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

PRINTED: 09/23/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) ML IDENTIFICATION NUMBER: A. BUIL		IPLE CONSTRUCTION NG 01	(X3) DATE SURVEY COMPLETED	
		315214	B. WING _			08/02/2019
	ROVIDER OR SUPPLIER ARE AT CEDAR OAKS			STREET ADDRESS, CITY, STAT 1311 DURHAM AVENUE SOUTH PLAINFIELD, NJ		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE SED TO THE APPROPRIA FICIENCY)	DATE
E 000	Initial Comments		E	000		
K 000	Appendix Z-Emergen Provider and Supplie	equirements for Long Term	K	000		
	_	stantial compliance with the Code requirements as				
K 916 SS=C	address the following greater risk to resider potential for causing Electrical Systems - I	mit a Plan of Correction to concerns that pose no nt health or safety than the minimal harm. Essential Electric Syste	KS	016		9/6/19
	Alarm Annunciator A remote annunciator powered is provided generating room in a by operating personn hard-wired to indicate emergency power so computer system (e.g system) is not to be s annunciator. 6.4.1.1.17, 6.4.1.1.17 This REQUIREMENT by: Based on observation	g., building information substituted for the alarm 7.5 (NFPA 99) F is not met as evidenced one, interview and record		The facility found a		
	review on 7/1/19 in the Maintenance Director	r and the Facility		to install an annuncia scheduled for panel t	•	
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATU	JRE	TITLE		(X6) DATE

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.

Electronically Signed

08/23/2019

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		315214	B. WING _		0	8/02/2019	
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CEDAR OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1311 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETION THE APPROPRIATE		
K 916	Administrator, it was failed to provide a reremergency electrical NFPA 99. This deficient practice following: Throughout a tour of 10:00 AM, the survey no remote annunciate electrical system to a emergency generator. In an interview condu Maintenance Director the facility generator provide a quote for the annunciator for their was not able to obtain to the age of the unit 1983-300KW general and the current generator and the current generator was more did not have an annual A Policy Interpretation was provided for Emergency lighting stupon generator active Director indicated the loud and can be hear	determined that the facility mote annunciator for the system in accordance with the facility, beginning at vor observed that there was or for the emergency lert operating staff of the rs status and condition. Incted at 10:30 AM., the r stated to the surveyor that vendor was notified to be installation of a remote generator, but the vendor in a remote annunciator due that was installed in tor [model number redacted] rator did not have an installation of a remote annunciator due that was provided by the 6/22/18, and it stated that ore than 30 years old and inciator option.	K9	September 3, 2019. A new generator vendor we who was able to wire an apanel to an area in the bui monitored 24 hours a day. > All residents have the positive and affected by this practice. > Maintenance director was on the importance to have panel in an area where state generator at all times. > Maintenance director will on a monthly basis to ensure working properly and will refindings to the QAPI comm. > QAPi committee to determine action is required.	nnunciator ilding which is cotential to be as In-serviced an annunciator aff can monitor Il check panel ure that it is report his nittee.		

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		315214	B. WING _	·····		08/02/2019	
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CEDAR OAKS			,	STREET ADDRESS, CITY, STATE, ZIP CO 1311 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080	DE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
K 916	personnel from each functioning of the ger remaining in the tank of inspection. When r		KS				