	F DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG 01		ATE SURVEY	
		315257	B. WING)2/21/2020	
	OVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP C 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094			
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
E 000	Initial Comments		EO	00			
	Appendix Z-Emergen Provider and Supplie Guidance 483.73, Re Care (LTC) Facilities. EP Training Program	equirements for Long Term	EO	37		4/15/20	
SS=F	Hospitals at §482.15, HHAs at §484.102, "C §485.727, OPOs at § §491.12:] (1) Trainin must do all of the follo (i) Initial training policies and procedur staff, individuals prov arrangement, and voi their expected roles. (ii) Provide emer at least every 2 years (iii) Maintain doc preparedness training (iv) Demonstrate emergency procedure (v) If the emerge	3.748, ASCs at §416.54, ICF/IIDs at §483.475, Organizations" under 486.360, RHC/FQHCs at g program. The [facility] owing: in emergency preparedness res to all new and existing iding services under lunteers, consistent with gency preparedness training s. umentation of all emergency g. staff knowledge of es. ncy preparedness policies significantly updated, the t training on the updated					
	hospice must do all o (i) Initial training policies and procedur hospice employees, a services under arrang expected roles.	in emergency preparedness res to all new and existing					
	RECTOR'S OR PROV DER/: cally Signed	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>	TITLE		(X6) DATE 03/12/202	

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/28/2020 FORM APPROVED OMB NO. 0938-0391

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	0: 08/28/2020 MAPPROVED 0. 0938-0391
STATEMENT (DF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION 01	(X3) DATE	
		315257	B. WING			02/	21/2020
NAME OF PI	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE		
CEDAR G	ROVE RESPIRATORY AN	ID NURSING CENTER			1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	ATEMENT OF DEFIC ENCIES / MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	D PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
E 037	training at least every (iv) Periodically re emergency preparedre employees (including special emphasis place procedures necessary others. (v) Maintain docu preparedness training (vi) If the emerge and procedures are so hospice must conduct policies and procedur *[For PRTFs at §441. program. The PRTF re (i) Initial training if policies and procedur staff, individuals provi arrangement, and vol their expected roles. (ii) After initial training (iii) Demonstrate emergency procedures (iv) Maintain docu preparedness training (v) If the emerger and procedures are so PRTF must conduct to policies and procedure and procedures are so PRTF must conduct to policies and procedure (iv) If the emerger and procedures are so PRTF must conduct to policies and procedure (iv) In the LTC face following: (i) Initial training if	es. gency preparedness 2 years. eview and rehearse its hess plan with hospice nonemployee staff), with bed on carrying out the y to protect patients and mentation of all emergency ncy preparedness policies ignificantly updated, the training on the updated es. 184(d):] (1) Training nust do all of the following: n emergency preparedness es to all new and existing ding services under unteers, consistent with ining, provide emergency every 2 years. staff knowledge of es. umentation of all emergency () n cy preparedness policies ignificantly updated, the raining on the updated	E	037			

Facility ID: NJ60808

If continuation sheet Page 2 of 13

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					D. 0938-0391
	DF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MUL A. BUILDI		E CONSTRUCTION D1		E SURVEY PLETED
		315257	B. WING			02	/21/2020
	ROVIDER OR SUPPLIER	ID NURSING CENTER	1	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	D PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 037	their expected role. (ii) Provide emerginat least annually. (iii) Maintain docupreparedness training (iv) Demonstrate emergency procedured *[For CORFs at §485 CORF must do all of the (i) Provide initial preparedness policies and existing staff, ind services under arrange consistent with their efficiency procedured (ii) Provide emerginate and existing staff, ind services under arrange consistent with their efficiency (iii) Maintain document (iv) Demonstrate emergency procedured be oriented and assign responsibilities re- emergency plan withing workday. The training instruction in the location systems and signals at (v) If the emergency and procedures are s CORF must conduct the policies and procedured *[For CAHs at §485.6] program. The CAH mergen (i) Initial training in policies and procedured and extinguitation and extingui	ding services under unteers, consistent with gency preparedness training umentation of all emergency , staff knowledge of es.	E	037			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: NJ60808

