

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

PRINTED: 05/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315309	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2021
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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT WHITING	STREET ADDRESS, CITY, STATE, ZIP CODE 23 SCHOOLHOUSE ROAD WHITING, NJ 08759
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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) COMPLETION DATE
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E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/01/2021 and Aristacare at Whiting 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.	K 000		
K 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101 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. 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	K 341		1/17/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/25/2021
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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 341	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/06/2021, it was determined that the facility failed to provide fire alarm notification by audible and visible signals for one (1) 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 The deficient practice was evidenced by the following: During the building tour in the presence of the facility Maintenance Director (MD) at 11:10 AM, an inspection of the outside enclosed resident smoking courtyard was performed. The surveyor observed no evidence of a fire alarm notification (horn/ strobe) in the resident smoking area. At this time, the surveyor asked the MD if there was a horn/strobe for the fire alarm system and he replied, "No." The Licensed Nursing Home Administrator was notified of the finding at the Life Safety Code exit conference at 1:24 PM. NJAC 8:39-31.2(a)	K 341	Plan of Correction The Plan of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies . The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Root Cause: Upon review of the K341 tag the facility noted the root cause of this issue to be because the facilities Maintenance Director failed to properly inspect all facility common spaces to ensure proper fire alarm systems are in place. K341 I. Corrective Action A. On 12/12/2021 The Maintenance Director coordinated with a the facility Fire Protection Company in regards to a review an estimation of the feasibility of an installation of a visible, audible fire alarm in the enclosed courtyard in accordance with NFPA 101, 2012 LSC Edition. II. Identification of Others A. An assessment of the risk this deficient practice could have on residents at this facility was completed by the administrator and maintenance manager,		

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K 341	Continued From page 2	K 341	<p>and it was found that no residents were impacted by this deficient practice.</p> <p>III. Systemic Change</p> <p>A. Upon completion of the estimation of the feasibility of installing an additional audible fire alarm in the enclosed courtyard was identified that the installation would take place within next 2 months, the Installation was completed on 1/17/2022.</p> <p>B. Upon Completion of the installation education was provided to all staff regarding the purpose of the audible fire alarm located in the facilities enclosed courtyard.</p> <p>C. The facility Maintenance Director/ Designee will monitor and audit facility the facility courtyard monthly to ensure placement and operation of visible audible fire alarm and report findings to administrator.</p> <p>IV Quality Assurance</p> <p>A. In an effort to remain compliant with federal regulation K341 the Administrator and maintenance director will maintain a log to ensure the in the enclosed courtyard is in working orders weekly for the next 3months and submit findings to the QA/QAPI committee.</p> <p>B. The QA/QAPI committee will meet monthly for the next 3-months an review all findings to assess whether further action is necessary.</p>		
K 351 SS=D	<p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an</p>	K 351		1/17/22	

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K 351	<p>Continued From page 3</p> <p>approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interview, and review of facility provided documentation on 12/06/2021, it was determined that the facility failed to provide proper fire sprinkler coverage to all areas of the facility as required by National Fire Protection Association (NFPA) 13 for Installation of Sprinkler Systems. The New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy.</p> <p>Reference #1: N.J.A.C. 5:23 -Uniform Construction Code, Special detailed requirements based on use and occupancy section 407 group I-2, [F] 407.5 Automatic sprinkler system. Smoke compartments containing patient sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with Section 903.3.1.1. The smoke compartment shall be equipped with approved quick-response or residential sprinklers in accordance with section 903.3.2.</p> <p>This deficient practice was evidenced by the</p>	K 351	<p>Plan of Correction</p> <p>The Plan of Correction is the facility <input type="checkbox"/>s credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies . The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>Root Cause: Upon review of the K351 tag the facility noted the root cause of this issue to be because the facilities Maintenance Director failed to properly inspect all facility closets and spaces to ensure proper fire sprinkler systems are in place.</p> <p>K351</p> <p>I. Corrective Action A. On 12/12/2021 The Maintenance</p>	

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K 351	<p>Continued From page 4 following:</p> <p>On 12/06/2021 at 8:05 AM, during entrance conference with the facility Maintenance Director (MD), the surveyor requested to provide a copy of the facility lay-out which identified the various rooms in the facility.</p> <p>During a tour of the building in the presence of the MD the surveyor observed two (2) closets that had no evidence of a fire sprinkler coverage in the following locations:</p> <p>1. At 8:47 AM, an inspection inside the second floor Sensory room was performed. The surveyor observed a 2 feet deep by 3 feet-6 inches wide closet with no evidence of a fire sprinkler inside. The surveyor asked the MD, do you see a fire sprinkler inside, and he replied, "No." A review of the facility provided layout identified there are ten (10) Resident sleeping rooms in the smoke compartment.</p> <p>2. At 11:24 AM, on the first floor near the receptionist, the surveyor observed a 1 foot deep by 2 feet wide telephone/cable closet with no evidence of a fire sprinkler inside. The findings were verified and confirmed by the MD during the observations.</p> <p>The Licensed Nursing Home Administrator was notified of the finding at the Life Safety Code exit conference at 1:24 PM.</p> <p>Fire Safety Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.</p>	K 351	<p>Director coordinated with a the facility Fire Protection Company in regards to the installation of 2 sprinkler heads located in the facility sensory room closet and the facility telephone/cable closet in accordance with NFPA 13 for Sprinkler Installation.</p> <p>II. Identification of Others</p> <p>A. An assessment of the risk this deficient practice could have on residents at this facility was completed by the administrator and maintenance manager, and it was found that no residents were impacted by this deficient practice.</p> <p>III. Systemic Change</p> <p>A. Upon completion of the estimation of the feasibility of installing an additional sprinkler head it was identified that the installation would take place within the next 2 months. The Installation was completed on 1/17/2022.</p> <p>B. The facility Maintenance Director/ Designee will monitor and audit all areas of the facility weekly for three months to ensure placement of sprinkler heads in all areas and report findings to administrator</p> <p>IV. Quality Assurance</p> <p>A. The Administrator/ Designee will report installation completion the QA/QAPI committee.</p> <p>B. The QA/QAPI committee will meet monthly for the next 3-months and review all findings to assess whether further action is necessary.</p>	