New Jersey Department of Health

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE S	
5. G5.11.126.11611	152.11111.0711.0115.111	A. BUILDING: _			
	55a006	B. WING		1	; 8/2022
ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
IILLS MATAWAN					
(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
Initial Comments		A 000			
CENSUS: 56					
SAMPLE SIZE: 5					
all of the standards in Administrative Code & Licensure of Assisted Comprehensive Personassisted Living Progresubmit a plan of correcompletion date for exthat the plan is impler deficiencies may result accordance with proven Administrative Code Enforcement of Licen	the New Jersey 3:36, Standards for Living Residences, onal Care Homes and ams. The facility must ection, including a ach deficiency and ensure mented. Failure to correct alt in enforcement action in isions of New Jersey Title 8, Chapter 43E, sure Regulations.				
All facilities shall be p suppression system i	rovided with a fire n accordance with the	A1097			
	Initial Comments Initial Comments: TYPE OF SURVEY: COMPLAINT #: NJOGO CENSUS: 56 SAMPLE SIZE: 5 The facility is not in so all of the standards in Administrative Code State Comprehensive Personal Assisted Living Prograsubmit a plan of correct completion date for each the plan is implemented ficiencies may result accordance with proving Administrative Code State Comprehensive Personal Plan (September 1997) Administrative Code State Comprehensive Personal Plan (September 1997) All facilities shall be progression system in the plan is implemented for the plan	STREET ADD ### STREET ADD ### STREET ADD ### 40 FRENE ### MATAWAN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Initial Comments: TYPE OF SURVEY: Standard and Complaint COMPLAINT #: NJ00156583 CENSUS: 56	STAULLS MATAWAN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments TYPE OF SURVEY: Standard and Complaint COMPLAINT #: NJ00156583 CENSUS: 56 SAMPLE SIZE: 5 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. 8:36-16.6 Physical Plant All facilities shall be provided with a fire suppression system in accordance with the	STREET ADDRESS, CITY, STATE, ZIP CODE ### STREET ADDRESS, CITY, STATE, ZIP CODE ### A PRENEAU AVENUE ### MATAWAN ### A PRENEAU AVENUE ### MATAWAN, NJ 07747 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments	DENTIFICATION NUMBER: STREET ADDRESS, CITY, STATE, ZIP CODE

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

TITLE (X6) DATE

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New Jersey Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		55a006	B. WING		C 08/18/2022
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	,
CDDING L	III I C MATAWAN	40 FRENE	AU AVENUE		
SPRING F	IILLS MATAWAN	MATAWAN	, NJ 07747		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
A1097	Continued From page This REQUIREMENT	e 1 is not met as evidenced	A1097		
	by: Based on observation determined the facility sprinkler coverage to required by the New Code N.J.A.C. 5:23, f care) use occupancy Association (NFPA) 1 Systems. This deficie by the following: Reference #1: Unifor Special detailed requioccupancy section 40 Automatic sprinkler sycompartments contain shall be equipped throfire sprinkler system in 903.3.1.1. The smokequipped with approverse to require the sprinkler system in the system of the syst	and interview, it was a failed to provide proper fire all areas of the facility as dersey Uniform Construction or use group I-2 (health and National Fire Protection 3 Installation of Sprinkler and practice was evidenced The Construction Code, arements based on use and are group I-2, [F] 407.5 are states as the construction with an automatic an accordance with Section are compartment shall be			
	distance between the ceiling shall be a mini and a maximum of 12 throughout the area of At 11:40 a.m. during a	3 Standard for the er Systems. ents: ed Construction. obstructed construction, the sprinkler deflector and the mum on 1 inch (25.4 mm) inches (305 mm) f coverage of the sprinkler.			
		veyor entered the main first floor. While inspecting			

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New Jersey Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		55a006	B. WING		I	C / 18/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE. ZIP CODE	00/	10/2022
	IILLS MATAWAN		EAU AVENUE	,		
OI KING I			N, NJ 07747	T		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
A1097	Continued From page	2	A1097			
A1097	sprinkler present in the the MD if there was a could locate one and	ne room. The surveyor asked sprinkler present and if he identify it to the surveyor. ot find a sprinkler confirming	A1097			