If continuation sheet Page 3 of 13

PRINTED: 08/28/2020 FORM APPROVED OMB NO 0938-0391

		D HUMAN SERVICES MEDICAID SERVICES				FORI	D: 08/28/2020 M APPROVED D. 0938-0391
STATEMENT (DF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		315257	B. WING			02	/21/2020
	ROVIDER OR SUPPLIER	ID NURSING CENTER	-	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	D PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
E 037	at least every 2 years (iii) Maintain docu (iv) Demonstrate emergency procedures (v) If the emerge and procedures are s CAH must conduct tra policies and procedur *[For CMHCs at §485 CMHC must provide i preparedness policies and existing staff, ind under arrangement, a with their expected ro documentation of the demonstrate staff kno procedures. Thereaft emergency prepared 2 years. This REQUIREMENT by: Based on interview a preparedness training in the presence of fac determined that the fac the Emergency Prepare annually. This deficie	s, fire prevention, and firefighting and disaster and existing staff, services under volunteers, consistent with gency preparedness training. staff knowledge of es. ency preparedness policies ignificantly updated, the aining on the updated es. .920(d):] (1) Training. The nitial training in emergency and procedures to all new ividuals providing services and procedures to all new ividuals providing services and volunteers, consistent les, and maintain training. The CMHC must wledge of emergency er, the CMHC must provide ness training at least every is not met as evidenced and a review of emergency documentation on 2/12/20, ility management, it was acility failed to train staff on	E	037	HOW THE CORRECTIVE ACTION W BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECT BY THE DEFICIENT PRACTICE. No residents were found to be affected the deficient practice. Training schedu for all current employees on 3/17/20 a 3/18/20 and all new hires will be traine during orientation process.	ED d by led nd	

Event ID: SACI21

Facility ID: NJ60808

If continuation sheet Page 4 of 13

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/28/2020 FORM APPROVED OMB NO 0938-0391

	OF DEFIC ENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRU IG 01	JCTION	· · ·	E SURVEY PLETED
		315257	B. WING _			02	/21/2020
	ROVIDER OR SUPPLIER	ND NURSING CENTER			DRESS, CITY, STATE, ZIP CODE H BLACK HORSE PIKE		
OLDANO				WILLIAMS	TOWN, NJ 08094		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	TATEMENT OF DEFIC ENCIES BY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU ROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETIO DATE
E 037	A review of the facility preparedness docum were no records of tr months. In an interview at 9:3 of Maintenance state when he was hired	y's emergency nentation revealed there aining for the previous 12 0 AM, the facility's Director ed there was no training difference , and that he had ency preparedness training	EC	HOW THE C POTEL THE S All resi affecte WHAT PLACE MADE PRAC The Di Educa and er during Prepar Directo list of a Emerg HOW ITS CO THAT BEING RECU BE PU CONT SYSTE The Di the pe results meetin month	THE FACILITY WILL IDENTI DTHER RESIDENTS HAVINO NTIAL OF BEING AFFECTE SAME DEFICIENT PRACTICI idents had the potential to be ad by the deficient practice. MEASURES WILL BE PUT E OR SYSTEMATIC CHANG TO ENSURE DEFICIENT TICE WILL NOT RECUR. irector of Maintenance and tor will educate current facilit nsure new hires are educated orientation on Emergency redness Plan. or of Maintenance will mainta all staff educated annually on gency Preparedness Plan. WILL THE FACILITY MONITE ORRECTIVE ACTION TO EN THE DEFICIENT PRACTICE CORRECTED AND WILL N R, I.E. WHAT PROGRAMS V JT IN PLACE TO MONITOR INUED EFFECTIVENESS O EMIC CHANGE. irector of Maintenance will su reentage of employees educated and results will be submitted by QAPI meeting for review ly x 3 to ensure compliance a	A THE D BY E. IN ES IN ES y staff in a the OR ISURE IS IOT VILL THE F THE Ibmit ated a d to	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SACI21

