

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 082462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2019
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NAME OF PROVIDER OR SUPPLIER CHELSEA AT FORSGATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 129525</p> <p>CENSUS: 134</p> <p>SAMPLE SIZE: 0</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1047	<p>8:36-14.3(d) Emergency Services and Procedures</p> <p>(d) Fire extinguishers shall be conspicuously hung, kept easily accessible, shall be visually examined monthly and the examination shall be recorded on a tag which is attached to the fire extinguisher. Fire extinguishers shall also be inspected and maintained in accordance with manufacturers' and applicable NFPA requirements and N.J.A.C. 5:70. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance.</p>	A1047		

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

TITLE

(X6) DATE

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A1047	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation it was determined that the facility failed to visually inspect fire extinguishers monthly and keep a record of the examination on the tags attached to 22 of 22 fire extinguishers inspected, as required by National Fire Protection Association (NFPA) and N.J.A.C. 5:70. This deficient practice was evidenced by the following:</p> <p>On 10/29/19 at 9:06 a.m., during the entrance conference of the survey, the surveyor requested that the facility's Maintenance Assistant (MA) provide a copy of the facility lay-out which identified the various rooms in the facility.</p> <p>At 9:15 a.m. a tour of the building with the facility's MA was performed. The MA provided copies of evacuation plans for the 3 floors of the facility.</p> <p>Along the tour the surveyor observed 22 fire extinguishers that were last annually inspected August 2019. The surveyor observed that fire extinguishers were missing monthly examinations for September 2019 documented on the tags attached to the fire extinguishers in the following locations:</p> <p>On the 3rd floor:</p> <ol style="list-style-type: none"> 1. At the main entrance of the building there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019. 2. Inside the Physical Therapy room there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no 	A1047		
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A1047	<p>Continued From page 2</p> <p>evidence of a monthly examination documented for September 2019.</p> <p>3. In the corridor to the left of the Beauty Salon there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>4. In the corridor next to stairwell "B" there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>5. In the corridor to the left of resident apartment "B" there was one ABC type fire extinguisher with the ID # 3C that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>6. In the corridor to the left of stairwell "B" there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>7. In the corridor next to stairwell "B" there was one ABC type fire extinguisher with the ID # 3F that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>8. In the corridor to the right of resident apartment "B" there was one ABC type fire extinguisher with the ID # 3E that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p>	A1047		

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A1047	<p>Continued From page 3</p> <p>On the REDACTED floor:</p> <p>9. In the corridor to the left of resident apartment REDACTED there was one ABC type fire extinguisher with the ID # 2R that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>10. In the corridor next to stairwell REDACTED there was one ABC type fire extinguisher with the ID # 2S that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>11. In the corridor next to stairwell REDACTED there was one ABC type fire extinguisher with the ID # 2P that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>12. In the corridor next to stairwell REDACTED there was one ABC type fire extinguisher with the ID # 2M that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>13. In the dining room there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>14. In the main kitchen there was one wet chemical fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>15. In the main kitchen next to the walk-in refrigerator there was one ABC type fire extinguisher that was last annually inspected</p>	A1047		

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A1047	<p>Continued From page 4</p> <p>August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>16. In the loading dock area there was one ABC type fire extinguisher with the ID # 2D that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>17. In the maintenance shop area there were two (2) ABC type fire extinguishers that were last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>18. In the corridor next to the bio-hazards room there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>On the 1st. floor:</p> <p>19. In the corridor next to resident room [REDACTED] there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>20. In the corridor across from resident apartment [REDACTED] there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>21. In the dining room for residents with [REDACTED] there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p>	A1047		

