

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

PRINTED: 10/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315328	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2020
NAME OF PROVIDER OR SUPPLIER MAPLE GLEN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 12-15 SADDLE RIVER ROAD FAIRLAWN, NJ 07410	
(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
E 000	Initial Comments	E 000		
	E000 Emergency Preparedness			
	This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.			
K 000	INITIAL COMMENTS	K 000		
	KOOO LIFE SAFETY CODE 101:2012			
	The facility is not in substantial compliance with the Minimum Life Safety Code requirements as surveyed under CMS-2786R.			
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		2/10/20
	Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.			
	a) Date sprinkler system last checked _____			
	b) Who provided system test _____			
	c) Water system supply source _____			
	Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:			

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

TITLE

(X6) DATE

Electronically Signed

01/21/2020

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 353	Continued From page 1 Based on interview and observation, in the presence of the facility's Maintenance Director, it was determined that the facility failed to ensure that all parts of the building's automatic sprinkler system were maintained in a safe condition as evidenced by the following: An automatic sprinkler head was not free on foreign materials, which could prevent or delay its operation. On 01/06/2020 at 11:05 PM, the surveyor observed 1 of 3 automatic sprinkler heads, located in the facility's laundry room, covered with a thick coating of lint from the dryer's exhaust system. The sprinkler head was located directly above the dryers and partially concealed by a section of the wall. The facility's Maintenance Director stated in an interview during the observation that this area was monitored and cleaned routinely, but the sprinkler might have been missed due to its location. The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code survey exit conference at 12:30 PM.	K 353	<ul style="list-style-type: none"> - The facility recognizes the risk that residents could potentially be affected by the stated deficient practice. - Upon learning of deficient practice on 1/6/20 the Maintenance Director immediately cleaned the sprinkler to ensure it was free of foreign materials. - The Maintenance Director or designee will do monthly audits of the sprinklers found in the laundry room to ensure they are in compliance. - The results of the audits will be reported to the Quarterly QAPI Meeting. - The administrator will take corrective action as needed. 	
K 362 SS=D	NJAC 8:39-31.2(e) Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the	K 362		2/10/20

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K 362	<p>Continued From page 2</p> <p>underside of ceilings where specifically permitted by Code.</p> <p>Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.</p> <p>If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area.</p> <p>19.3.6.2, 19.3.6.2.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 1/06/2020, it was determined that the facility failed to ensure that corridor walls were resistant to the transfer of smoke, fumes, and fire as evidenced by the following:</p> <p>A tour of the basement area, in the presence of the facility's Maintenance Director, revealed that a section of the wall separating one of three storage rooms from the corridor had holes that were not sealed.</p> <p>At 10:40 AM, the surveyor observed two holes in the wall of the communication storage room. The holes were due to electrical wire penetrations, which resulted in 1-inch and 1/2-inch diameter holes. During this observation, the Maintenance Director indicated in an interview that he was unaware of this finding and acknowledged that the holes should have been sealed closed immediately after the wires breached the wall.</p> <p>The surveyor verbally informed the facility's Administrator of this finding during the Life Safety Code exit conference at 12:30 PM.</p>	K 362	<ul style="list-style-type: none"> - The facility recognizes the risk that residents could potentially be affected by the stated deficient practice. - Upon learning of deficient practice on 1/6/20 the Maintenance Director immediately repaired the holes in the wall in the corridor. - The Maintenance Director or designee will do monthly audits of the walls in the facility to ensure the walls are resistant to the transfer of smoke, fumes and fire by not having any unsealed holes. - The results of the audits will be reported to the Quarterly QAPI Meeting. - The Administrator will take corrective action as needed. 		

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K 362	Continued From page 3 NJAC 8:39-31.2(e)	K 362			