

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

PRINTED: 10/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094	
(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		
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 02/14/22 and 02/15/22, 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 80's, It is composed of Type II protected construction. The facility is divided into 14- smoke zones. The generator does approximately 60 % 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>	K 000		

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

TITLE

(X6) DATE

Electronically Signed

03/03/2022

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: 10/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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 000	Continued From page 1 The facility has 180 certified beds. At the time of the survey the census was 166.	K 000			
K 111 SS=E	Building Rehabilitation CFR(s): NFPA 101 Building Rehabilitation Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: * Requirements of Chapter 18 and 19 * Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1 Change of Use or Change of Occupancy Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2 18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7) Additions Any building undergoing an addition shall comply with the requirements of Section 43.8. If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a 2-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors with at least a 1-1/2-hour fire resistance rating. Additions comply with the requirements of Section 43.8. 18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3), 18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and 4.6.11), 19.1.1.4.1.1 (8.3), 19.1.1.4.1.2, 19.1.1.4.1.3, 43.1.2.3(43.8)	K 111		3/25/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094	
(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 111	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview from 02/14/22 to 02/15/22, in the presence of the Maintenance Director, the facility failed to conduct daily inspection of construction repair, alterations or additions and means of egress are in place and continuously maintained in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.1.1.4.4, 4.6.10, 4.6.10.1 and 1135 waiver. The deficient practice was evidenced for 1 of 1 renovation projects observed by the following: Documentation review and interview on 02/15/22, at approximately 2:15 PM revealed daily inspection of the means of egress and construction areas for the new updated main entrance (currently in progress) were not recorded. The findings was verified by Maintenance Director at the time of the observation's, where he indicated no daily log was completed for the current project. The Administrator was notified of the finding at the Life Safety Code exit conference. NJAC 8:39-31.2(e)	K 111	It is the practice of the facility to conduct daily inspections of construction repair, alterations or additions and means of egress are in place in accordance with NFPA 101. " Residents have the potential to be affected by this practice. " Maintenance Director and Administrator completed the inspection of the lobby area and started the daily log of inspections. " Environmental services staff were educated on the appropriate procedure to complete the daily log inspection of the construction areas according to NFPA 101 by the Administrator. " Director of maintenance or designee will continue to monitor the construction site and the egress exits on the daily basis and will completed the daily log inspection form. Audit of the logs will be completed once a week x 4 week and monthly time two months. " Results of the QA&A monthly x3 months, will be reported to the QAPI Committee until compliance is achieved and committee determines that the problem is resolved or stable. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months. The results will be used for training and systems changes though the QA committee.	
K 271 SS=F	Discharge from Exits CFR(s): NFPA 101	K 271		3/25/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094	
(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 271	<p>Continued From page 3</p> <p>Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 02/08/22, the facility failed to provide and maintain a level walking surface, free of all obstructions or impediments to full instant use in the case of fire or other emergency in accordance with NFPA 101, 2012 Edition, Section 19.2, 19.2.1, 19.2.7, 7.7, 7.7.1, 7.7.3.2, 7.1.6, 7.1.6.2, 7.1.6.3, 7.1.10, 7.1.10.1.</p> <p>This deficient condition was evidenced for 2 of 6 exit discharge's by the following finding:</p> <p>1. At 10:45 AM,during an exterior tour of the egress/exit [REDACTED] the Surveyor and Maintenance Director observed that the concrete slab had approximately an 6" step. The area was not provided with any handrails. The area was provided with a faded yellow marking, indicating an unlevel walking surface.</p> <p>2. During an exterior tour of the egress/exit [REDACTED] the Surveyor and Maintenance Director observed that the blacktop path approximately 4' wide, to the public way was wavy, cracked and provided an unstable walking surface.</p> <p>An interview was conducted with the Maintenance Director, during the observation's, who stated and confirmed the findings.</p>	K 271	<p>It is the practice of the facility to provide and maintain a level walking surface, free of all obstructions or impediments to full instant use in the case of fire or other emergency in accordance with NFPA 101.</p> <p>" Residents have the potential to be affected by this practice.</p> <p>" Handrail was installed at the exterior of exit# 14 and the yellow marking was repainted. Outside exterior door# 8, the blacktop path was filled to provide a stable walking surface.</p> <p>" Environmental services staff were educated on the exterior preventive maintenance to identify any unlevel or unstable walking surfaces or missing handrails according to NFPA 101 by the Administrator.</p> <p>" Director of maintenance or designee will perform Exterior Environmental rounds to monitor facility premises, this audit will be completed once a week x 4 week and monthly time two months.</p> <p>" Results of the QA&A monthly x3 months, will be reported to the QAPI Committee until compliance is achieved and committee determines that the problem is resolved or stable. All findings will be brought to monthly QAPI meeting</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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 271	Continued From page 4	K 271	to determine if further action is necessary X 3 months. The results will be used for training and systems changes though the QA committee.		