Facility ID: NJ60808

If continuation sheet Page 5 of 13

	DF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT P A. BUILDING		(X3) DATE SURVEY COMPLETED
		045057			
		315257	B. WING		02/21/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE 1420 SOUTH BLACK HORSE PIKE	JE
CEDAR G	ROVE RESPIRATORY AN	ID NURSING CENTER		WILLIAMSTOWN, NJ 08094	
(X4) ID	SUMMARY ST	ATEMENT OF DEFIC ENCIES	D	PROVIDER'S PLAN OF CC	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	DATE
TAG				DEFICIENCY)	
E 037	Continued From page	• 5	E 03	7	
	1.0			reassessed for further action.	
K 000	INITIAL COMMENTS		K 00	0	
	LIFE SAFETY CODE	- 101·2012			
	The facility is not in substantial compliance with the minimum Life Safety Code requirements as				
	surveyed under CMS				
K 211	Means of Egress - Ge		K 21	1	4/15/20
SS=D	CFR(s): NFPA 101				
	Means of Egress - Ge	eneral			
	-	corridors, exit discharges,			
		cesses are in accordance			
	-	ne means of egress is			
	-	ed free of all obstructions emergency, unless modified			
	by 18/19.2.2 through				
	18.2.1, 19.2.1, 7.1.10				
	This REQUIREMENT	is not met as evidenced			
	by:				
	and 2/12/20, in the pr	n and interview on 2/11/20		HOW THE CORRECTIVE A	
	-	determined that the facility		RESIDENTS FOUND TO BE	
	-	he exit discharge gate from		BY THE DEFICIENT PRACT	
		2 of 11 resident sleeping			
	-	to access the common		No residents were found to b	-
	way.			the deficient practice. The ex Unit courtyard was remo	
	This deficient practice	e was evidenced by the		not be replaced. All exits hav	
	following:			checked to ensure all is in wo	
	-			No further deficient practice r	noted.
		M, the surveyor and the		HOW THE FACILITY WILL IE	
	-	aintenance (DM) observed		THE OTHER RESIDENTS H	
		the Unit courtyard to		POTENTIAL OF BEING AFFI	
	the fire road (common way) was damaged and could not be opened. Further observations			THE SAME DEFICIENT PRA	
	could not be opened	Further observations			

If continuation sheet Page 6 of 13

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/28/2020 FORM APPROVED OMB NO 0938-0391

	OF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION G 01		DATE SURVEY COMPLETED
		315257	B. WING			02/21/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	
CEDAR G	ROVE RESPIRATORY A	ND NURSING CENTER		1420 SOUTH BLACK HORSE PIK WILLIAMSTOWN, NJ 08094	E	
(X4) ID PREFIX TAG	(EACH DEFIC ENC	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETIO DATE
K 211 K 345 SS=E	preventing it from op also strapped togeth heavy-duty plastic zin In an interview at tha stated a wind storm of weeks earlier and wa The DM further state doors to allow for eva emergency. On 2/12/20, at 9:30 A that the doors of the together. NJAC 8:39-31.2(e) Fire Alarm System - CFR(s): NFPA 101 Fire Alarm System - A fire alarm system is	ening. Both gate doors were er in the closed position with	К 2	 affected by the deficient WHAT MEASURES WIL PLACE OR SYSTEMATI MADE TO ENSURE DEL PRACTICE WILL NOT F The exit gate from 'L been removed and will n All exits have been chec is in working order. No fu practice noted. During weekly rounds m audit all exit doors to ens working properly and the pathway to safety. HOW WILL THE FACILI' ITS CORRECTIVE ACTI THAT THE DEFICIENT I BEING CORRECTED AI RECUR, I.E. WHAT PRO BE PUT IN PLACE TO M CONTINUED EFFECTIV SYSTEMIC CHANGE. Results of audits will be monthly QAPI meeting for monthly x 3 to ensure co reassessed for further action 	practice. L BE PUT IN IC CHANGES FICIENT RECUR. Unit courtyard has tot be replaced. ked to ensure all urther deficient aintenance will sure they are ere is clear TY MONITOR ION TO ENSURE PRACTICE IS ND WILL NOT DGRAMS WILL MONITOR THE /ENESS OF THE submitted to or review ompliance and	4/15/20

