New Jersey Department of Health           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION           (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMBER:           D35021		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 04/21/2021								
						IAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
						OX TRAI	L MEMORY CARE LIVIN	IG SOUTH RIVER	RIVER, NJ 08882			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	TION SHOULD BE COMPLET THE APPROPRIATE DATE							
R 000	Initial Comments		R 000									
	Type of Survey: COMPLAINT: NJ 129238											
	Census: 11											
	Sample: 4											
	The Facility is not in compliance with all of the standards in the New Jersey Administrative Code N.J.A.C 8:37 Standards For Licensure of Dementia Care Homes.											
R1160	8:37-7.1(b) Physical Plant-Water Supply		R1160									
	and safe working cor water lines required ( N.J.A.C. 8:37-7.2(e), water at a minimum to 105 degrees Fahrent temperature of not m	ave hot water heating alled and maintained in good ndition, connected to the hot under the provisions of and capable of delivering temperature of not less than heit and at a maximum tore than 120 degrees as in accordance with										
	Complaint #: NJ 129 Based on observation determined that the f the Domestic Hot Wa residents for bathing maintained between degrees Fahrenheit (	n and interview it was acility failed to ensure that										
	4/21/2021 at 9:57 a.r	conference for the survey of n., the interviewed the ED) and asked if the facility										

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

TITLE

(X6) DATE

TKKV11

## PRINTED: 09/07/2021 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 04/21/2021	
		D35021				
	ROVIDER OR SUPPLIER	STREET A 69 BURT	DDRESS, CITY, STATE	E, ZIP CODE		<u> </u>
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		IVER, NJ 08882 ID PROVIDER'S PLAN O PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO DEFICIEN		CTION SHOULD BE COMPLET D THE APPROPRIATE DATE	
R1160	range of temperature that they monitored is stated that the DHW 102 degrees F. The to bring a facility the facility tour to record along with the surve Starting at 11:05 a.m tour of the facility wito observed and record temperatures in the surveyor's digital the facility ED's digital the surveyor's digital the facility ED along DHW te a. Surveyor thermood b. The facility ED did this time. 2. At 11:17 a.m., in observed that 1 of 2 water leak onto the f surveyor requested Maintenance staff as and for him [Mainter thermometer to reco with the surveyor. 3. At 11:28 a.m., the to the Maintenance T time the surveyor co interview with the MW the DHW boiler leak monitored the DHW stated that he did, and checked the DHW te	erature of the DHW, and the es obtained. The ED stated the DHW temperature and r an between 99 degrees and s surveyor then asked the ED rmometer with him for the the DHW temperatures yor. h., the surveyor performed the th the ED, the surveyor ded the following DHW following locations using ermometer, as well as the hermometer: e sink inside the common om Resident Room , had	R1160			

TKKV11

## PRINTED: 09/07/2021 FORM APPROVED

New Jersey Department of Health         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         D35021			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED C 04/21/2021	
		D35021		B. WING			
		ADDRESS, CITY, STATE			/21/2021		
	L MEMORY CARE LIVIN	69 BUR		,			
		SOUTH RIVER SOUTH	RIVER, NJ 08882				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE COMPLE D THE APPROPRIATE DATE		
R1160	Continued From page 2		R1160				
	interview at 11:36 a.m.						
	bathroom, across fro Room, had the fol	lowing DHW readings: meter - 81 degrees F.					
	Resident Room har har readings:	bathroom sink inside ad the following DHW ometer - 92.6 degrees F. 92.3 degrees F.					
	Resident Room h	bathroom sink inside ad the following readings: meter - 91.2 degrees F. had 91 degrees F.					
		ensure that the DHW cently reached the minimum of 105 degrees F for its					

TKKV11