

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315284	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2019
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MONMOUTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 229 BATH AVENUE LONG BRANCH, NJ 07740	
(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 321	<p>Continued From page 1</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview on 09/03/19, in the presence of the facility Maintenance Director, it was determined that the facility failed to maintain doors to hazardous areas to self-close.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 10:31 AM, the surveyor observed that vacant resident room [REDACTED] was turned into a combustible storage room. The room contained 20-plus large assembled cabinets that were made out of a wooden composite material and shelves. The room was greater than 50 square feet in size and did not have a self-closing or automatic-closing device installed on the door.</p> <p>In an interview at the time of the observations, the Maintenance Director confirmed this finding and acknowledged that the room is now required to have a self-closing device installed on the door, due to the hazardous/combustible storage.</p> <p>The Administrator was notified of the deficiency at the life safety code exit conference on 09/03/19.</p> <p>NJAC 8:39-31.2(e)</p>	K 321	<p>I. Immediate Correction: A self-closing hydraulic door closer was immediately ordered by the Maintenance Director for the vacant resident room numbered [REDACTED]. The Maintenance Director immediately checked all areas in the facility over 50 square feet in size with combustible material to ensure doors to hazardous areas self-close. No other areas were identified.</p> <p>II. Identification of Other Areas: The Maintenance Director immediately checked all areas in the facility over 50 square feet in size to ensure compliance with hazardous areas via NFPA 101 Hazardous Areas -Enclosures (LSC 2012 Health Existing). No other areas were identified.</p> <p>III. Systematic Change: The Safety Officer or Maintenance Director will add Combustible Storage Rooms/Spaces over 50 square feet to the Preventative Maintenance Monthly Round Log. Copies will be retained for reference and validation.</p> <p>IV. Quality Assurance Monitoring: The Safety Officer or Maintenance</p>	

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

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K 321	Continued From page 2	K 321	Director will submit written findings to the QAPI Committee Quarterly. The safety Officer or Maintenance Director will also inform the Administrator immediately of any negative hazardous area - enclosure findings to ensure corrections are made timely.		