K 281 SS=E	<p>The Administrator was informed of this finding during the Life Safety Code Surveyor exit conference on 02/15/22.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 7.7, 19.2.7</p> <p>Illumination of Means of Egress CFR(s): NFPA 101</p> <p>Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 02/15/2022, in the presence of facility Maintenance Director, it was determined that the facility failed to ensure that 2 of 2 enclosed courtyards were provided with continuous lighting. This deficient practice was evidenced by the following:</p> <p>1. At 10:00 AM, the Surveyor and Maintenance Director observed that the area 4 enclosed courtyard was not provided with continuous lighting. The courtyard was observed to have 4 light fixtures that had the protective covers removed.</p> <p>In an interview, the Maintenance Director confirmed that the covers were removed. He was then asked if the fixtures worked, but at the time of observation, he was not sure if or how the</p>	K 281	<p>It is the practice of the facility to ensure that courtyards are provided with continuous lighting without manual in accordance with NFPA 101.</p> <p>" Residents have the potential to be affected by this practice.</p> <p>" Light fixtures located in the area 4 and area 6 courtyards were repaired, and the protective covers were replaced to provide continuous lighting.</p> <p>" Environmental services staff were educated on the importance of replacing or repairing lighting fixtures and how the fixtures are operated in the courtyards according to NFPA 101 by the Administrator.</p> <p>" Director of maintenance or designee will perform Environmental rounds to review that all lighting fixtures are</p>	3/25/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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 281	Continued From page 5 fixtures operated. 2. At 10:00 AM, the Surveyor and Maintenance Director observed that the area 6 enclosed courtyard was not provided with continuous lighting. The courtyard was observed to have 4 light fixtures. In an interview, the Maintenance Director confirmed that the covers were removed. He was then asked if the fixtures worked, but at the time of observation, he was not sure if or how the fixtures operated. The surveyor informed the Administrator of the finding, at the Life Safety Code exit conference on 02/15/22/ NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.8	K 281	operational, this audit will be completed once a week x 4 week and monthly time two months. " Results of the QA&A monthly x3 months, will be reported to the QAPI Committee until compliance is achieved and committee determines that the problem is resolved or stable. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months. The results will be used for training and systems changes though the QA committee.		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 02/15/22, it was determined that the facility failed to provide an operational battery backup emergency light above the emergency generator's transfer switches, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1.	K 291	It is the practice of the facility to provide an operational battery backup emergency light about the emergency generator transfer switches independent of the building electrical system and emergency generator in accordance with NFPA 101. " Residents have the potential to be affected by this practice.	3/25/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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 291	<p>Continued From page 6</p> <p>This deficient practice was observed for 3 of 3 transfer switches and was evidenced by the following:</p> <p>At 10:04 AM, the Surveyor and Maintenance Director, observed in electrical rooms, where the ATS switches were located, that no emergency lighting was provided at the 3-switches.</p> <p>This finding was verified by the Maintenance Director, at the time of the observation's.</p> <p>The Administrator was notified of the above findings at the Life Safety Code exit conference on 02/15/22.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p>	K 291	<p>" An emergency battery operated back up light was installed where the ATS switches are located.</p> <p>" Environmental services staff were educated on the importance maintaining a battery operated back up light close to the transfer switches. according to NFPA 101 by the Administrator.</p> <p>" Director of maintenance or designee will perform Environmental rounds to review that back up lights are functional and that batteries are replaced as need it, this audit will be completed once a week x 4 week and monthly time two months.</p> <p>" Results of the QA&A monthly x3 months, will be reported to the QAPI Committee until compliance is achieved and committee determines that the problem is resolved or stable. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months. The results will be used for training and systems changes though the QA committee.</p>		