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A1047	Continued From page 5 According to NFPA -10 Standard for portable fire extinguishers: - 7.2.1.2 Inspection, Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/ system at a minimum of 30 day intervals. - 7.2.4.3 Where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded - 7.2.4.4 Where manual inspections are conducted, records for the manual inspections shall be kept on a tag or label attached to the fire extinguishers, or an inspection checklist maintained on file, or by an electronic method. - 7.3.1.1.1 Maintenance frequency, Fire extinguishers shall be subject to maintenance at intervals of not more than 1 year, at the time of hydrostatic test.	A1047		
A1123	8:36-16.12(c) Physical Plant (c) When commercial type laundry equipment is utilized, it shall be installed in a separate laundry room. The remainder of the home shall be protected from the laundry room by fire separation assemblies of at least one-hour rated construction. Openings in all fire separation assemblies shall be protected in accordance with the Uniform Construction Code, N.J.A.C. 5:23.	A1123		

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A1123	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Repeat deficiency</p> <p>Based on observation it was determined the facility failed to ensure that the commercial laundry room maintained a fire separation of at least one hour fire rated construction. This deficient practice was evidenced by the following:</p> <p>On 10/29/19 at 10:28 a.m. the surveyor, in the presence of the facility Maintenance Assistant (MA) conducted the tour of the building. The surveyor inspected the commercial laundry room and observed that the one hour fire rated corridor door (clean linen out) was propped in the open position with two rubber wedge type door hold open devices. The surveyor also observed that the one hour fire rated corridor door (dirty linen in) was propped in the open position with a 5 gallon chemical product bucket.</p> <p>With both of the one hour fire rated corridor doors propped in the open position, as observed during the tour, this would allow fire, smoke and poisonous gases to pass from the laundry room into the corridor in the event of a fire. This same commercial laundry room corridor doors were cited during the March 10, 2016 standard survey and the January 24, 2014 standard survey.</p> <p>Fire Hazard</p>	A1123		
A1249	<p>8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to</p>	A1249		

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A1249	<p>Continued From page 7</p> <p>ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00129525</p> <p>Based on observation and interview it was determined that the facility failed to ensure the building was kept in good condition and provide a safe environment for the residents. This deficient practice was evidenced by the following:</p> <p>On 10/29/19 during the tour of the building, in the presence of the facility's Maintenance Assistant (MA), the surveyor inspected the building and observed the following building safety hazards:</p> <ol style="list-style-type: none"> At 12:25 p.m., inside the kitchen, to the left of the automatic dishwasher machine there was a NJ EX Order: 26451 substance that adhered to the wall and paper instructions mounted to the wall on the dishwasher machine. At that time the surveyor interviewed the MA to ascertain what the substance was. The MA stated that the NJ EX Order substance was "mold." At 12:34 p.m. the surveyor inspected the first floor unit for residents with NJ EX Order: 26451 activity area and observed inside a heating, ventilation and air conditioning closet a 12 inch high by 20 inch long section of wall board on the 	A1249		
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A1249	Continued From page 8 left side with a REPEATED substance that adhered to the wallboard. Health safety hazard.	A1249		

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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 119525</p> <p>CENSUS: 134</p> <p>SAMPLE SIZE: 0</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1047	<p>8:36-14.3(d) Emergency Services and Procedures</p> <p>(d) Fire extinguishers shall be conspicuously hung, kept easily accessible, shall be visually examined monthly and the examination shall be recorded on a tag which is attached to the fire extinguisher. Fire extinguishers shall also be inspected and maintained in accordance with manufacturers' and applicable NFPA requirements and N.J.A.C. 5:70. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance.</p>	A1047		

