

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

PRINTED: 04/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315488	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT MADISON AVENUE	STREET ADDRESS, CITY, STATE, ZIP CODE 151 MADISON AVENUE MORRISTOWN, NJ 07960
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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	E 000		
K 000	<p>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.</p> <p>INITIAL COMMENTS</p> <p>LIFE SAFETY CODE 101:2012</p>	K 000		
K 161 SS=B	<p>THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.</p> <p>Building Construction Type and Height CFR(s): NFPA 101</p> <p>Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <p>Construction Type</p> <p>1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories</p>	K 161		6/29/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/19/2019
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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 161	<p>Continued From page 1</p> <p>sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations made in the presence of the facility Maintenance Director on 6/27/19, it was determined that the facility failed to comply with the height requirements for a wood frame construction type as evidenced by:</p> <p>The front section of the building is a 2-1/2 story wood frame construction type.</p> <p>NJAC 8:39-31.1(c)</p> <p>Note: The waiver about the historic wooden structure at Care One at Madison Avenue, under K-161 was approved by CMS for a 5-year-time limited period of 7/19/18-10/18/23 to make modifications due to not passing their 9/20/18 FSES. The limited waiver expires on 10/18/23.</p>	K 161	<p>Care One at Madison Avenue was granted a Time Limited Waiver(TLW)approved by the State and CMS.</p> <p>The Center recognizes that all residents who utilize the dining room and therapy areas have the potential to be affected.</p> <p>The Leadership team including the Administrator, Director of Environmental Services, and Care One Construction Department staff, conduct Bi-monthly calls to monitor compliance with the TLW. Residents who utilize the dining room are kept safe with supervision by staff during meal times. The dining room is locked when not in use. Residents who utilize the therapy suite are kept safe with close supervision by</p>	

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K 161	Continued From page 2	K 161	therapists. The area is locked when not in use.		
K 324 SS=D	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, 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. <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 6/27/19, in the presence the facility Maintenance Director and Regional Operations Director it was</p>	K 324	<p>Care One at Madison Avenue will continue to monitor milestones required under the TLW for the POC.</p> <p>On 6-27-19 the exhaust hood grease baffle was repositioned to protect against a fire as per NFPA 96.</p>	7/17/19	

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K 324	<p>Continued From page 3</p> <p>determined that the facility failed to ensure that 1 of 7 exhaust hood grease baffles were in the proper position to protect against fire as per NFPA 96.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:05 AM, the surveyor observed 1 of 7 exhaust hood grease baffles over the facility six-burner cooking stove that was not in the intended position. This left approximately one inch gap between the #3 baffle that was directly over the cooking stove because the frames of the grease baffles were not properly installed in the hood track system.</p> <p>The grease baffles are the first layer of protection in a commercial kitchen grease management and exhaust ventilation system. Their purpose is to prevent flames and flammable debris from entering the exhaust duct and to capture grease-laden vapors produced from cooking equipment. If this grease was not captured, it would build up in the ventilation system and become a major fire hazard.</p> <p>An interview was conducted with the facility Maintenance Director, Regional Operations Director and Dietary Director during the observations and they acknowledged that 1 of 7 grease baffles over the main cooking stove was not properly installed, leaving approximately a one inch gap between the #3 baffle that was directly over the cooking stove.</p> <p>NJAC 8:39-31.2(e) NFPA 96</p>	K 324	<p>The Center recognizes that other residents have the potential to be affected.</p> <p>Staff were in-serviced on 6-28-19 and 7-9-19 regarding properly installing the exhaust, hood grease baffles.</p> <p>After each cleaning, staff will visually check to ensure that the baffles were installed correctly.</p> <p>The Food Service Director will observe the baffles for proper installation weekly x 4 and then monthly.</p> <p>The Food Service Director will evaluate compliance, and report to the quarterly Quality Assurance Performance Improvement Committee the results of the observations. The Administrator will take corrective action as necessary.</p>	