

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/28/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GARDENS AT MONROE HEALTHCARE AND RE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>189 APPLGARTH ROAD MONROE TOWNSHIP, NJ 08831</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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.</p> <p>This survey was for approval to the newly installed door assembly between the resident Unit 100 and the staff sleeping compartment. This survey found the facility in compliance with the Plan of Correction for this perviously waived area for corridor width.</p> <p>The survey also identified a deficient practice for renovations in other areas of the facility that were not approved prior to start.</p>	S 000		
S2110	<p>8:39-31.1(a) Mandatory Physical Environment</p> <p>(a) No construction, renovation or addition shall be undertaken without first obtaining approval from the Department, Long-Term Care Licensing and Certification Program and/or the Department of Community Affairs, Health Care Plan Review Unit</p>	S2110		4/6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  03/06/20
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S2110	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews on 2/28/2020 in the presence of facility management, it was determined that the facility failed to obtain approvals from the Department of Health, Certificate of Need and Licensing Division (CN&amp;L) or the Department of Community Affairs (DCA), Health Care Plan Review Unit prior to undertaking renovations/construction to the facility.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 9:00 AM, the surveyor and the facility's Director of Maintenance (DM) observed that the facility was in the process of renovating the lobby area. A work crew was observed to be painting and applying wallpaper. The facility had added a drop ceiling assembly below the existing ceiling and left openings where previously there were sprinkler heads, lighting, and smoke detectors. The facility had an area cordoned off with plastic sheeting hanging from the floor to the ceiling where the visitor sitting room was located. Further observations revealed that the walls to the room had been opened up with window type openings to the exit corridor which were</p>	S2110	<p>No specific resident identified The facility stopped the renovation project. The area where the walls were opened in the visitor lounge area was closed off to keep residents and families from entering. They have been told during resident council meeting as well as by the staff that they can use the main dining room and subacute dining room to socialize during the project. The only work that is being done is to replace existing wallpaper and paint in the corridors and lobby. This is being done a section at a time and on one side of the corridor at a time to maintain safe passage throughout the work. The facility has notified Licensing about the renovation.</p> <p>The facility will update the policies and procedures to address Mandatory Physical Environment 8:39-31.1(a). This will address all construction, renovation or addition to go through the proper approvals process prior to the project. This policy will be reviewed and updated annually by facility administration. The</p>	

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S2110	<p>Continued From page 2</p> <p>previously enclosed. Also, new lighting was installed through the main corridor.</p> <p>The surveyor interviewed the DM at that time who stated the renovations had started a few weeks ago. The DM and the Assistant Administrator stated there were no approvals or permits for the renovations.</p> <p>The surveyor interviewed the Administrator, at 11 AM, who stated that the renovations were only "cosmetic" and the sitting room was originally open to the corridor and enclosed many years ago. He stated that he was just returning it to the original design. The Administrator confirmed that the facility did not have approvals from CN&amp;L, DCA or local authorities for these renovations.</p>	S2110	<p>facility is in the process of obtaining the proper plans and approvals for the renovations that have been done. The facility has retained the services of Pinner Architecture to submit the plans. After the approvals and permits are completed, we will send a final CO the DOH. Completion date is 4/6/2020 and ongoing</p>	