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

Michelle Adams

TITLE

Executive Director

(X6) DATE

11/29/19

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A1047	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation it was determined that the facility failed to visually inspect fire extinguishers monthly and keep a record of the examination on the tags attached to 22 of 22 fire extinguishers inspected, as required by National Fire Protection Association (NFPA) and N.J.A.C. 5:70. This deficient practice was evidenced by the following:</p> <p>On 10/29/19 at 9:06 a.m., during the entrance conference of the survey, the surveyor requested that the facility's Maintenance Assistant (MA) provide a copy of the facility lay-out which identified the various rooms in the facility.</p> <p>At 9:15 a.m. a tour of the building with the facility's MA was performed. The MA provided copies of evacuation plans for the 3 floors of the facility.</p> <p>Along the tour the surveyor observed 22 fire extinguishers that were last annually inspected August 2019. The surveyor observed that fire extinguishers were missing monthly examinations for September 2019 documented on the tags attached to the fire extinguishers in the following locations:</p> <p>On the 3rd floor:</p> <ol style="list-style-type: none"> 1. At the main entrance of the building there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019. 2. Inside the Physical Therapy room there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no 	A1047		
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A1047	<p>Continued From page 2</p> <p>evidence of a monthly examination documented for September 2019.</p> <p>3. In the corridor to the left of the Beauty Salon there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>4. In the corridor next to stairwell "3B" there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>5. In the corridor to the left of resident apartment #319 there was one ABC type fire extinguisher with the ID # 3C that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>6. In the corridor to the left of stairwell "3C" there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>7. In the corridor next to stairwell "3D" there was one ABC type fire extinguisher with the ID # 3F that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>8. In the corridor to the right of resident apartment #319 there was one ABC type fire extinguisher with the ID # 3E that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p>	A1047		

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A1047	<p>Continued From page 3</p> <p>On the [redacted] floor:</p> <p>9. In the corridor to the left of resident apartment [redacted] there was one ABC type fire extinguisher with the ID # 2R that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>10. In the corridor next to stairwell [redacted] there was one ABC type fire extinguisher with the ID # 2S that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>11. In the corridor next to stairwell [redacted] there was one ABC type fire extinguisher with the ID # 2P that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>12. In the corridor next to stairwell [redacted] there was one ABC type fire extinguisher with the ID # 2M that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>13. In the dining room there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>14. In the main kitchen there was one wet chemical fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>15. In the main kitchen next to the walk-in refrigerator there was one ABC type fire extinguisher that was last annually inspected</p>	A1047		

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A1047	<p>Continued From page 4</p> <p>August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>16. In the loading dock area there was one ABC type fire extinguisher with the ID # 2D that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>17. In the maintenance shop area there were two (2) ABC type fire extinguishers that were last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>18. In the corridor next to the bio-hazards room there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>On the 1st. floor:</p> <p>19. In the corridor next to resident room [REDACTED] there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>20. In the corridor across from resident apartment [REDACTED] there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p> <p>21. In the dining room for residents with [REDACTED] there was one ABC type fire extinguisher that was last annually inspected August 2019, there was no evidence of a monthly examination documented for September 2019.</p>	A1047		



THE CHELSEA
AT FORSGATE

A1047

1. All Fire Extinguishers listed were visually examined and recorded October on 10/29/19. Foremost Fire Protection completed annual fire extinguisher inspection on 11/20/19.
2. The Building Services Director visually examined all fire extinguishers on 10/31/19 to ensure they were visually examined and recorded.
3. The task of visually inspecting and recording fire extinguishers will be placed in our TELS system.
4. The Building Services and/or Executive Director will verify each month via the TELS system that the task is completed.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 082462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2019
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NAME OF PROVIDER OR SUPPLIER CHELSEA AT FORSGATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831
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A1047	Continued From page 5 According to NFPA -10 Standard for portable fire extinguishers: - 7.2.1.2 Inspection, Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/ system at a minimum of 30 day intervals. - 7.2.4.3 Where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded - 7.2.4.4 Where manual inspections are conducted, records for the manual inspections shall be kept on a tag or label attached to the fire extinguishers, or an inspection checklist maintained on file, or by an electronic method. - 7.3.1.1.1 Maintenance frequency, Fire extinguishers shall be subject to maintenance at intervals of not more than 1 year, at the time of hydrostatic test.	A1047		
A1123	8:36-16.12(c) Physical Plant (c) When commercial type laundry equipment is utilized, it shall be installed in a separate laundry room. The remainder of the home shall be protected from the laundry room by fire separation assemblies of at least one-hour rated construction. Openings in all fire separation assemblies shall be protected in accordance with the Uniform Construction Code, N.J.A.C. 5:23.	A1123		



