NAME OF PROVIDER OR SUPPLIER STREETADDRESS, CITY, STATE, ZIP CODE CRESTWOOD MANOR SURVEY RODE YALD SWMMARY STATEMENT OF DEFICIENCIES ID PREFIX EACH EPROLOXY MUST EPROCEED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION PREVIDENT AND CORRECTION PROVIDENT PLAN OF CORRECTION TAG Initial Comments ID PREVIDENT AND CORRECTION THE APPROPRIATE DEFICIENCY PROVIDENT PLAN OF CORRECTION E 000 Initial Comments E 000 ID PREVIDENT TAGE COMMARY STATEMENT OF DEFICIENCIES COMMARY STATEMENT OF DEFICIENCIES COMMARY STATEMENT OF DEFICIENCIES ID PREVIDENT AND OF CORRECTION PREVIDENT AND OF CORRECTION ID ID PREVIDENT AND OF CORRECTION OF CORRECTION ID ID ID ID PREVIDENT AND OF CORRECTION OF CORRECTION ID	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE CRESTWOOD MANOR STREET ADDRESS, CITY, STATE, 2P CODE (04) ID PTETR Isource of the control of the c		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
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CRESTWOOD MANOR WHTING, NJ 08759 IM 10 TAG ISJUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE FREECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID ID IN TAG ID ID ID ID ID ID ID ID ID ID ID ID ID I	CRESTWOOD MANOR WHITING, NJ 88789 (M) ID TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES NUM STRETERED AND CORRECTION RECULATORY OR LSC. DENTIFYING INFORMATION) ID PREFX (EACH DEFICIENCY) PROVIDERS PLANOF CORRECTION (EACH OPERICADOR MUST BE REACED BY FULL (EACH DEFICIENCY) PREFX (EACH DEFICIENCY) PROVIDERS PLANOF CORRECTION (EACH DEFICIENCY) CORE (EACH DEFICIENCY) E 000 Initial Comments E 000 Initial Comments E 000 This facility is in substantial compliance with Appendix Z-Emergency Proparedness for All Provider and Supplier Types Interpretive Guidance 403.73, Requirements for Long Term Care (LTC) Facilities. K 000 LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2766R. K 324 K 324 Cooking Facilities K 324 Cooking Facilities K 324 Cooking Facilities K 324 Cooking Facilities K 324 Cooking Facilities K 324 Cooking Facilities K 324 Cooking Facilities K 324 Cooking Facilities K 324 Cooking Facilities K	NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•
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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. K 000 K 000 INITIAL COMMENTS K 000 LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. K 000 Crestwood Manor at Whiting is a one -story building that was built in 1990's. It is composed of Type 3 (211) construction. The facility is divided into five smoke zones. K 324 K 324 Cooking Facilities K 324 Cooking Facilities Cooking Facilities K 324 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, toasters) are used for food warming or limited cooking facilities cording to represent the story of the the conditions under 18.3.2.5.3, 19.3.2.5.2 * cooking facilities cording to represent to cording facilities cording to represent to cording facilities cording to represent to cording facilities cording facilities cording to reprepatients comply with the conditions under	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. K 000 INITIAL COMMENTS K 000 LIFE SAFETY CODE 101:2012 K 000 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. K 000 Crestwood Manor at Whiting is a one -story building that was built in 1990s. It is composed of Type 3 (211) construction. The facility is divided into five smoke zones. K 324 K 324 Cooking Facilities K 324 SS=D CFR(s): NFPA 101 K 324 Cooking Facilities Cooking Guipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: trasidential 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 of fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	IOULD BE COMPL
Appendix Ž-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483:73, Requirements for Long Term Care (LTC) Facilities. K 000 INITIAL COMMENTS K 000 LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2780R. Crestwood Manor at Whiting is a one -story building that was built in 1990's. It is composed of Type 3 (211) construction. The facility is divided into five smoke zones. Cooking Facilities Cooking in accordance with 18.3.2.5.2, 19.3.2.5.2, 19.3.2.5.2, 19.3.2.5.2, 10.3.2.5.2, 10.3.2.5.2, 10.3.2.5.2, 10.3.2.5.3, 10.3.2.5.3, 00	Appendix Ž-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities. K 000 INITIAL COMMENTS LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. Crestwood Manor at Whiting is a one -story building that was built in 1990's. It is composed of Type 3 (211) construction. The facility is divided into five smoke zones. K 324 Cooking Facilities Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Opprations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, to asser) 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 cooking facilities is open to the corridor in smoke cooking facilities is on the com	E 000	Initial Comments		E 00	0	
COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. Crestwood Manor at Whiting is a one -story building that was built in 1990's. It is composed of Type 3 (211) construction. The facility is divided into five smoke zones. Cooking Facilities CFR(s): NFPA 101 Cooking Facilities 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, 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	COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. Crestwood Manor at Whiting is a one -story building that was built in 1990's. It is composed of Type 3 (211) construction. The facility is divided into five smoke zones. Cooking Facilities Cooking Facilities 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, toasters) are used for food warming or limited cooking facilities or cordiance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities or food warming or limited cooking in accordance with 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with	K 000	Appendix Z-Emergen Provider and Supplie Guidance 483.73, Re Care (LTC) Facilities. INITIAL COMMENTS	cy Preparedness for All r Types Interpretive equirements for Long Term	К 00	0	
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, 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 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, 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		COMPLIANCE WITH SAFETY CODE REG SURVEYED UNDER Crestwood Manor at building that was buil Type 3 (211) construct into five smoke zones Cooking Facilities	THE MINIMUM LIFE OUIREMENTS AS CMS-2786R. Whiting is a one -story t in 1990's. It is composed of ction. The facility is divided	К 32	4	4/16/2
		SS=D	Cooking Facilities Cooking equipment is with NFPA 96, Standa and Fire Protection of Operations, unless: * residential cooking of appliances such as m toasters) are used for cooking in accordance * cooking facilities op compartments with 30 with the conditions un or * cooking facilities in	ard for Ventilation Control f Commercial Cooking equipment (i.e., small nicrowaves, hot plates, r food warming or limited we with 18.3.2.5.2, 19.3.2.5.2 en to the corridor in smoke 0 or fewer patients comply nder 18.3.2.5.3, 19.3.2.5.3, smoke compartments with			

