STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315426	A. BUILDING **01** B. WING _____	**09/28/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT RIDGEWOOD AVENUE	**W-90 RIDGEWOOD AVE** **PARAMUS, NJ 07652**

(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 An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 09/27/23. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 09/27/23 and 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. CareOne at Ridgewood Avenue is a two-story building. The first floor was built in 1971 and the second floor was built in 2001. It is composed of Type II protected construction. The facility is divided into five - smoke zones. The generator does approximately 100 % of the building as per the Maintenance Director. The currently occupied beds are 80 of 110.	K 000		
K 324 SS=F	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,	K 324		10/11/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/16/2023

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K 324	Continued From page 1 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. 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 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that penetrations of the hood enclosure were sealed by devices that were listed for such use and whose presence did not distract from the hood's structural integrity in accordance with NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011 Edition) Section 5.1.5. This deficient practice had the potential affect all 80 residents. Findings include: An observation on 09/27/23 at 2:31 PM revealed the kitchen hood enclosure had a one-inch diameter unsealed opening. During an interview at the time of the observation,	K 324	The kitchen head enclosure 1 inch diameter unsealed opening was sealed with a steel cover with secure lock washers. Cooking area will be inspected to ensure no additional openings are visible. Any vendor who completed work to the kitchen area will be reported on the monthly Life Safety Inspection Report to be visibly be checked by the Maintenance Director for workmanship. Life Safety Inspection Report will include kitchen hood to ensure no openings occur monthly.	

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CAREONE AT RIDGEWOOD AVENUE	**W-90 RIDGEWOOD AVE** **PARAMUS, NJ 07652**

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K 324	Continued From page 2 the Regional Maintenance Director confirmed the unsealed opening. NJAC 8:39-31.1(c). 31.2(e) NFPA 96	K 324	Life Safety Rounds Report will be reported monthly by the Maintenance Director and submitted by Administrator to the quarterly QA Meeting.	
K 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure automatic smoke detection was provided at the location of the fire alarm control unit in accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 Edition) Section 10.15. This deficient practice had the potential to affect all 80 residents. Findings include:	K 341	Smoke detector located at the fire alarm panel was installed by the fire alarm company in the area noted. Installation including programming, testing and monitoring will be completed by the fire alarm company. Testing will occur bi-annually to ensure compliance. Daily monitoring will occur	10/16/23

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K 341	Continued From page 3 An observation on 09/27/23 at 2:43 PM revealed the fire alarm control unit was located in a hallway that was not continuously occupied and automatic smoke detection was not provided. The nearest smoke detection was located 26 feet away from the fire alarm control unit as measured by the Maintenance Director. During an interview at the time of the observation, the Maintenance Director confirmed the fire alarm control unit was not provided with smoke detection. NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72	K 341	through the fire alarm company to ensure the entire system is in working order. Any additions to the facility will be reported on the Life Safety Inspection Report every month completed by the Maintenance Director. Quarterly Report will be submitted to the Maintenance Director and submitted to the Administrator for the quarterly QA meeting for further recommendations.	
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure penetrations in smoke barriers were protected by a system or material capable of restricting the transfer of smoke and smoke	K 372	The identified penetrations that were unseal are sealed by the Maintenance Director using high performance 3M fire barrier sealant.	10/16/23

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K 372	Continued From page 4 barriers were continuous in accordance with NFPA 101 Life Safety Code (2012 edition) Sections 8.5.6.1 and 8.5.6.2. This deficient practice had the potential to affect all 80 residents. Findings include: An observation on 09/27/23 at 1:16 PM revealed the smoke barrier wall, located on the first floor and adjacent to the front desk, had a 3-inch by 6-inch unsealed opening above a sprinkler pipe on both sides of the smoke barrier. An observation on 09/27/23 at 1:21 PM revealed the smoke barrier wall, located on the first floor and adjacent to Recreation, had a bundle of yellow, blue, and white wires penetrating a two-inch diameter unsealed opening on both sides of the smoke barrier. An observation on 09/27/23 at 1:26 PM revealed the smoke barrier wall, located on the second floor and adjacent to Room 57, had a bundle of yellow, blue, and white wires penetrating a one-inch diameter unsealed opening on both sides of the smoke barrier. During an interview at the time of the observations, the Maintenance Director confirmed the unsealed penetrations. The Maintenance Director stated he checks the smoke barriers every six months and after subcontractors have completed work. NJAC 8:39-31.1(c), 31.2(e)	K 372	The Maintenance Director has inspected all fire barrier areas for any opening requiring attention. All vendors requiring wiring services in the bui8lding will be required to maintain the fire barrier areas. The Maintenance Director will oversee all projects which require ceiling work in order to maintain integrity of the barriers. The Safety Inspection Report will be completed by the Maintenance Director and reported monthly to the Safety Meeting which will then be reported by the Administrator to the quarterly QA Meeting.	
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101	K 911		10/16/23

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K 911	Continued From page 5 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure an electrical junction box was provided with a cover compatible with the box and suitable for the condition of use in accordance with NFPA 70 National Electrical Code (2011 Edition) Article 314.28(C). This deficient practice had the potential to affect 21 residents. Findings include: An observation on 09/27/23 at 1:30 PM revealed an open electrical junction box, located above the ceiling tile adjacent to Room 43, that contained wiring for a light fixture and did not have a cover. During an interview at the time of the observation, the Regional Maintenance Director confirmed the junction box did not have a cover. NJAC 8:39-31.2(e) NFPA 70	K 911	The existing electrical junction box was replaced by the electrical company. All electrical ceiling junction boxes were inspected for possible wiring issues. All electrical lighting requiring work will be inspected by the Maintenance Director. The building Inspection Report will address any electrical work done in the building and be reported to the monthly Safety Meeting. The report will be presented to the quarterly QA meeting by the Administrator.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315426 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	11/1/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT RIDGEWOOD AVENUE	W-90 RIDGEWOOD AVE PARAMUS, NJ 07652

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0324	10/11/2023	LSC K0341	10/16/2023	LSC K0372	10/16/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0911	10/16/2023	LSC		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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
9/28/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO