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

PRINTED: 12/08/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		315312	B. WING _		05/	/27/2021
NAME OF PROVIDER OR SUPPLIER HAMPTON RIDGE HEALTHCARE AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 94 STEVENS ROAD TOMS RIVER, NJ 08755		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 0	00		
K 000	Appendix Z-Emergen Provider and Supplied	quirements for Long Term	K 0	00		
	New Jersey Departm Survey and Field Ope 05/26/21 was found to the requirements for p Medicare/Medicaid at Safety from Fire, and National Fire Protecti	t 42 CFR 483.90(a), Life the 2012 Edition of the on Association (NFPA) 101, C), Chapter 19 EXISTING				
K 353 SS=D	built in 1990's. It is co construction. The faci smoke zones. The ge 32% of the building.	one story building that was omposed of Type V lity is divided into six- enerator does approximately aintenance and Testing	К 3	53		7/7/21
	Automatic sprinkler a inspected, tested, and with NFPA 25, Standa Testing, and Maintain Protection Systems. I maintenance, inspect maintained in a secur available. a) Date sprinkler systems.	ing of Water-based Fire Records of system design, ion and testing are re location and readily stem last checked				
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Electronically Signed 06/04/2021

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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	0,1111115	4.071.771.17.17.07.07.10.17.0		·	TION	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
K 353	1 3		K 35	33		
	b) Who provided system test					
	c) Water system supply source					
	any non-required system. 9.7.5, 9.7.7, 9.7.8, This REQUIREME by: Based on surveyor review and interviethe presence of the Regional Plant Opdetermined that the parts of their autoroptimal condition and National Fire Prevential This deficient practicular following: On 05/25/21 at 09 at the main entrant sprinkler heads had oxidation/corrosion paint on the spray. The uniform fire or deficiency on 04/2. When interviewed Director and Regionagreed that 5 of 5 green coating of of fire sprinkler head. NJAC 8:39 - 31.1(NFPA 13, 25)	or observation, documentation lew from 05/25/21 to 05/26/21 in le Maintenance Director and lerations Director, it was le facility failed to maintain all matic sprinkler system in leas per section 5.2.1.1.1 of lention Association (NFPA) 25. Edice was evidenced by the least overhang that 5 of 5 and signs of a green coating of lention. 2 of 5 sprinkler heads had lead. Least least lenting le		 As all residents have the pote be effected by this deficient practic corroded sprinkler heads, the Dir Maintenance immediately called contracted fire sprinkler company came down on 05/26/2021 cleane corroded sprinkler heads and teste heads and found them to be in wo order, ordered 2 new heads and sidate of 07/07/2021 for the 2 corrosprinkler heads to be replaced. All sprinkler heads in the faciliaudited and found to be in good considered. Added to the environmental resheet was an audit of all sprinkler to make sure they are clean of any corrosion or substance on the heads. The Maintenance director or will audit all sprinkler heads monthall findings will be reported to the Great bit monthly. A 100% compliar expected. 	ce of the rector Of cour they do the 2 ed those withing set up a coded ed those condition. Counds heads eany designee any designee and QAPI	

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