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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED			
		315298	B. WING			04	/14/2021
NAME OF PI	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0-1	
CRESTWOOD MANOR				5	0 LACEY ROAD		
CRESTWO	JOD MANOR			v	WHITING, NJ 08759		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETIO DATE
K 324	Continued From page	e 1	ĸ	324			
	18.3.2.5.4, 19.3.2.5.4						
		tected according to NFPA 96					
		uired to be enclosed as					
		t shall not be open to the					
	corridor.						
	-	3.3.2.5.4, 19.3.2.5.1 through					
	19.3.2.5.5, 9.2.3, TIA	A 12-2					
		Γ is not met as evidenced					
	by: Based on observatio	on and interview on 04/12/21,			How the corrective action will be		
		e facility Maintenance			accomplished for those residents affect	cted	
	-	ninistrator and Dietary			by the deficient practice:		
		mined that the facility failed					
	to ensure that 2 of 24	exhaust hood grease			There were no residents affected by the	nis	
		oper position to protect			deficient practice. The grease baffles		
		re from entering above the			were placed in the proper position to		
	exhaust hood system	n as per NFPA 96.			protect grease and fire from entering t	he	
	This deficient practic	e was evidenced by the			exhaust hood system immediately.		
		M, the surveyor observed 2					
		rease baffles over the main			How the facility will identify other resid	ents	
	-	d gaps at the following			having the potential to be affected by		
	locations:				same deficient practice:		
		Convection Oven) Back			The Director of Maintenance will comp		
	section: (Kettle/Warm	ning Oven)			weekly checks to ensure that the posi		
					of the grease baffles are correct. The		
	LEFT LEFT				weekly checks will continue for a period 1 year. This will ensure that there are		
					residents affected by this deficient	10	
	#1 to #2 OK	# 1			practice.		
	to # 2 OK				.		
	# 2 to # 3 OK	# 2			What measures will be put into place	or	
	to # 3 OK				systematic changes made to ensure the	nat	
	#3 to #4 OK	# 3			the deficient practice will not recur:		1

Event ID: BRVF21

Facility ID: NJ61533

If continuation sheet Page 2 of 6

	MENT OF HEALTH AN S FOR MEDICARE & I						FORM	D: 12/08/2021 MAPPROVED D: 0938-0391
STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU	ER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE	
		31529	8	B. WING			04/	14/2021
NAME OF PE	ROVIDER OR SUPPLIER	1			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
CRESTWO	OOD MANOR					D LACEY ROAD /HITING, NJ 08759		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 324	Continued From page	2		K	324			
	to # 4 OK							
	#4 to #5 OK		#4			The Director of Maintenance will comp		
	to # 5 OK					weekly checks to ensure that the posit		
	# 5 to # 6 OK to # 6 OK		# 5			of the grease baffles are correct. The weekly checks will continue for a perio 1 year.		
	RIGHT					r year.		
	RIGHT					How the facility will monitor its correcti actions to ensure that the deficient	ve	
	# 1 to # 2 OK		# 1			practice is being corrected and will not		
	to # 2 OK					recur:		
	# 2 to # 3 OK		# 2					
	to # 3 OK		" 0			The Director of Maintenance will repor	t his	
	# 3 to # 4 OK	2" (gop)	# 3			weekly findings at the monthly QAPI		
	to # 4 approximately # 4 to # 5 approxi		#4			meetings.		
	to # 5 OK	matery 5 (gap)	# 4					
	# 5 to # 6 OK		#5					
	to # 6 OK							
	An interview was com and Dietary Director, 24 grease baffles ove must be in the correct and fire from entering baffles.	who acknowledged, er the primary cookir t position to prevent	, that 2 of ng areas grease					
	A policy and procedur installation of exhaust not provided at the tin	t hood grease baffle						
	The Grease baffles at in a commercial kitch and exhaust ventilation to prevent flames and entering the exhaust grease-laden vapors equipment. If this great would build up in the	en's grease manage on system. Their pur I flammable debris f duct and capture produced from cook ase were not captur	ement pose is rom sing ed, it					

