) at		and Process Improvement C	-	
	11:57 AM a test of ele			Meeting monthly for 6 month		
		med. When the surveyor d not function properly.		of which will take place in De 2022. Based on the results o		
	-	elevator #2 emergency		audits, a decision will be mad		
	telephone was perfor	med. When the surveyor		the need for continued subm		
	tested the phone it di	d not function properly.		reporting.		
	An interview was con	ducted during the two				
		CRM. He acknowledged				
	and confirmed that th					
	#2 did not function.	hones in elevators #1 and				
	The Administrator wa	s notified of the deficiency				
	at the Life Safety Coo					
	10/07/2022 at approx	umately 12:50 PM.				
	NJAC 8:39-31.2(e) ASME/ANSI A17.3					
K 918 SS=E	Electrical Systems - E	Essential Electric Syste	K 91	8		12/5/22
	Electrical Systems - E	Essential Electric System				

Facility ID: NJ476002

If continuation sheet Page 11 of 14

		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 02/14/202 MAPPROVE D. 0938-039
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION 1	(X3) DATE	SURVEY PLETED
		315455	B. WING			10/	/12/2022
NAME OF PR	ROVIDER OR SUPPLIER	•		ST	IREET ADDRESS, CITY, STATE, ZIP CODE		-
				13	314 BRUNSWICK AVENUE		
AVANT RE	HABILITATION AND CA			T	RENTON, NJ 08638		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
K 918	Continued From page	o 11		010			
K 910	Continued From page		ĸ	918			
	Maintenance and Tes						
	-	ner alternate power source oment is capable of supplying					
	service within 10 seconds. If the 10-second criterion is not met during the monthly test, a						
	process shall be provided to annually confirm this						
		safety and critical branches.					
	Maintenance and testing of the generator and						
		performed in accordance					
	with NFPA 110.						
		nspected weekly, exercised					
		es 12 times a year in 20-40					
	•	ercised once every 36 ous hours. Scheduled test					
	under load conditions						
		and automatic or manual					
	transfer of all EES loa	ads, and are conducted by					
	competent personnel	I. Maintenance and testing of					
		sources (Type 3 EES) are in					
		PA 111. Main and feeder					
		nspected annually, and a					
	program for periodica						
	components is estab	ments. Written records of					
		sting are maintained and					
		S electrical panels and					
		readily identifiable, and					
		I power circuits. Minimizing					
		age of the emergency power					
	source is a design co	onsideration for new					
	installations.						
		FPA 99), NFPA 110, NFPA					
	111, 700.10 (NFPA 7)	υ) Γ is not met as evidenced					
	by:						
	Based on observation	on and interview on			K918 SS=E Electrical Systems □		
	10/06/2022 in the pre				Essential Electric Systems		
	-	determined that the facility			,		
		note manual stop station for			1. Corrective Action:		

Facility ID: NJ476002

If continuation sheet Page 12 of 14

DEPART CENTER	PRINTED: 02/14/2023 FORM APPROVED OMB NO. 0938-0391						
CENTERS FOR MEDICARE & MEDICAID SERVICES         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         315455		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>			(X3) DATE SURVEY COMPLETED	
		B. WING			10/12/2022		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				1	314 BRUNSWICK AVENUE		
AVANT REHABILITATION AND CARE CENTER				Т	RENTON, NJ 08638		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
K 918	1 of 1 emergency ger accordance with the r 2010 Edition, Section The deficient practice and was evidenced b On 10/06/2022 during 09:13 AM, a request Maintenance Director emergency generator The MD said, yes we During the building to 12:38 PM an inspecti generator was perfor At this time the surve the remote emergence The MD told the surve emergency shut off. The surveyor observe off was located on the The MD confirmed the observations. The Administrator wa at the Life Safety Coo 10/07/2022 at approx NJAC 8:39-31.2(e), 3	ABILITATION AND CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 1 of 1 emergency generator was installed in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. The deficient practice could affect all residents and was evidenced by the following: Dn 10/06/2022 during the survey entrance at 09:13 AM, a request was made to the Maintenance Director (MD) if the facility had an emergency generator. The MD said, yes we have one. During the building tour with the facility MD at 12:38 PM an inspection of the emergency generator was performed. At this time the surveyor asked the MD, where is he remote emergency shut off for the generator. The MD told the surveyor, There is no remote emergency shut off. The surveyor observed that the emergency shut off was located on the generator's control panel. The MD confirmed the findings at the time of observations. The Administrator was notified of the deficiency at the Life Safety Code exit conference on 10/07/2022 at approximately 12:50 PM. NJAC 8:39-31.2(e), 31.2(g) NFPA 110, 2010 Edition, Section 5.6.5.6 and		PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROF		with sed r ed al to thly ttor e.	

Event ID: B6RY21

Facility ID: NJ476002

If continuation sheet Page 13 of 14

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 02/14/2023 1 APPROVED ). 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>			(X3) DATE SURVEY COMPLETED	
		315455	B. WING	B. WING			10/12/2022	
NAME OF PF	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
AVANT REHABILITATION AND CARE CENTER					314 BRUNSWICK AVENUE RENTON, NJ 08638			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 918	Continued From page 13		ĸ	918	submission and reporting.			

Event ID: B6RY21

Facility ID: NJ476002

If continuation sheet Page 14 of 14