

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

PRINTED: 11/12/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315092	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT HOLMDEL			STREET ADDRESS, CITY, STATE, ZIP CODE 188 HIGHWAY 34 HOLMDEL, NJ 07733	
(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 LIFE SAFETY CODE 101:2012 This facility is in substantial compliance with the Minimum Life Safety Code requirements as survey using CMS-2786R.	K 000		
K 252 SS=B	Number of Exits - Corridors CFR(s): NFPA 101 Number of Exits - Corridors Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. 18.2.5.4, 19.2.5.4 This REQUIREMENT is not met as evidenced by: Based on observations on 1/04/20, in the presence of facility management, it was determined that the facility failed to provide two acceptable exits from the [REDACTED].	K 252	1. The facility has developed a plan to relocate all items from the attic space including all office workstations and records stored there. All items were	6/26/20

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

TITLE

(X6) DATE

Electronically Signed

02/05/2020

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 252	Continued From page 1 This deficient practice was evidenced by the following: The [REDACTED] business office was provided with an acceptable exit to the [REDACTED]. The second exit was to a roof top. N.J.A.C. 8:39-31.1(c)	K 252	removed by June 26,2020. 2. Implementation of the plan will be overseen by the Environmental Services Director. 3. Access to the attic space has been permanently restricted via key lock. Roof access will only be permitted. The hardware on the existing door has been modified to permit egress from the roof/attic space only. Appropriate signage has been placed on the door: No Admittance/ Roof Access Only. 4. The Director of Architectural Services or Designee will perform a final inspection to confirm the space has been permanently vacated and the POC is completed 5. The plan of correction was completed June 26, 2020		