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/28/2020 FORM APPROVED OMB NO 0938-0391

						OMB NO. 0938-039 (X3) DATE SURVEY	
	DF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT F A. BUILDING	LE CONSTRUCTION 6 01		E SURVEY PLETED	
		315257	B. WING		02	2/21/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
	ROVE RESPIRATORY A			1420 SOUTH BLACK HORSE PIKE			
CEDAR G	ROVE RESPIRATORT A	ND NORSING CENTER		WILLIAMSTOWN, NJ 08094			
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
K 345	available. 9.6.1.3, 9.6.1.5, NFP. This REQUIREMENT by: Based on interview a 2/11/20, in the preser it was determined tha conduct load voltage the fire alarm system 72 throughout the pre- system inspections.	Records of system ance and testing are readily A 70, NFPA 72 T is not met as evidenced and record review on nce of facility management, at the facility failed to tests on the 2 batteries in in accordance with NFPA	К 34	HOW THE CORRECTIVE AC BE ACCOMPLISHED FOR TH RESIDENTS FOUND TO BE A BY THE DEFICIENT PRACTIC No residents were found to be the deficient practice. The batter voltage test was completed. No deficient practice noted.	OSE FFECTED E. affected by ery load		
	the previous 12 mont facility's licensed ven include a load voltage lead-acid batteries. T dated 3/19/19 and 9/9 In an interview at 10: hired Director of Mair	dor's inspections did not e test of the 2 sealed hese inspections were		HOW THE FACILITY WILL IDE THE OTHER RESIDENTS HAY POTENTIAL OF BEING AFFEC THE SAME DEFICIENT PRACE Inspection vendor conducted lo test on both batteries. The inspection vendor updated inspection form to include chec voltage, under load for 2 batter All residents had the potential the affected by the deficient practice WHAT MEASURES WILL BE F PLACE OR SYSTEMATIC CHA MADE TO ENSURE DEFICIEN PRACTICE WILL NOT RECUR	VING THE CTED BY CTICE. Dad voltage I their cking ries to be ce. PUT IN ANGES NT		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SACI21

Facility ID: NJ60808

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<u>CENTER</u>	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0
	DF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE A. BUILDING 0 1	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED
		315257	B. WING		02/21/2020
NAME OF PI	ROVIDER OR SUPPLIER	•	ST	TREET ADDRESS, CITY, STATE, ZIP CODE	•
CEDAR G	ROVE RESPIRATORY A	ND NURSING CENTER		20 SOUTH BLACK HORSE PIKE /ILLIAMSTOWN, NJ 08094	
(X4) ID PREFIX TAG	(EACH DEFIC ENC	TATEMENT OF DEFIC ENCIES BY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
K 345 K 374 SS=D	Subdivision of Buildir CFR(s): NFPA 101 Subdivision of Buildir Doors 2012 EXISTING Doors in smoke barri bonded wood-core do	ng Spaces - Smoke Barrie ng Spaces - Smoke Barrier ers are 1-3/4-inch thick solid oors or of construction that	K 345 K 374	semi-annual inspections both batteries load voltage is tested. HOW WILL THE FACILITY MONITOR ITS CORRECTIVE ACTION TO ENSU THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR, I.E. WHAT PROGRAMS WILL BE PUT IN PLACE TO MONITOR THE CONTINUED EFFECTIVENESS OF TO SYSTEMIC CHANGE. Findings from semi-annual inspections will be presented in semi-annual QAPI meeting for review to ensure compliance and reassessed for further action.	RE - HE
	plates of unlimited he are permitted to have assemblies per 8.5. I automatic-closing, do are not required to sw egress travel. Door o clear width of 32 inch doors. 19.3.7.6, 19.3.7.8, 19 This REQUIREMENT by:	Doors are self-closing or o not require latching, and wing in the direction of pening provides a minimum nes for swinging or horizontal 0.3.7.9 Γ is not met as evidenced			
	in the presence of fac	on and interview on 2/11/20, cility management, it was acility failed to maintain 1 of		HOW THE CORRECTIVE ACTION W BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTI	

