

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

PRINTED: 04/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315472	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT EAST BRUNSWICK			STREET ADDRESS, CITY, STATE, ZIP CODE 599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816	
(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
E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS	K 000		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 08/03/21, it was determined that the facility failed provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator.	K 291	1. The equipment for lighting was ordered the same day and installed. 2. Other areas for lighting were inspected. There is only one generator room, no other resident areas identified. The facility could be affected by this during an	8/5/21

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

TITLE

(X6) DATE

Electronically Signed

08/22/2021

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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K 291	Continued From page 1 This deficient practice was evidenced by the following: During a tour of the building, in the presence of the Maintenance Director at approximately 11:58 AM, the surveyor observed in the Electrical room, where the emergency generator transfer switch is located, was not equipped with a backup battery emergency light. This finding was confirmed by the Maintenance Director, Housekeeping Director and Regional Plant Operations Director in an interview during the observation. The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference on 08/03/21.	K 291	emergency and there would be no light near the emergency generator's transfer switch. 3. Director of Maintenance and/or his designee will conduct weekly inspections of the areas in the facility that require emergency lighting. 4. Findings of these audits will be presented to the Administrator and presented at the Quality Assurance Committee meeting for a period of three months.		
K 521 SS=D	NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9 HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 08/03/21, in the presence of the facility Maintenance Director, Housekeeping Director and Regional Plant Operations Director, it was determined that the facility failed to ensure resident bathroom	K 521	1. The vendor was contacted the same day and the equipment was ordered, the repairs were scheduled and have been completed 2. Rounds were completed and no other	8/5/21	

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K 521	<p>Continued From page 2</p> <p>ventilation system's for 26 of 65 units were adequately maintained in accordance with the National Fire Protection Association (NFPA) 90A, B.</p> <p>This deficient practice was evidenced by the following:</p> <p>Starting from 11:00 AM, to 12:48 PM, the surveyor observed that the ventilation in the following resident room bathrooms did not function:</p> <div style="background-color: black; width: 300px; height: 30px; margin: 10px 0;"></div> <p>The surveyor requested that the Maintenance Director, Housekeeping Director and Regional Plant Operations Director, confirm if the units were functioning by placing a piece of single-ply toilet tissue paper across the ceiling grills to confirm ventilation. When tested, the tissue did not hold in place. The resident bathrooms were not provided with a window and required reliance on mechanical ventilation.</p> <p>At that time, the surveyor interviewed the Maintenance Director, Housekeeping Director and Regional Plant Operations Director, who confirmed that the approximately 6" x 6" exhaust vents in the above resident room bathrooms were not functioning when tested.</p> <p>The Regional Plant Operations Director and Maintenance Director located the Electrical Breaker for the first wing that was not functioning and reported that the breaker was tripped and would not reset.</p>	K 521	<p>resident rooms were identified. All residents may be affected by bathroom ventilation systems not being adequately maintained.</p> <p>3.The Director of Maintenance will continue to monitor exhaust fans and report variances from the inspection with a corrective action if needed.</p> <p>4. Director of Maintenance and/or his designee will report the outcome of these inspections at the Quality Assurance Committee for a period of three months.</p>		

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K 521	Continued From page 3 The Administrator was informed of this deficiency at the Life safety code exit conference on 08/03/21. NFPA 90A NFPA 101-2012 -19.5.2.1 section 9.2.2 NFPA 101-2012- 19.5.2.1 Chapter 9.1 Utilities 9.2.1 NJAC 8:39-31.2(e)	K 521			