

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

PRINTED: 07/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2022
NAME OF PROVIDER OR SUPPLIER CRANBURY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 292 APPLGARTH ROAD MONROE TOWNSHIP, NJ 08831	
(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 293 SS=E	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/29/22 and Cranbury Center was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p> <p>Cranbury Center is a two (2), Type II Protected building that was built in May 1996. The facility is divided into 12 smoke zones.</p> <p>Exit Signage CFR(s): NFPA 101</p> <p>Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure that illuminated exit signs</p>	K 293	The facility will continue to ensure that access to all exits shall be marked by	5/11/22

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

TITLE

(X6) DATE

Electronically Signed

04/15/2022

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 293	<p>Continued From page 1</p> <p>were in 9 locations to clearly identify the exit access path. This deficient practice was evidenced by the following:</p> <p>Reference: NFPA. Life Safety Code 2012 7.10.1.5.1 Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants.</p> <p>NFPA Life Safety Code 2012 7.10.5.2.1 Continuous Illumination. Every sign required to be illuminated by 7.10.6.3, 7.10.7, and 7.10.8.1 shall be continuously illuminated as required under the provisions of section 7.8, unless otherwise provided in 7.10.5.2.2</p> <p>During a facility tour on 3/29/2022, in the presence of the facility Maintenance Supervisor (MS), the surveyor observed the following locations that failed to to have illuminated exit signs to clearly identify the exit access route:</p> <ol style="list-style-type: none"> At 10:05 AM, On the [REDACTED] floor one illuminated exit sign above the corridor double smoke doors next to Resident room [REDACTED] At 10:07 AM, On the [REDACTED] floor one illuminated exit sign above the corridor double smoke doors next to [REDACTED] room. At 10:26 AM, On the [REDACTED] floor one illuminated exit sign above the corridor double smoke doors next to the electrical room. At 10:27 AM, On the [REDACTED] floor one illuminated exit sign above the corridor double smoke doors next to Resident room # [REDACTED] 	K 293	<p>approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants and that every exit sign required to be illuminated shall be continuously illuminated as required under the provision of 7.8</p> <p>One: Actions taken for the situation identified:</p> <ul style="list-style-type: none"> The Maintenance Supervisor immediately contacted the electrical vendor for the facility and informed them of the need to install nine (9) illuminated exit signs throughout the facility as soon as possible. <p>Two: Identification of other situations that have the potential to be affected:</p> <ul style="list-style-type: none"> All residents, staff and visitors have the potential to be affected. <p>Three: System measures and changes that will be made:</p> <ul style="list-style-type: none"> Illuminated exit sign were installed in the following locations: <ul style="list-style-type: none"> [REDACTED] floor □ above the corridor double smoke doors next to resident room [REDACTED] [REDACTED] floor □ above the corridor double smoke doors next to the medical records room [REDACTED] floor □ above the corridor double smoke doors next to the electrical room [REDACTED] floor □ above the corridor double smoke doors next to resident room [REDACTED] [REDACTED] floor □ above the corridor double smoke doors next to the [REDACTED] Wing [REDACTED] floor □ above the corridor 	

