STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING **01** B. WING _____	**06/30/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	**600 KINDERKAMACK ROAD** **ORADELL, NJ 07649**

(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 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 06/25/21 and Care One at Oradell 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 Care One at Oradell is a 2-story building that was built in 60's. It is composed of TypeII protected. The facility is divided into 6 smoke zones.	K 000		
K 281 SS=E	Illumination of Means of Egress CFR(s): NFPA 101 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 06/25/21, it was determined that the facility failed to provide automatic emergency illumination that would automatically operate along a means of egress.	K 281	K 281 What corrective action(s) will be	7/22/21

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

Electronically Signed | 07/11/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING **01** B. WING _____	**06/30/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	**600 KINDERKAMACK ROAD** **ORADELL, NJ 07649**

(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
K 281	Continued From page 1 This deficient practice was evidenced by the following: During a tour of the building from 10:15 AM to 12:45 PM, the surveyor conducted a test of the emergency lighting on the 1st and 2nd 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 2 of 2 floors (4 of 4 Units). Also, the surveyor observed that the corridors were not equipped with emergency battery pack lights which would automatically 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. The facility's Administrator was informed of this finding during the Life Safety Code survey exit at 1:00 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.8, 7.8.1.1, 7.8.1.2	K 281	accomplished for those residents found to have been affected by the deficient practice? The facility has replaced 32 of the existing Exit Lights with Combination Exit Lights which include emergency lighting with a battery backup. The current lighting in the building 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 activates until the facility□s generator comes on line at which point the wall sconces are powered by the generator. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur? The Maintenance Director or designee will test the battery backup lighting monthly for 30 seconds and annually for 90 minutes. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change?	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING **01** B. WING _____	**06/30/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	**600 KINDERKAMACK ROAD** **ORADELL, NJ 07649**

(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
K 281	Continued From page 2	K 281	The Administrator or designee will audit the results of the monthly battery backup lighting tests for 3 months and present findings to the quarterly QA committee for review.	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interviews, it was determined that the facility failed to ensure that the use of electrical power strips in patient care	K 920	K920	7/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING **01** B. WING _____	**06/30/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	**600 KINDERKAMACK ROAD** **ORADELL, NJ 07649**

(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
K 920	Continued From page 3 vicinities complied with the requirements of NFPA 99. This deficient practice was evidenced by the following findings: On 06/23/21 at 11:04 AM, a member of the survey team observed Resident #72 in room 101 located in the 1-North wing, in bed with medical equipment plugged into an electrical power strip instead of wall mounted electrical outlet. The equipment observed were a tube feeding pump, a low air loss mattress compressor and a pulse oximeter. These items were plugged into a power strip that was on floor.. At 2:00 PM, the survey team member informed the facility's Administrator and the Director of Nursing. During this interview the Administrator stated that he was unaware that plugging medical equipment into electrical power strips was a problem. The finding noted above was acknowledged and verified by the facility's Maintenance Director and Regional Physical Plant Manager in an interview with the Life Safety Code surveyor on 06/25/21 at approximately 10:30 AM. It was noted that the facility had corrected this problem. The facility's Administrator was informed of this finding during the Life Safety Code survey exit conference at 1:00 PM. NJAC 8:39-31.2(e) NFPA 99 NFPA 70	K 920	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Additional wall mounted electrical outlets were installed in the room and the medical equipment was plugged into those outlets. The electrical power strip was removed. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. The maintenance director or designee will conduct an audit of all resident rooms to ensure no power strips are in use and to identify any rooms where additional wall mounted electrical outlets are needed. An electrician will be contracted to install any additional wall mounted outlets needed. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur? The maintenance director or designee will conduct a weekly audit of all resident rooms to ensure no power strips are in use and to identify any rooms where additional wall mounted electrical outlets are needed. How the corrective action(s) will be monitored to ensure the deficient practice	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING **01** B. WING _____	**06/30/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	**600 KINDERKAMACK ROAD** **ORADELL, NJ 07649**

(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
K 920	Continued From page 4	K 920	will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? The administrator or designee will conduct a random audit of 3 resident rooms 3x weekly for 3 weeks and monthly thereafter for 3 months for compliance and will report findings to the quarterly QA committee for review.	