PRINTED: 11/19/2020 FORM APPROVED

New Jerse	v Department of Health	

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	062004	B. WING		09/21/2020	
	234 CHE		,		
HALL CARE & REHAB	ILITATION CENTER UNION,	NJ 07083			
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG			
Initial Comments		S 000			
WITH THE STANDA ADMINISTRATIVE C STANDARDS FOR L TERM CARE FACILI MUST SUBMIT A PL INCLUDING A COM EACH DEFICIENCY PLAN IS IMPLEMEN CORRECT DEFICIE ENFORCEMENT AC WITH THE PROVISI JERSEY ADMINISTR CHAPTER 43E, ENF	RDS IN THE NEW JERSEY CODE, CHAPTER 8:39, LICENSURE OF LONG ITIES. THE FACILITY AN OF CORRECTION, PLETION DATE, FOR AND ENSURE THAT THE ITED. FAILURE TO NCIES MAY RESULT IN CTION IN ACCORDANCE ONS OF THE NEW RATIVE CODE, TITLE 8, FORCEMENT OF				
(h) Copies of the em shall be sent to muni	ergency operations plan cipal and county emergency	S2310		10/30/20	
by: Based on record revi 09/17/2020, it was de failed to send a copy Preparedness Plan (office of emergency i review. This deficient practic following:	iew and interview on etermined that the facility of their Emergency EPP) to the Union County management officials for e was evidenced by the		was immediately sent to the Union Cour Office of Emergency Management Official for review via email on 09/25/20 and a confirmation read receipt was delivered to administrator via email 09/28/20. Union County Office Of Emergency Management Official confirmed review of Emergency Preparedness Plan (EPP) and letter	ity	
	ROVIDER OR SUPPLIER HALL CARE & REHAB SUMMARY S' (EACH DEFICIENC REGULATORY OR Initial Comments THE FACILITY WAS WITH THE STANDA ADMINISTRATIVE C STANDARDS FOR L TERM CARE FACILI MUST SUBMIT A PL INCLUDING A COMI EACH DEFICIENCY PLAN IS IMPLEMEN CORRECT DEFICIE ENFORCEMENT AC WITH THE PROVISI JERSEY ADMINISTI CHAPTER 43E, ENF LICENSURE REGUI 8:39-31.6(h) Mandat (h) Copies of the em shall be sent to muni management officials This REQUIREMENT by: Based on record revi 09/17/2020, it was de failed to send a copy Preparedness Plan (office of emergency of review. This deficient practice following:	IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: AALL CARE & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments 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. 8:39-31.6(h) Mandatory Physical Environment (h) Copies of the emergency operations plan shall be sent to municipal and county emergency management officials for their review. This REQUIREMENT is not met as evidenced by: Based on record review and interview on 09/17/2020, it was determined that the facility failed to send a copy of their Emergency Preparedness Plan (EPP) to the Union County office of emergency management officials for review. This deficient practice was evidenced by the following:	PF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:: 062004 B. WING	IPE CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	

Electronically Signed

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If continuation sheet 1 of 2

10/02/20

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New Jersey Department of Hea STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		062004	B. WING		09/21/2020	
	ROVIDER OR SUPPLIER	234 CHE	DDRESS, CITY, ST STNUT STREET NJ 07083			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
S2310	emergency preparedi 2019/2020 at 10:30 A was not sent to the U management officials During an interview w Physical Plant Manag RPM stated the EPP County emergency m email but was unable verification. The facility's Administ	ness documentation for M revealed that their EPP nion County emergency for review. with the facility's Regional ger (RPM) at 1:22 PM, the was sent to the Union nanagement officials via to provide documented trator was verbally informed the Life Safety Code exit	S2310	 on 10/01/20. 2. All resident have the potential to affected by the deficient practice. 3. Maintenance Director/designee of calendar/schedule copies of the emergency preparedness plan (EPI be sent out to the municipal and contemergency management official for review and confirm receipt of letter of email/mail and keep a copy of both review confirmation in emergency operation plan manual. 4. Maintenance Director/designee of an audit review monthly and quarter Emergency Preparedness Plan (EPI sent out with receipt and confirmed review by Union County Office Emergency Management Officials for review. The results of these audits submitted to the Quarterly Quality Assurance and Performance Improvement (QAPI) committee for review to determine if further action plan is needed. 	will P) to unty their via with will do rly that P) are l or will be	

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