Facility ID: NJ60808

If continuation sheet Page 9 of 13

	OF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PI A. BUILDING	LE CONSTRUCTION 01		E SURVEY PLETED
		315257	B. WING		02	2/21/2020
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CEDAR G	ROVE RESPIRATORY	AND NURSING CENTER		1420 SOUTH BLACK HORSE PIKE		
				WILLIAMSTOWN, NJ 08094		
(X4) ID PREFIX TAG	(EACH DEFIC EI	STATEMENT OF DEFIC ENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
K 374	Continued From pa	ae 9	K 37	4		
	-	oors to automatically close	IX OF	BY THE DEFICIENT PRACTICE		
		of the fire alarm system to				
	provide at least 20	minutes of fire protection.		No residents were found to be at		
	This deficient pract	ice was evidenced by the		the deficient practice. The smoke door near exit #8 was immediate		
	following:			All other smoke doors were check	•	
	-			further deficient practice noted.		
	At 12:00 PM, the su	urveyor and the facility's				
		ance (DM) observed that the		HOW THE FACILITY WILL IDEN		
		near exit #8 outside the main close when released from the		THE OTHER RESIDENTS HAVI POTENTIAL OF BEING AFFECT		
		n device. When released, one		THE SAME DEFICIENT PRACT		
	of the double doors	rubbed the floor and stopped				
		por wedged into the floor and		The survey have been deeper and the	# 0	
	could not be manua	ally closed at the time.		The smoke barrier door near exit immediately fixed. All other smol		
	In an interview at th	nat time, the DM confirmed		were checked. No further deficie		
		close and contacted		practice noted.		
	maintenance staff t	o repair the door.		All residents had the potential to	be	
	NJAC 8:39-31.1(c),	31.2(e)		affected by the deficient practice		
				WHAT MEASURES WILL BE PU	IT IN	
				PLACE OR SYSTEMATIC CHAN	IGES	
				MADE TO ENSURE DEFICIENT	•	
				PRACTICE WILL NOT RECUR.		
				Maintenance Director will conduc	•	
				rounds to check that smoke door		
				ensure they automatically close a results in the electronic maintena		
				system (TELS)		
				HOW WILL THE FACILITY MON ITS CORRECTIVE ACTION TO	-	
				THAT THE DEFICIENT PRACTI		

Event ID: SACI21

Facility ID: NJ60808

If continuation sheet Page 10 of 13

	OF DEFIC ENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT F	PLE CONSTRUCTION		ATE SURVEY
id plan of	CORRECTION	IDENT FICATION NUMBER:	A. BUILDING	G 01	CC	OMPLETED
		315257	B. WING			02/21/2020
IAME OF P	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CO		
				1420 SOUTH BLACK HORSE PIKE		
JEDAR G	ROVE RESPIRATORY AI	ND NURSING CENTER		WILLIAMSTOWN, NJ 08094		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
K 374	Continued From page	e 10	К 37	74 BEING CORRECTED AND RECUR, I.E. WHAT PROGI BE PUT IN PLACE TO MOI CONTINUED EFFECTIVEN SYSTEMIC CHANGE. Maintenance Director will p of weekly rounds to monthly monthly QAPI meeting for r monthly x 3 to ensure comp	RAMS WILL NITOR THE NESS OF THE resent results y safety and eview	
K 918 SS=D	CFR(s): NFPA 101 Electrical Systems - E Maintenance and Tes The generator or oth	er alternate power source	K 9 [,]	reassessed for further actio	n.	4/15/20
	test, a process shall t confirm this capability critical branches. Mai	nin 10 seconds. If the not met during the monthly be provided to annually of or the life safety and ntenance and testing of the er switches are performed in				
	under load 30 minute day intervals, and exe months for 4 continuo under load conditions simulated cold start a transfer of all EES loa	nd automatic or manual ads, and are conducted by				
	stored energy power accordance with NFF circuit breakers are ir program for periodica components is establ					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: NJ60808

