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

PRINTED: 09/01/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION ( G	(X3) DATE SURVEY COMPLETED		
		315429	B. WING _		11/2	7/2019	
NAME OF PROVIDER OR SUPPLIER  CLOVER REST HOME				STREET ADDRESS, CITY, STATE, ZIP CODE  28 WASHINGTON STREET  COLUMBIA, NJ 07832			
(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 E  CROSS-REFERENCED TO THE APPROPRI  DEFICIENCY)		(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		F 00	0			
	Standard Survey: 1	11/27/19					
	Census: 33						
	Sample Size: 13 Bedrooms Measure at Least 80 Sq Ft/Resident CFR(s): 483.90(e)(1)(ii)		F 91	2		3/23/20	
	per resident in multileast 100 square fe This REQUIREMENT by: Based on observatit was determined the at least 80-square formulti-bedded rooms following:  During a tour of the 12:15 PM, in the promove of the surveyor also concated to the surveyor also concated on the surveyor	quare feet per resident bed. bbserved that resident rooms tive Order 26, 4.b, and did feet per resident bed. The he measured 59.37 dent bed. The resident rooms sured 77 square feet for and, 66 square feet for and did enance Director confirmed tig the tour and acknowledged tioned rooms were not 80		Based on NJDOH surveyors observation during survey of 11/24/1 was determined that 12 of the 15 do bedded rooms of the facility did not 180 square feet per resident. Building was built approx. 1920's as story boarding home for the Aged. In 1970's NJDOH converted building in SNF allowing Residents to live only main floor. All 33 Residents only live on main flowith existing rooms as built. Both the NJDOH team leader and physical plant surveyor noted that th found rooms in good condition, hom free of clutter and accommodating the needs of all Residents. The rooms he proper lighting, clear means of egree easy access to bathrooms. Residents and families survey indicated they are extremely satisfied and hap with their rooms, care and environm They feel comfortable in their rooms its size. Easy mobility, sufficient livin	uble have a 3 n late nto on  por ey elike, he nave ss and ated py ent. and		
ADODATOD	/ DIDECTOR'S OF PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	LATURE	TITLE		(X6) DATE	

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

TITLE

**Electronically Signed** 

12/17/2019

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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F 912	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F 9	912	space and ability to freely ambulate noted including Nurse call system, fire safety and emergency egress systems were al compliance. Modifying rooms would require comdemolition and reconstruction of buthis demolition project would be a significant inconvenience, an emotive social and individual hardship and psychological complication for many the Residents who have lived in this Term Care facility for 10 years and Facility has been highly rated for expatient care for many years and a whas been approved for 20+ years. Respectfully request continuance of waiver No residents are affected by the root size. Residents have resided in these roomany years and are happy and comfortable. We respectfully request a continuate the waiver submitted March 23, 202 8/12/20 The FSES completed 8/3/2 indicates that the resident rooms or main floor of the building in which the deficiency is located achieved a past FSES score. The residents are key as evidenced by the passing FSES analysis.	Il in  Inplete ilding.  onal,  y of s Long longer. cellent vaiver  f  om of som of som of som of som of som of som of sen	