

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

PRINTED: 10/06/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315426 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 06/30/2021 |
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| NAME OF PROVIDER OR SUPPLIER CARE ONE AT RIDGEWOOD AVENUE | STREET ADDRESS, CITY, STATE, ZIP CODE W-90 RIDGEWOOD AVE PARAMUS, NJ 07652 |
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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) COMPLETION DATE |
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| E 000 | Initial Comments This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities. | E 000 | | |
| K 000 | INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 06/28/21 and Care One at Ridgewood was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy | K 000 | | |
| K 281 SS=D | <p>Care One at Ridgewood is a 2-story building that was built in 60's, It is composed of Type II protected. The facility is divided into 8 smoke zones.</p> <p>Illumination of Means of Egress CFR(s): NFPA 101</p> <p>Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 06/28/21, it was determined that the facility failed to provide automatic emergency illumination that would</p> | K 281 | The facility will install exit lights with combination exit lights which include emergency lighting with a battery backup. | 7/28/21 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 07/14/2021 |
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| K 281 | <p>Continued From page 1 automatically operate along a means of egress.</p> <p>This deficient practice was evidenced by the following:</p> <p>During a tour of the building from 10:30 AM to 1:00 PM, the surveyor conducted a test of the emergency lighting on the [REDACTED] floors. The facility's Maintenance Director and Regional Physical Plant Manager revealed in an interview during the tour that they were unsure if the corridors were provided with emergency lighting that would automatically stay on upon loss of electrical power. The surveyor's tested the corridor lights by turning them off via a light switch and observed that no corridor lights remained on in [REDACTED] floors. Also, the surveyor observed that the corridors were not equipped with emergency battery pack lights which would automatically and immediately illuminate the area upon loss of electrical power. This finding was verified by the Maintenance Director and Regional Physical Plant Manager during the observations.</p> <p>The facility's Administrator was informed of this finding during the Life Safety Code survey exit at 1:30 PM.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.8, 7.8.1.1, 7.8.1.2</p> | K 281 | <p>The current lighting has been reconfigured to ensure that the wall sconces are on at all times with normal power and in the event of a power failure the new battery backup lighting will activate until the facility's generator comes on line.</p> <p>All residents have the potential to be affected.</p> <p>The Maintenance Director or designee will test the battery backup lighting monthly for 30 seconds.</p> <p>The Maintenance Director will audit the results of the monthly battery backup lighting tests for 3 months and present finding to the Administrator at the Quarterly QA committee for compliance.</p> | | |