

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

PRINTED: 03/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315479	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2022
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT LIVINGSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 68 PASSAIC AVENUE LIVINGSTON, NJ 07039
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(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
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E 000	Initial Comments	E 000		
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 01/04/22, was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy</p> <p>The facility is a 1-story building that was built in 2002, It is composed of Type V protected. The facility is divided into 7-smoke zones. The generator does approximately 15 % of the building.</p> <p>The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions.</p> <p>The facility has 120 certified beds. At the time of</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/12/2022
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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 000	Continued From page 1	K 000			
K 923 SS=D	<p>the survey the census was 114.</p> <p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>>300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p>	K 923		1/14/22	

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K 923	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview on 1/04/22, in the presence of the Maintenance Director, it was determined that the facility failed to store cylinders of compressed oxygen in a manner that would protect the cylinders against tipping, rupture and damage in accordance with NFPA 99.</p> <p>This deficient practice was identified for 1 of 16 portable oxygen cylinders and was evidenced by the following:</p> <p>At 9:02 AM, the surveyor observed at the exterior portable oxygen storage cage located by the loading dock, that 1 of 16 portable oxygen cylinders were in the horizontal position on the ground (unsecured) outside the protective storage cage. The oxygen cylinder was next to a skid of salt and a ladder.</p> <p>An interview was conducted with the Maintenance Director who stated that the cylinders must be individually secured from tipping, rupture and damage at all times in the facility and not left on the ground. the Maintenance Director stated the oxygen cylinder was empty.</p> <p>The Administrator was informed of the finding and agreed that the oxygen cylinder should not be left on the ground unsecured at the Life Safety Code exit conference.</p> <p>NJAC 8:39-31.2(e) NFPA 99</p>	K 923	<p>It is the practice of the facility to store cylinders of compressed oxygen in a manner that would protect cylinders against tipping, rupture, and damage in accordance with NFPA 99.</p> <ol style="list-style-type: none"> Residents have the potential to be affected by this practice. Oxygen cylinder was removed and place in the storage cage by the Environmental Services Director Immediately. Environmental services staff and Nursing staff were educated on the appropriate location and storage of cylinders of compressed oxygen in a manner that would protect cylinders against tipping, rupture, and damage in accordance with NFPA 99 by the Nurse Staff Educator Environmental Services Director will continue to monitor the Oxygen Storage twice a week x 4 week and monthly time two months. Results of the QA&A monthly will be reported to the QAPI Committee to determines that the problem is resolved of stable. The results will be used for training and systems changes though the QA committee. 		