K 341 SS=F	<p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment.</p>	K 341		3/25/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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 341	<p>Continued From page 7</p> <p>Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 02/15/2022, in the presence of the Maintenance Director, it was determined that the facility failed to provide fire alarm notification by audible and visible signals for 2 of 2 enclosed courtyards in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p> <p>The deficient practice was evidenced by the following:</p> <p>During the building tour, in the presence of the Maintenance Director at 11:32 AM, an inspection of the outside area-4 and area-6 enclosed courtyards was performed. The surveyor observed no evidence of a fire alarm notification (horn/strobe) in the above areas. At that time, the surveyor asked the Maintenance Director if there was a horn/strobe in the above enclosed courtyards for the fire alarm system. The Maintenance Director said "no."</p> <p>The findings were verified and confirmed by the Maintenance Director during the observations.</p> <p>The Administrator was notified of the finding's at the Life Safety Code exit conference on 02/15/2022.</p>	K 341	<p>It is the practice of the facility to provide fire alarm notification by audible and visible signals in enclosed courtyards in accordance with NFPA 101.</p> <p>" Residents have the potential to be affected by this practice.</p> <p>" A fire Alarm notification (horn/strobe) was installed in courtyards area #4 and #6.</p> <p>" Environmental services staff were educated on the importance maintaining fire alarm notification system in all areas of the facility by audible and visible signals including the courtyards in accordance with NFPA 101 by the Administrator.</p> <p>" Director of maintenance or designee will perform environmental rounds to review that presence of audible and visible signals for placement and functionality, this audit will be completed once a week x 4 week and monthly time two months.</p> <p>" Results of the QA&A monthly x3 months, will be reported to the QAPI Committee until compliance is achieved and committee determines that the problem is resolved or stable. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months. The results will be used for</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094	
(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 341	Continued From page 8	K 341		
K 352 SS=F	<p>NJAC 8:39-31.2(a) Sprinkler System - Supervisory Signals CFR(s): NFPA 101</p> <p>Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 02/15/22, in the presence of the Maintenance Director, it was determined that the facility failed to maintain the fire sprinkler system in accordance with NFPA 13 and 72, by failing to ensure that the water supply valves were provided with tamper alarms. This deficient practice was identified for 1 of 1 post indicator valve's and was evidenced by the following:</p> <p>At 12:50 PM, the surveyor observed on the outside of the building, by the fire department exterior connections, that the post indicator valve was not provided with a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired.</p> <p>During an interview at the time of the observations, the Maintenance Director and Administrator stated, that they were unaware of</p>	K 352	<p>training and systems changes though the QA committee.</p> <p>It is the practice of the facility to provide maintained the fire sprinkler system to ensure that the water supply valves are provide with tamper alarms in accordance with NFPA 13 and 72.</p> <p>" Residents have the potential to be affected by this practice. " A post indicator valve with a signal that sounds was installed and is displayed at a continuously attended location or approved remote facility when the sprinkler operation is impaired. " Environmental services staff were educated on the requirement that post indicator valve with a signal that sounds and how to identify that the sprinkler operation is impaired in accordance with NFPA 13 & 72 by the Administrator. " Director of maintenance or designee will perform Environmental rounds to</p>	3/25/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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 352	Continued From page 9 this requirement. The Administrator was notified of this finding at the Life Safety Code exit conference 02/15/22. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25, 72	K 352	review that post indicator valve with signal is working properly, this audit will be completed once a week x 4 week and monthly time two months. " Results of the QA&A monthly x3 months, will be reported to the QAPI Committee until compliance is achieved and committee determines that the problem is resolved or stable. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months. The results will be used for training and systems changes though the QA committee.		
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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:	K 353		3/25/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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 353	<p>Continued From page 10</p> <p>Based on surveyor observation on 02/15/22, in the presence of the Maintenance Director, it was determined that the facility failed to maintain all parts of their automatic sprinkler system in optimal condition as per section 5.2.1.1.1 of National Fire Prevention Association (NFPA) 25. This deficient practice was evidenced for 1 of 2 dining rooms observed by the following:</p> <p>At 11:30 AM, the surveyor observed in the C-wing dining room, that 4 of 16 fire sprinkler heads were observed to have paint on the frangible bulb and paint on the sprinkler spray head.</p> <p>When interviewed at that time, the Maintenance Director stated and agreed that paint should not be on the fire sprinkler heads in the facility.</p> <p>The Administrator was informed of the deficiency at the life safety code exit conference on 02/15/22.</p> <p>NJAC 8:39 - 31.1(c), 31.2(e) NFPA 13, 25</p>	K 353	<p>It is the practice of the facility to provide maintained all parts of the automated sprinkler system in optimal condition in accordance with NFPA 25.</p> <p>" Residents have the potential to be affected by this practice.</p> <p>" 4 Sprinkler heads that were painted were replaced.</p> <p>" Environmental services staff were educated on the maintenance of the sprinkler system and the importance of replacing parts according to inspection in accordance with NFPA 25 by the Administrator.</p> <p>" Director of maintenance or designee will perform Environmental rounds to review that sprinkler system is in optimal condition, any identified issues will be reported to the company that oversee the maintenance of the system, this audit will be completed once a week x 4 week and monthly time two months.</p> <p>" Results of the QA&A monthly x3 months, will be reported to the QAPI Committee until compliance is achieved and committee determines that the problem is resolved or stable. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months. The results will be used for training and systems changes though the QA committee.</p>		
