New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12039	A. BUILDING: ______ B. WING ______	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER AT MONROE	**395 SCHOOL HOUSE ROAD MONROE, NJ 08831**

(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) COMPLETE DATE
S 000	Initial Comments Annual Survey: 4/16/19 Census: 65 Sample Size: 10 (Plus 2 closed records) The facility was not in compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S2150	8:39-31.2(e) Mandatory Physical Environment (e) The facility shall be kept in good repair and maintained without harm or jeopardy to residents. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 4/15/19 in the presence of the Plant Operations Director and Maintenance Assistant, it was determined that the facility failed to a.) provide clear access to the facility handrails and b.) provide Electrical panels with the proper identifying labels for each resident room breaker in the event of an emergency power shut-off as per NFPA 70.	S2150		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		05/16/19

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PARKER AT MONROE	**395 SCHOOL HOUSE ROAD** **MONROE, NJ 08831**

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S2150	Continued From page 1 This deficient practice was evidenced by the following: During the tour of the facility from 9:45 a.m., to 1:00 the surveyor observed the following: 1. On Executive Order 26, 4.b. wing near resident room Executive O that facility furniture (2 chairs and 1 wooden roll-top desk) were positioned in front of the handrail blocking a resident from the handrail access. 2. On Executive Order in the Executive Order 26, 4.b. wing the surveyor observed two wooden book cases, 1 table and 2 medical carts positioned in front of the facility's handrail blocking a resident from the handrail access. 3. The surveyor observed 2 of 3 electrical closets that did not have the proper label guide for each electrical breaker switch in the three panels in each room observed. The label on the panel door was not numbered properly with each breaker switch number. During an interview with the Plant Operations Director and Maintenance Assistant during the observations, they stated that the facility furniture was blocking a resident from the assistance of the required handrail access. They also stated that if power to a resident room needed to be shut-off in the event of an emergency, the label to each breaker must be properly identified to prevent a delat in access. NJAC 8:39-31.2(e)	S2150		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
12039		5/16/2019

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER AT MONROE	395 SCHOOL HOUSE ROAD MONROE, 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 S2150 Reg. # 8:39-31.2(e) LSC	Correction Completed 05/16/2019	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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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
4/16/2019	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO