

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

PRINTED: 11/02/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315312	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 07/27/2023
NAME OF PROVIDER OR SUPPLIER HAMPTON RIDGE HEALTHCARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 94 STEVENS ROAD TOMS RIVER, NJ 08755	
(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 000	INITIAL COMMENTS The nursing home building construction was stated to be 1990s with no current major renovations or noted additions. It is a one story building Type V (111) protected construction and is fully sprinklered. The 100 KW exterior diesel generator does 80 % of the facility. The facility has piped in medical gas. The building is connected to the Children's Hospital and has a vacant daycare wing recently unoccupied. There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The generator outside the facility is stated to be tied to the fire alarm control panel, cross corridor door hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life. The facility has 13 smoke zones. The facility has 204 certified beds. At the time of the survey, the census was 167. The requirement at 42 CFR Subpart 483.90(a) is NOT MET as evidenced by:	K 000		
K 271 SS=E	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by:	K 271		8/30/23

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

TITLE

(X6) DATE

Electronically Signed

08/07/2023

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 271	<p>Continued From page 1</p> <p>Based on observation and interview on 7/17/23, in the presence of the Maintenance Director (MD) and Regional Plant Operations Director (RPOD), it was determined that the facility failed to provide and maintain a level walking surface, free of all obstructions or impediments to full instant use in the case of fire or other emergency in accordance with NFPA 101, 2012 Edition, Section 19.2, 19.2.1, 19.2.7, 7.7, 7.7.1, 7.7.3.2, 7.1.6, 7.1.6.2, 7.1.6.3, 7.1.10, 7.1.10.1.</p> <p>This deficient condition was evidenced for 1 of 7 observed exit discharges by the following findings:</p> <p>On 7/17/23 at 12:18 PM, the surveyor MD and RPOD observed outside the [REDACTED] unit by resident rooms 6 & 7, that the exit/egress leading to the public way, was observed to have a concrete pad approximately 4' after the discharge leading to the path to the public way. The connection to the concrete path was lifted approximately 1" x 4' wide, leading to the public way, failing to provide a firm level walking surface, free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>The RPOD stated and confirmed that the area failed to provide a level walking/travel surface to the public way. The exit/egress route was confirmed on the facility evacuation route provided by the MD.</p> <p>The Administrator and RPOD, were informed of the finding at the Life Safety Code exit conference on 7/18/23.</p> <p>NJAC 8:39-31.2(e)</p>	K 271	<ol style="list-style-type: none"> 1. All residents have the potential to be effected by this deficient practice of the concrete pad being lifted at the entrance of the ambulance entrance of the [REDACTED] unit, and not connected properly to the pad in front of it causing it not to be level and failing to provide a firm level walking surface. The director of maint on 8/4 /23 purchased concrete and filled the pad to the proper level which created a safe firm level walking surface 2.. All of the concrete pad at all exits leading to public way were checked to make sure they are level and safe . 3.. Added to the monthly environmental rounds sheet that the Director of Maintenance / designee does was an audit of all concrete pads by all exits and means of egress to make sure they are connected properly and level. 4.. The Maintenance director or designee will report all these findings to the QAPI team quarterly . A 100% compliance is expected. 		

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K 271	Continued From page 2	K 271			
K 281 SS=E	<p>NFPA 101:2012 - 7.7, 19.2.7</p> <p>Illumination of Means of Egress CFR(s): NFPA 101</p> <p>Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interviews conducted on 7/17/23 in the presence of facility Maintenance Director (MD) and Regional Plant Operations Director (RPOD), it was determined that the facility failed to provide emergency illumination that would operate automatically along the means of egress in accordance with NFPA 101, 2012 Edition, Section 19.2.8 and 7.8.</p> <p>The deficient practice affected 1 of 5 occupied access areas observed and was evidenced by the following:</p> <p>At 12:08 PM, the surveyor in the presence of the MD and RPOD observed in the resident occupied [REDACTED] wing day room by resident room 314, that 2-wall switches shut-off all 6- light fixtures. The area was not provided with any illumination of the means of egress continuously in operation or capable of automatic operation without manual intervention.</p> <p>The MD and RPOD both confirmed the finding's at the time of observations.</p>	K 281	<ol style="list-style-type: none"> As all residents have the potential to be effected by this deficient practice of the [REDACTED] wing day room not having some lighting on a separate switch which will always stay on and have some illumination at the means of egress in that unit. , . All units and day rooms were checked to see if there is some lights that remain on all the time and not controlled by a switch where they can be shut off causing no illumination at the means of egress. Added to the monthly environmental rounds sheet that the Director of Maintenance / designee does was an audit of all units and all means of egress to make sure there is always lighting that remain on all the time and not controlled by a switch which can cause it to be shut which will mean there won't be suffice lighting at all means of egress at all times. The Maintenance director or designee will report all these findings to the QAPI team quarterly . A 100% compliance is expected. 	8/30/23	

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K 281	Continued From page 3 The Administrator and RPOD were informed of these findings at the Life Safety Code survey exit conference on 7/18/23. NFPA 101-2012 edition Life Safety Code: 7.8 Illumination of Means of Egress: 7.8.1.3* (2) NJAC 8:39-31.2(e)	K 281			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315312	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 8/31/2023	Y3
NAME OF FACILITY HAMPTON RIDGE HEALTHCARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 94 STEVENS ROAD TOMS RIVER, NJ 08755		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____ Reg. # NFPA 101 LSC K0271	Correction Completed 08/30/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0281	Correction Completed 08/30/2023	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/27/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		