

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

PRINTED: 11/19/2021  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315488</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01</b><br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>04/27/2021</b> |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARE ONE AT MADISON AVENUE</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>151 MADISON AVENUE<br/>MORRISTOWN, NJ 07960</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                                |
| E 000   | Initial Comments   | E 000   |   |   |
| K 000   | INITIAL COMMENTS   | K 000   |   |   |
| K 161<br>SS=D   | <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 4/16/21 . Care One at Madison 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 Occupancies.</p> <p>Care One at Madison is a 4 story muttiphase constructed building that was built in 1905 and 2004 and composed of Type V and Type II construction. The facility is divided into 12 smoke zones.</p> <p>Building Construction Type and Height<br/>CFR(s): NFPA 101</p> <p>Building Construction Type and Height<br/>2012 EXISTING<br/>Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7<br/>19.1.6.4, 19.1.6.5</p> <p>Construction Type<br/>1 I (442), I (332), II (222) Any number of stories<br/>non-sprinklered and</p> | K 161   |   | 4/28/21   |

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

TITLE

(X6) DATE

Electronically Signed

05/11/2021

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 161   | <p>Continued From page 1</p> <p>sprinklered</p> <p>2 II (111) One story non-sprinklered<br/>Maximum 3 stories<br/>sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories<br/>sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story<br/>sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 4/16/21, it was determined that the facility's building did not comply with the height requirements for a wood frame construction type as evidenced by:</p> <p>At 10:30 AM, the surveyor observed in the presence of the facility's Maintenance Director, the front section of the building was a 2-1/2 story wood frame construction type thus exceeding the</p> | K 161   | <p>No residents were affected.</p> <p>CareOne at Madison Avenue was granted a Time Limited Waiver (TLW) approved by the State and CMS. Residents who utilize the dining room and therapy areas have the potential to be affected.</p> <p>The Leadership team including the</p> |                      |   |

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| K 161   | <p>Continued From page 2</p> <p>1-story height requirement per NFPA 101:2012 - 19.1.6.1. This finding was verified by the facility's maintenance Director in an interview during the observation.</p> <p>NFPA 101:2012 - 19.1.6.1<br/>NJAC 8:39-31.1(c)</p> <p>Note: The waiver about the historic wooden structure at Care One at Madison Avenue, under K-161 was approved by CMS for a 5-year-time limited period of 7/19/18-10/18/23 to make modifications due to not passing their 9/20/18 FSES. The limited waiver expires on 10/18/23.</p> | K 161   | <p>Administrator, Director of Environmental Services, and CareOne Construction Department staff, conduct calls to monitor compliance with the TLW.</p> <p>Residents who utilize the dining room are kept safe with supervision by staff during meal times. The dining room is locked when not in use. Work is scheduled to begin on 5/10/2021.</p> <p>Residents who utilize the therapy suite are kept safe with close supervision by therapists. The area is locked when not in use. Work is scheduled to begin August/September 2021.</p> <p>CareOne at Madison Avenue will continue to monitor milestones required under the TLW for the POC.</p> |                      |   |