

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

PRINTED: 02/08/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315266</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/25/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARK CRESCENT HEALTHCARE &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>480 PARKWAY DRIVE EAST ORANGE, NJ 07017</b>
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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		
	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		
K 351 SS=D	LIFE SAFETY CODE 101:2012 This facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed using CMS-2786R.	K 351		12/2/19
	<p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Sprinkler System - Installation 2012 EXISTING</p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview on 10/18/19 in the presence of the facility Maintenance Director, it was determined that the facility failed to provide</p>		1) The sprinkler company has been called and a date is set for the sprinklers to be installed in the elevator shaft.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  11/07/2019
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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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NAME OF PROVIDER OR SUPPLIER  <b>PARK CRESCENT HEALTHCARE &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>480 PARKWAY DRIVE EAST ORANGE, NJ 07017</b>		
(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	
K 351	<p>Continued From page 1</p> <p>automatic fire sprinkler protection to all areas in accordance with NFPA 13.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 10:00 A.M., the facility Maintenance Director stated and confirmed that 2 of 2 hydraulic elevators in the facility, did not have fire sprinkler protection in the upper or lower shafts of the two elevators.</p> <p>The facility Administrator was notified of the deficiency by the team coordinator at the exit conference.</p> <p>NFPA 13, 25 NJAC 8:39-31.1(c) NJAC 8:39-31.2(e)</p>	K 351	<p>Installation date set for Dec 2 2019</p> <p>2) All other areas requiring sprinklers have been checked and found to be in compliance with the life safety code.</p> <p>3)Administrator and Maintenance Director met to identify the root cause of why our elevator shaft did not have sprinklers installed. It was determined that at the time of the construction of our building elevator shaft were not required to have sprinkler coverage.</p> <p>4) A review of life safety code regulations will be done prior to Jan 1st to ensure all other areas of life safety are in compliance. Maintenance Dir will report findings during our QAPI meeting held Quarterly.</p>		