

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

PRINTED: 12/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315298	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2021
NAME OF PROVIDER OR SUPPLIER CRESTWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 50 LACEY ROAD WHITING, NJ 08759	
(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	E 000		
K 000	INITIAL COMMENTS	K 000		
K 324 SS=D	<p>LIFE SAFETY CODE 101:2012</p> <p>THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.</p> <p>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.</p> <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 	K 324		4/16/21

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

TITLE

(X6) DATE

Electronically Signed

04/29/2021

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 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315298	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2021
NAME OF PROVIDER OR SUPPLIER CRESTWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 50 LACEY ROAD WHITING, NJ 08759		
(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 324	<p>Continued From page 1 18.3.2.5.4, 19.3.2.5.4. 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 04/12/21, in the presence of the facility Maintenance Director, Facility Administrator and Dietary Director, it was determined that the facility failed to ensure that 2 of 24 exhaust hood grease baffles were in the proper position to protect against grease and fire from entering above the exhaust hood system as per NFPA 96.</p> <p>This deficient practice was evidenced by the following: At 12:40 AM, the surveyor observed 2 of 24 exhaust hood grease baffles over the main cooking area that had gaps at the following locations:</p> <p>Front section: (Fryer/Convection Oven) Back section: (Kettle/Warming Oven)</p> <p>LEFT LEFT</p> <p># 1 to # 2 OK # 1 to # 2 OK # 2 to # 3 OK # 2 to # 3 OK # 3 to # 4 OK # 3</p>	K 324	<p>How the corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>There were no residents affected by this deficient practice. The grease baffles were placed in the proper position to protect grease and fire from entering the exhaust hood system immediately.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>The Director of Maintenance will complete weekly checks to ensure that the position of the grease baffles are correct. These weekly checks will continue for a period of 1 year. This will ensure that there are no residents affected by this deficient practice.</p> <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur:</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315298	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2021
NAME OF PROVIDER OR SUPPLIER CRESTWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 50 LACEY ROAD WHITING, NJ 08759		
(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 324	<p>Continued From page 2</p> <p>to # 4 OK</p> <p># 4 to # 5 OK # 4</p> <p>to # 5 OK</p> <p># 5 to # 6 OK # 5</p> <p>to # 6 OK</p> <p>RIGHT</p> <p>RIGHT</p> <p># 1 to # 2 OK # 1</p> <p>to # 2 OK</p> <p># 2 to # 3 OK # 2</p> <p>to # 3 OK</p> <p># 3 to # 4 OK # 3</p> <p>to # 4 approximately 3" (gap)</p> <p># 4 to # 5 approximately 5" (gap) # 4</p> <p>to # 5 OK</p> <p># 5 to # 6 OK # 5</p> <p>to # 6 OK</p> <p>An interview was conducted with the Maintenance and Dietary Director, who acknowledged, that 2 of 24 grease baffles over the primary cooking areas must be in the correct position to prevent grease and fire from entering the hood above the grease baffles.</p> <p>A policy and procedure for maintenance and installation of exhaust hood grease baffles was not provided at the time of exit.</p> <p>The Grease baffles are the first layer of protection in a commercial kitchen's grease management and exhaust ventilation system. Their purpose is to prevent flames and flammable debris from entering the exhaust duct and capture grease-laden vapors produced from cooking equipment. If this grease were not captured, it would build up in the ventilation system and</p>	K 324	<p>The Director of Maintenance will complete weekly checks to ensure that the position of the grease baffles are correct. These weekly checks will continue for a period of 1 year.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>The Director of Maintenance will report his weekly findings at the monthly QAPI meetings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315298	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2021
NAME OF PROVIDER OR SUPPLIER CRESTWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 50 LACEY ROAD WHITING, NJ 08759		
(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 324	Continued From page 3 become a significant fire hazard. 19.3.2.5.3* (10) Procedures for the use, Inspection, Testing, and Maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the Manufacturers instructions and are followed. The Administrator was notified of the deficiency at the life safety code exit conference. NJAC 8:39-31.2(e) NFPA 96, 19.3.2.5.3*(10)	K 324			
K 521 SS=D	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 04/12/21, in the presence of the facility Maintenance Director, it was determined that: a.) the facility failed to ensure that the resident bathroom's ventilation system for 32 of 37 units were adequately maintained in accordance with the National Fire Protection Association (NFPA) 90A, and b.) 5 of 5 PTAC (Packaged Terminal Air Conditioner) units were not clogged and with dirty filters.	K 521	How the corrective action will be accomplished for those residents affected by the deficient practice: The bathroom ventilation system belt was found to be broken and was repaired immediately. The ventilation was checked and in working order. The PTAC Units filters were cleaned and sanitized immediately.	4/16/21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315298	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2021
NAME OF PROVIDER OR SUPPLIER CRESTWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 50 LACEY ROAD WHITING, NJ 08759		
(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 521	<p>Continued From page 4</p> <p>This deficient practice was evidenced by the following:</p> <p>Starting at 10:45 AM, the surveyor observed that the ventilation in the following resident room bathrooms did not function: 110, 112, 114, 116, 118, 120, 122, 132, 134, 136, 138, 140, 142, 144, 146, 148, 150, 152, 154, 156, 166, 168, 170, 172, 174, 176, 178, 180, 182, 184, 186, and 188.</p> <p>The surveyor requested that the Maintenance Director confirm if the units were functioning by placing a piece of single-ply toilet tissue paper across the grills to confirm ventilation. When tested, the tissue did not hold in place. The resident bathrooms were not provided with a window and required reliance on mechanical ventilation.</p> <p>At that time, the surveyor interviewed the Maintenance Director, who confirmed that the 6" x 6" exhaust vents in the above resident room bathrooms were not functioning when tested.</p> <p>PTAC units with clogged and dirty filters were observed in the following resident rooms: 101, 102, 103, 104, and 105.</p> <p>At the time of the observations, the Maintenance Director confirmed that the PTAC units in the above resident rooms were clogged and dirty; Each unit contained 2-filters.</p> <p>The Administrator was informed of this deficiency at the Life safety code exit conference on 04/12/21.</p> <p>NFPA 90A</p>	K 521	<p>Please see attached photo and attached explanation.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>The bathroom ventilation system belt was found to be broken and was repaired immediately so that no other residents can be affected by the deficient practice. The PTAC Unit filters in each room that contains a PTAC Unit was cleaned and sanitized immediately so that no other resident could be affected by the deficient practice.</p> <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur:</p> <p>The maintenance Director will complete random weekly checks of the ventilation system to ensure it is working properly. The Maintenance Director will complete monthly checks on the PTAC units to ensure the filters are clean. These weekly/monthly checks will be logged indefinitely.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>The maintenance director will complete a monthly report and review it at the monthly QAPI meetings.</p>		

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

PRINTED: 12/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315298	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2021
NAME OF PROVIDER OR SUPPLIER CRESTWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 50 LACEY ROAD WHITING, NJ 08759		
(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 521	Continued From page 5 NFPA 101-2012 -19.5.2.1 section 9.2.2 NFPA 101-2012- 19.5.2.1 Chapter 9.1 Utilities 9.2.1 NJAC 8:39-31.2(e)	K 521			