If continuation sheet Page 3 of 6

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/08/20 FORM APPROVE OMB NO. 0938-03
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING 0	(X3) DATE SURVEY COMPLETED	
		315298	B. WING		04/14/2021
	ROVIDER OR SUPPLIER	I	5	BTREET ADDRESS, CITY, STATE, ZIP CODE 10 LACEY ROAD VHITING, NJ 08759	1 04142021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLÉTIO
K 324 K 521 SS=D	cooking equipment a Chapter 11 of NFPA s instructions and are f The Administrator wa the life safety code ex NJAC 8:39-31.2(e) NFPA 96, 19.3.2.5.3* HVAC CFR(s): NFPA 101 HVAC	fire hazard. edures for the use, and Maintenance of the re in accordance with 26 and the Manufacturers followed. as notified of the deficiency at xit conference. (10) (10)	K 324 K 521		4/16/21
	by: Based on observation in the presence of the Director, it was detern failed to ensure that the ventilation system for adequately maintaine National Fire Protection and b.) 5 of 5 PTAC (mined that: a.) the facility he resident bathroom's		How the corrective action will be accomplished for those residents affect by the deficient practice: The bathroom ventilation system belt v found to be broken and was repaired immediately. The ventilation was check and in working order. The PTAC Units filters were cleaned and sanitized immediately.	was

Event ID: BRVF21

Facility ID: NJ61533

If continuation sheet Page 4 of 6

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		
		315298	B. WING		04/14/2021
NAME OF PI	ROVIDER OR SUPPLIER	•	S	STREET ADDRESS, CITY, STATE, ZIP CODE	•
			5	0 LACEY ROAD	
CRESIW	DOD MANOR		N N	VHITING, NJ 08759	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETIO
K 521	Continued From page	e 4	K 521		
	This deficient practice following:	e was evidenced by the		Please see attached photo and attac explanation.	ched
	the ventilation in the bathrooms did not fu	, the surveyor observed that following resident room nction: 110, 112, 114, 116, 34, 136, 138, 140, 142, 144,		How the facility will identify other res having the potential to be affected b same deficient practice:	
	174, 176, 178, 180, 1	154, 156, 166, 168, 170, 172, 182, 184, 186, and 188. ted that the Maintenance		The bathroom ventilation system be found to be broken and was repaired immediately so that no other resider can be affected by the deficient prace	d nts
	Director confirm if the placing a piece of sin	e units were functioning by gle-ply toilet tissue paper onfirm ventilation. When		The PTAC Unit filters in each room t contains a PTAC Unit was cleaned sanitized immediately so that no oth	that and
	tested, the tissue did resident bathrooms v	not hold in place. The vere not provided with a reliance on mechanical		resident could be affected by the de practice.	
	ventilation. At that time, the surv	eyor interviewed the		What measures will be put into place systematic changes made to ensure the deficient practice will not recur:	
	x 6" exhaust vents in	r, who confirmed that the 6" the above resident room functioning when tested.		The maintenance Director will comp random weekly checks of the ventila	
		ged and dirty filters were wing resident rooms: 101,		system to ensure it is working prope The Maintenance Director will comp monthly checks on the PTAC units to	lete
	102, 103, 104, and 1 At the time of the obs	05. servations, the Maintenance		ensure the filters are clean. These weekly/monthly checks will be logge indefinitely.	ed
	Director confirmed th above resident room	at the PTAC units in the swere clogged and dirty;		How the facility will monitor its corre	ctive
	Each unit contained 2			actions to ensure that the deficient practice is being corrected and will r	not
	The Administrator wa at the Life safety cod 04/12/21.	as informed of this deficiency e exit conference on		recur: The maintenance director will compl monthly report and review it at the monthly QAPI meetings.	lete a

Facility ID: NJ61533

If continuation sheet Page 5 of 6

TATEMENT (DF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	CONSTRUCTION 1	(X3) DAT	IO. 0938-039 TE SURVEY MPLETED
		315298	B. WING		0	4/14/2021
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
CRESTWO	DOD MANOR			0 LACEY ROAD VHITING, NJ 08759		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 521		age 5 9.5.2.1 section 9.2.2 9.5.2.1 Chapter 9.1 Utilities	K 521			
	NJAC 8:39-31.2(e))				

Event ID: BRVF21

Facility ID: NJ61533

If continuation sheet Page 6 of 6

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