K 374 SS=D	<p>Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING</p>	K 374		3/25/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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 374	<p>Continued From page 11</p> <p>Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.</p> <p>19.3.7.6, 19.3.7.8, 19.3.7.9</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of facility provided documentation on 02/15/22, it was determined that the facility failed to provide smoke barrier wall doors that completely closed to resist the passage of smoke, flame or gases during a fire in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.7, 19.3.7.1, 19.3.7.8, 8.5, 8.5.2, 8.5.4, 8.5.4.1.</p> <p>This deficient practice was observed for 3 of 8 sets of smoke doors tested for closure and was evidenced by the following:</p> <p>1. At 12:46 PM, the Surveyor and the Maintenance Director observed the set of smoke-doors by exit [REDACTED], that when released from their hold open device. The astragal was damaged preventing the set of doors from completely resisting the passage of smoke, flame or gases during a fire. Compromising the integrity of the smoke zone.</p> <p>2. At 12:50 PM, the Surveyor and the Maintenance Director observed the set of smoke-doors by resident room [REDACTED] that when</p>	K 374	<p>It is the practice of the facility to provide smoked barrier wall doors that complete close to resist the passage of smoke, flame, or gases during a fire in accordance with NFPA 101.</p> <p>" Residents have the potential to be affected by this practice.</p> <p>" Smoke doors by exit [REDACTED], room [REDACTED] and kitchen door were repaired to ensure that they close properly and resist the passage of smoke, flame, or gases during a fire.</p> <p>" Environmental services staff were educated on the regulatory requirement of door maintenance and testing in accordance with NFPA 101 by the Administrator.</p> <p>" Director of maintenance or designee will perform Environmental rounds to review that door close properly and ensure that smoked barriers are maintained, this audit will be completed once a week x 4 week and monthly time two months.</p> <p>" Results of the QA&A monthly x3</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094		
(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 374	Continued From page 12 released from their hold open device. The astragal was damaged preventing the set of doors from completely resisting the passage of smoke, flame or gases during a fire. Compromising the integrity of the smoke zone. 3. At 01:10 PM, the Surveyor and the Maintenance Director observed the kitchen door that when released from their hold open device. The door remained open approximately 2' due to the door rubbing onto the floor. The door was released and tested 3 times during the observations. The door would now not resist the passage of smoke, flame or gases during a fire. Compromising the integrity of the smoke zone. In an interview during the observations, the Maintenance Director stated and confirmed the observations above. The Administrator was notified of the finding at the Life Safety Code exit conference on 02/15/22.	K 374	months, will be reported to the QAPI Committee until compliance is achieved and committee determines that the problem is resolved or stable. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months. The results will be used for training and systems changes though the QA committee.		
K 521 SS=F	NJAC 8:39-31.2(e) HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2	K 521		3/25/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER CEDAR GROVE RESPIRATORY AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094	
(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 521	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview conducted from 02/14/22 to 02/15/22, in the presence of the Maintenance Director, it was determined that the facility failed to maintain their Packaged Terminal Air Conditioner (PTAC) units in a safe and optimal condition.</p> <p>This deficient practice was identified for 4 of 85 PTAC units observed and was evidenced by the following:</p> <p>While touring the facility from 02/14/22 to 02/15/22 from approximately 09:00 AM, to 01:30 PM, the surveyor observed dirty PTAC filters that were clogged and throughout the facility.</p> <p>When interviewed at the time of the observations, the Maintenance Director agreed that 4 of 85 PTAC unit's had clogged and dirty filters throughout the facility.</p> <p>No policy and procedure on the maintenance of PTAC units were provided or a PTAC filter cleaning log, at the time of the Life Safety Code exit.</p> <p>The Administrator was notified of the deficiency at the Life Safety Code exit conference on 02/15/22.</p> <p>N.J.A.C. 8:39 - 31.2(e) 19.5.2.1 Heating, Ventilating, and Air-Conditioning.</p>	K 521	<p>It is the practice of the facility to provide maintained the PTAC units in a safe and optimal condition in accordance with NFPA 101.</p> <p>" Residents have the potential to be affected by this practice.</p> <p>" PTAC Units filters were changed, and units unclogged</p> <p>" Policy and Procedure was created to reflect preventive maintenance of PTAC's</p> <p>" Environmental services staff were educated on the importance to have a preventive maintenance program for all PTAC's at the facility in accordance with NFPA 101 by the Administrator.</p> <p>" Director of maintenance or designee will perform and audit of all PTAC's in the facility to ensure that units and filters are inspected monthly, and filters are cleaned quarterly. This audit will be completed once a week x 4 week and monthly time two months.</p> <p>" Results of the QA&A monthly x3 months, will be reported to the QAPI Committee until compliance is achieved and committee determines that the problem is resolved or stable. All findings will be brought to monthly QAPI meeting to determine if further action is necessary X 3 months. The results will be used for training and systems changes though the QA committee.</p>	