

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

PRINTED: 05/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315336	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2019
NAME OF PROVIDER OR SUPPLIER GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T			STREET ADDRESS, CITY, STATE, ZIP CODE 189 APPLGARTH ROAD MONROE TOWNSHIP, NJ 08831	
(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 232 SS=B	<p>LIFE SAFETY CODE 101:2012</p> <p>The facility is in substantial compliance with the Minimun Life Safety Code requirements as surveyed using CMS-2786R.</p> <p>The facility must submit a Plan of Correction to address the following concerns that pose no greater risk to resident health or safety than the potential for causing minimal harm.</p> <p>Aisle, Corridor, or Ramp Width CFR(s): NFPA 101</p> <p>Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 7/15/19 in the presence of facility management, it was determined that the facility failed to ensure that the width of corridors serving exits were a minimum of 48 inches. This deficient practice was evidenced by the following:</p>	K 232	<p>The facility will construct a new door separating the nursing facility use from the non facility use. Plans have been obtained from a licensed architect. Approval from the DCA has been obtained. Plans have been submitted to the DOH</p>	9/16/19

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

TITLE

(X6) DATE

Electronically Signed

08/01/2019

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 232	<p>Continued From page 1</p> <p>At 8:15 AM, the surveyor and the facility's Director of Maintenance observed that the width of corridor on Nursing Unit 1 toward the staff residential area measured 46 inches rather than the required 48 inches. The length of this corridor measured 29 feet and 7 inches.</p> <p>In an interview, at 1:30 PM, the facility's Administrator stated he would apply for a continuance of the previously granted waiver. The Administrator also stated that the area was not used for resident services but that residents did have independent access to the exit corridor.</p> <p>NJAC 8:39 - 31.1(c)</p>	K 232	<p>and Licensing.</p> <p>Permits, construction, and inspections will be done by the local construction officials. A copy of the final CO will be sent to the DOH</p> <p>We will call DOH to arrange for inspection of completed work.</p> <p>Cost of project approximately \$2500.</p> <p>This will correct the deficiency and negate the need for a waiver.</p>		