New Jersey Department of Health

	ENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		55a006	B. WING		00/25	.(2022
		558000			08/25	/2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
SPRING H	HILLS MATAWAN	40 FRENEA				
0/0.15	OULUARYOT	MATAWAN,				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A 000	Initial Comments		A 000			
	Initial Comments: TYPE OF SURVEY:	Standard and Complaint				
	COMPLAINT#: NJO	0156583				
	CENSUS: 56					
	SAMPLE SIZE: 5					
	all of the standards in Administrative Code Licensure of Assisted Comprehensive Pers Assisted Living Prograubmit a plan of correcompletion date for ethat the plan is implei	8:36, Standards for I Living Residences, onal Care Homes and ams. The facility must ection, including a ach deficiency and ensure mented. Failure to correct ult in enforcement action in isions of New Jersey Title 8, Chapter 43E,		In order for Spring Hills of Matawan Assisted Living to meet the New Jerse Administrative Code 8:36, Standards of Licensure of Assisted Living Residence Comprehensive Personal Care Home and Assisted Living Programs we are submitting this plan of correction for approval consideration.	or ces,	
A1097	8:36-16.6 Physical Pl All facilities shall be p suppression system in Uniform Construction	rovided with a fire	A1097	In order to meet the requirements for suppression system in accordance wi Uniform Construction Code, N.J.A.C.: ABC Fire Inc. will install three sprinkle tied into the fire suppression system in floor electrical room.	th the 5:23, erheads	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A CONTRACTOR OF THE PARTY OF TH	E CONSTRUCTION	(X3) DATE SU COMPLE	
		55a006	B. WING	,	08/25	3/2022

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER	R REPRESENTATIVE'S SIGNATURE TITLE: Exec	cutive Director (X6) DATE
	fan	
STATE_FORM	6800 VLS91	If continuation sheet 1 of 3

08/25/2022

New Jersey Department of Health NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 FRENEAU AVENUE SPRING HILLS MATAWAN** MATAWAN, NJ 07747 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A1097 A1097 Continued From Page 1 The procedure which will occur is that ABC Fire Continued From page 1 was contacted to install three sprinkler head to code in the first floor electrical room. The This REQUIREMENT is not met as evidenced by: installation will be completed by 09/24/2022. Based on observation and interview, it was determined the facility failed to provide proper fire A secondary facility walk through was sprinkler coverage to all areas of the facility as completed to ensure that the deficient practice required by the New Jersey Uniform Construction was not present in any other areas of the Code N.J.A.C. 5:23, for use group I-2 (health care) facility. No further deficiencies were present. use occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler The corrective action should not directly affect any residents and ongoing inspection of the Systems. This deficient practice was evidenced by system will occur quarterly and files maintained the following: by the facility maintenance director. 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 Daniel Silva BS, RT, NPS, MBA, CALA containing patient sleeping units shall be equipped Executive Director throughout with an automatic fire sprinkler system Spring Hills Senior Communities in accordance with Section 903.3.1.1. The smoke P: 732.765.5600 compartment shall be equipped with approved F: 732.441.4170 quick-response or residential sprinklers in accordance with section 903.3.2. 40 Freneau Avenue Matawan, NJ 07747 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. At 11:40 a.m. during a tour conducted at the facility in the presence of the Maintenance Director (MD), the surveyor entered the main electrical room on the first floor. While inspecting the space, the surveyor did not observe a STATE FORM VLS911 If continuation sheet 2 of 3 (X1) PROVIDER/S STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: ___

B. WING

55a006

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

40 FRENEAU AVENUE

SPRING HILLS MATAWAN

		N, NJ 07747		
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	Continued From page 2	A1097		
n	sprinkler present in the room. The surveyor asked the MD if there was a sprinkler present and if he could locate one and identify it to the surveyor. He replied he could not find a sprinkler confirming the surveyor's observation. Fire Safety Hazard			
	rile Salety Hazard			
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