THE CHELSEA
AT FORSGATE

A1123

1. The commercial laundry room door was immediately closed on 10/29/19. The rubber wedge door holds were removed and discarded on 10/31/19.
2. The community only has one commercial laundry room.
3. The housekeeping and maintenance staff will be re-educated by 12/06/19 on the importance of keeping fire rated doors closed.
4. Managers will ensure doors are closed as they move through the community daily.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 082462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2019
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NAME OF PROVIDER OR SUPPLIER CHELSEA AT FORSGATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831
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A1123	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Repeat deficiency</p> <p>Based on observation it was determined the facility failed to ensure that the commercial laundry room maintained a fire separation of at least one hour fire rated construction. This deficient practice was evidenced by the following:</p> <p>On 10/29/19 at 10:28 a.m. the surveyor, in the presence of the facility Maintenance Assistant (MA) conducted the tour of the building. The surveyor inspected the commercial laundry room and observed that the one hour fire rated corridor door (clean linen out) was propped in the open position with two rubber wedge type door hold open devices. The surveyor also observed that the one hour fire rated corridor door (dirty linen in) was propped in the open position with a 5 gallon chemical product bucket.</p> <p>With both of the one hour fire rated corridor doors propped in the open position, as observed during the tour, this would allow fire, smoke and poisonous gases to pass from the laundry room into the corridor in the event of a fire. This same commercial laundry room corridor doors were cited during the March 10, 2016 standard survey and the January 24, 2014 standard survey.</p> <p>Fire Hazard</p>	A1123		
A1249	<p>8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to</p>	A1249		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 082462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2019
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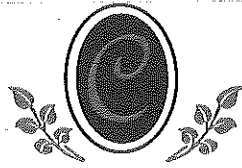
NAME OF PROVIDER OR SUPPLIER CHELSEA AT FORSGATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831
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A1249	<p>Continued From page 7</p> <p>ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00129525</p> <p>Based on observation and interview it was determined that the facility failed to ensure the building was kept in good condition and provide a safe environment for the residents. This deficient practice was evidenced by the following:</p> <p>On 10/29/19 during the tour of the building, in the presence of the facility's Maintenance Assistant (MA), the surveyor inspected the building and observed the following building safety hazards:</p> <ol style="list-style-type: none"> 1. At 12:25 p.m., inside the kitchen, to the left of the automatic dishwasher machine there was a [REDACTED] substance that adhered to the wall and paper instructions mounted to the wall on the dishwasher machine. At that time the surveyor interviewed the MA to ascertain what the substance was. The MA stated that the [REDACTED] substance was [REDACTED] 2. At 12:34 p.m. the surveyor inspected the first floor unit for residents with [REDACTED] activity area and observed inside a heating, ventilation and air conditioning closet a 12 inch high by 20 inch long section of wall board on the left side with a [REDACTED] substance that adhered to 	A1249		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 082462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2019
NAME OF PROVIDER OR SUPPLIER CHELSEA AT FORSGATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831		
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A1249	Continued From page 8 the wallboard. Health safety hazard.	A1249		



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AT FORSGATE

A1249

1. The dish machine and HVAC closet was cleaned on 10/29/19. The wallboard was also removed on 10/29/19 from the HVAC closet.
2. The Building Services Director completed a walkthrough on 10/31/19 to ensure that HVAC closet areas and dish machine are well maintained and in good condition.
3. Maintenance and Kitchen employees will be re-educated by 12/6/19 on the importance of keeping HVAC closets and dish machine areas clean. If areas are in need of maintenance they are to notify the concierge so that it could be placed in our TELS system.
4. The Building Services and/or Executive Director will verify each month via the TELS system that tasks entered are complete.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 082462	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/27/2020
NAME OF FACILITY CHELSEA AT FORSGATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A1047	Correction	ID Prefix A1123	Correction	ID Prefix A1249	Correction
Reg. # 8:36-14.3(d)	Completed	Reg. # 8:36-16.12(c)	Completed	Reg. # 8:36-17.7	Completed
LSC	10/31/2019	LSC	10/31/2019	LSC	10/31/2019
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 10/29/2019

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO