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

PRINTED: 07/06/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>		` ′	(X3) DATE SURVEY COMPLETED	
		315525	B. WING		02	02/21/2020	
NAME OF PROVIDER OR SUPPLIER HUDSON HILLS SENIOR LIVING, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEDY BLVD NORTH BERGEN, NJ 07047			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		OULD BE COMPLE		
E 000	Initial Comments		E	000			
K 000	Appendix Z-Emergen Provider and Supplier	stantial compliance with cy Preparedness for All r Types Interpretive Guidance s for Long Term Care (LTC)	K	000			
	LIFE SAFETY CODE	E 101:2012					
K 324 SS=D	THIS FACILITY IS NO COMPLIANCE WITH SAFETY CODE REQ SURVEYED UNDER Cooking Facilities CFR(s): NFPA 101	THE MINIMUM LIFE UIREMENTS AS	K:	324		2/27/20	
	with NFPA 96, Standar Fire Protection of Corunless:  * residential cooking appliances such as matoasters) are used for cooking in accordance  * cooking facilities op compartments with 30 with the conditions ur  * cooking facilities in sor fewer patients com  18.3.2.5.4, 19.3.2.5.4  Cooking facilities protection of the protection of th	nicrowaves, hot plates, food warming or limited e with 18.3.2.5.2, 19.3.2.5.2 en to the corridor in smoke or fewer patients comply nder 18.3.2.5.3, 19.3.2.5.3, or smoke compartments with 30 uply with conditions under					

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

TITLE

(X6) DATE

Electronically Signed

02/27/2020

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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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 315525 B. WING 02/21/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEDY BLVD **HUDSON HILLS SENIOR LIVING, LLC** NORTH BERGEN, NJ 07047 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (FACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 324 Continued From page 1 K 324 corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 2/19/20, in 1. What corrective actions will be accomplished for those residents found to the presence of the Facility Maintenance Director, Facility Administrator, and Dietary Director, it was have been affected by the deficient determined that the facility failed to ensure that 4 practice? of 7 exhaust hood grease baffles were in the proper position to protect against grease and fire The 4 of 7 exhaust hood grease baffles over the main cooking area, including the from entering above the exhaust hood system in accordance with NFPA 96. right side of the cooking stove have been entirely replaced by new exhaust hood This deficient practice was evidenced by the grease baffles on 02/27/2020. following: 2. How will you identify other residents At 10:50 AM, the surveyor observed 4 of 7 exhaust having the potential to be affected by the hood grease baffles over the main cooking area, same deficient practice? including over the right side of the cooking stove, were not in the intended position, leaving gaps in All residents have the potential to be the following location: affected by this deficient practice. 1 to 2 OK 3. What measures will be taken to ensure 2 to 3 1/2 opening that the deficient practice does not recur? 3 to 4 (Grease Baffle frame is bent) 4 to 5 1" opening The Maintenance Director and Dietary 5 to 6 1" opening Director have been in-serviced by the 6 to 7 OK Administrator to monitor the exhaust hood grease baffles for any deformities to The grease baffles are the first layer of protection prevent flames and flammable debris from in a commercial kitchens grease management and entering the exhaust duct on a weekly exhaust ventilation system. Their purpose is to basis. prevent flames and flammable debris from entering

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