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PRINTED: 08/28/2020 FORM APPROVED OMB NO 0938-0391

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 08/28/2020 MAPPROVED D. 0938-0391
STATEMENT (DF DEFIC ENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION 1	(X3) DATE	
		315257	B. WING			02	/21/2020
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
CEDAR G	ROVE RESPIRATORY AN	ID NURSING CENTER			420 SOUTH BLACK HORSE PIKE VILLIAMSTOWN, NJ 08094		
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL .SC IDENT FY NG INFORMATION)	D PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 918	maintenance and test readily available. EES circuits are marked, re- separate from normal the possibility of dama power source is a des installations. 6.4.4, 6.5.4, 6.6.4 (NF 111, 700.10 (NFPA 70 This REQUIREMENT by: Based on interview a 2/11/20 in the present was determined that the 12 load tests Annually for 2 of 12 required test NFPA 99. This deficient practices following: A review of the facility previous 12 months re- conducted 12 load test these tests were not of 40-day interval as foll -10/3/19 to 11/27/19 = -11/27/19 to 1/2/20 = In an interview at 10:7 hired Director of Main dates and stated he w	ing are maintained and be electrical panels and eadily identifiable, and power circuits. Minimizing age of the emergency sign consideration for new FPA 99), NFPA 110, NFPA ()) is not met as evidenced and record review on ce of facility management, it the facility failed to conduct (on a 20 to 40-day interval sts in accordance with e was evidenced by the evealed that the facility sts on the generator. Still, conducted on a 20 to the ows: = 55 days	K	918	HOW THE CORRECTIVE ACTION W BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECT BY THE DEFICIENT PRACTICE. No residents were found to be affected the deficient practice. A generator load test was completed and voltage notate on updated report dated 3/11/20. No o deficient practice was noted. HOW THE FACILITY WILL IDENTIFY THE OTHER RESIDENTS HAVING TI POTENTIAL OF BEING AFFECTED B THE SAME DEFICIENT PRACTICE. All resident had the potential to be affected by the deficient practice. The Electronic Maintenance System (TELS) has been updated so weekly to will be based on the 20 to the 40-day interval. WHAT MEASURES WILL BE PUT IN PLACE OR SYSTEMATIC CHANGES MADE TO ENSURE DEFICIENT PRACTICE WILL NOT RECUR.	ED d by d ther HE YY	

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TATEMENT OF DEFIC ENCIES (. IND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION A. BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED
		315257			02/21/2020
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE		
				1420 SOUTH BLACK HORSE PIKE	
CEDAR G	ROVE RESPIRATORY AI	ND NURSING CENTER		WILLIAMSTOWN, NJ 08094	
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED 1 DEFICI	ACTION SHOULD BE COMPLETIO TO THE APPROPRIATE DATE
K 918	Continued From page 12		K 91	18 The Director of Maintena in-service the maintenar	
				on the 20-40-day interva load test.	al for generator
				Electronic Maintenance to ensure generators are according to the 20-40-c	System monthly e inspected
				HOW WILL THE FACILI ITS CORRECTIVE ACT THAT THE DEFICIENT BEING CORRECTED A RECUR, I.E. WHAT PRO BE PUT IN PLACE TO N CONTINUED EFFECTIV SYSTEMIC CHANGE.	ION TO ENSURE PRACTICE IS ND WILL NOT OGRAMS WILL MONITOR THE
				Results will be submitted safety committee meetin QAPI meeting for review ensure compliance and further action.	ng and monthly v monthly x 3 to

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