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K 293	Continued From page 2 5. At 11:33 AM, On the [REDACTED] next to the A-Wing day room one illuminated exit sign above the corridor double smoke doors. 6. At 11:55 AM, On the first floor [REDACTED]-Wing next to Resident room [REDACTED] one illuminated exit sign above the corridor double smoke doors. 7. At 11: 57 AM, On the [REDACTED] floor [REDACTED]-Wing next to [REDACTED] one illuminated exit sign above the corridor double smoke doors. 8. At 12:07 PM, On the [REDACTED] floor [REDACTED]-Wing across from the Nursing station one illuminated exit sign above the corridor double smoke doors. 9. At 12:08 PM, On the [REDACTED] floor [REDACTED]Wing next to Resident room # [REDACTED] one illuminated exit sign above the corridor double smoke doors. The MS confirmed the findings at the time of observations. The Administrator was informed of the findings during the Life Safety Code survey exit conference on 3/29/22 at 2:25 PM. Fire Safety Hazard. NJAC 8:39 -31.1 (c) NFPA Life Safety Code 101	K 293	double smoke doors <input type="checkbox"/> [REDACTED] Wing next to resident room # [REDACTED] o [REDACTED] floor above the corridor smoke doors <input type="checkbox"/> [REDACTED] Wing next to the beauty salon [REDACTED] floor <input type="checkbox"/> above the corridor smoke doors <input type="checkbox"/> [REDACTED] Wing across from the nurses station o [REDACTED] floor <input type="checkbox"/> above the double smoke doors <input type="checkbox"/> [REDACTED] Wing next to resident room # [REDACTED] Four: Monitoring mechanisms to assure compliance: - Maintenance staff will add these additional exit signs to the monthly inspections to ensure that the exit signs are continuously illuminated. Concerns will be addressed, as warranted. - The Maintenance Supervisor will report, monthly, the findings of the exit sign inspections to the QAPI Committee. Concerns will be addressed, as warranted.	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in	K 351		4/6/22

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K 351	<p>Continued From page 3</p> <p>accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the facility, as required by National Fire Protection Association (NFPA) 13 for Installation of Sprinkler Systems. The New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy.</p> <p>This deficient practice was identified in 1 of 3 observed Resident Shower Area and was evidence by the following:</p> <p>During the entrance conference on 3/29/22 at 9:28 AM, the surveyor requested the Administrator and Maintenance Supervisor (MS) to provide a copy of the facility lay-out which identified the various rooms and smoke compartments in the facility.</p> <p>Starting at 9:47 AM, the surveyor in the presence of the MS conducted a building tour. Along the tour, the surveyor observed that the facility failed</p>	K 351	<p>The facility will continue to provide proper fire sprinkler coverage to all areas of the facility as required by the National Fire Protection Association (NFPA) 13 for Installation of Sprinkler Systems. The New Jersey Uniform Construction Code N.J.A.C.5.23, for use group I-2 (health care) use occupancy.</p> <p>One: Actions taken for the situation identified:</p> <ul style="list-style-type: none"> - The Maintenance Supervisor immediately contacted the Fire Sprinkler vendor for the facility and informed them of the need to install two (2) sprinkler heads in the █ Wing Resident shower room. <p>Two: Identification of other situations that have the potential to be affected:</p> <ul style="list-style-type: none"> - The facility recognizes that all residents and staff have the potential to be affected. <p>Three: System measures and changes that will be made:</p>		

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K 351	<p>Continued From page 4</p> <p>to provide proper fire sprinkler protection in the following location:</p> <p>At 12:17 PM, an inspection of the █-Wing" Resident Shower Room was conducted. During the inspection, the surveyor observed no fire sprinkler coverage inside</p> <p>1) The 10' - 9' by 4' (Ten feet- Nine inch) deep by 4' (Four feet) wide wide shower stall area.</p> <p>2) The 5' (five feet) deep by 4' (four feet) wide shower stall area.</p> <p>At this time the surveyor asked the MS, Do you see a sprinkler in the stall areas. The MS looked inside the shower stalls and said, No.</p> <p>The facility MS confirmed the finding at the time of observation.</p> <p>The Administrator was informed of the findings during the Life Safety Code survey exit conference on 3/29/22 at 2:25 PM. Fire Safety Hazard.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 13.</p>	K 351	<p>- Sprinkler heads were installed in the B Wing resident shower room in the following locations</p> <ul style="list-style-type: none"> o 10' - 9 by 4' (ten feet nine inch) deep by 4' (four feet) wide shower stall area o 5 (five feet) deep by 4 (four feet) wide shower stall <p>Four: Monitoring mechanisms to assure compliance:</p> <ul style="list-style-type: none"> - Maintenance staff will add these fire sprinkler heads to the quarterly and Semi-annual fire sprinkler inspections to ensure that the two (2) added fire sprinkler heads are functioning properly. Concerns will be addressed, as warranted. - The Maintenance Supervisor will report, monthly, the findings of the fire sprinkler inspections to the QAPI committee. Concerns will be addressed, as warranted. 		