	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		NO. 0938-039 TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 01		COMPLETED	
		315331	B. WING		0	4/08/2021
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
		EDCE		77 EAST 43RD STREET		
CONFLET	E CARE AT FAIR LAW	EDGE		PATERSON, NJ 07514		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETION DATE
E 000	Initial Comments		E 000			
	Appendix Z-Emerge Provider and Supplie	ostantial compliance with ncy Preparedness for All er Types Interpretive equirements for Long Term				
	Care (LTC) Facilities					
K 000	INITIAL COMMENT		K 000			
	LIFE SAFETY COD	E 101:2012				
K 324 SS=D	COMPLIANCE WITH SAFETY CODE REC SURVEYED UNDER Cooking Facilities		K 324	1		4/29/21
	with NFPA 96, Stand and Fire Protection of Operations, unless: * residential cooking appliances such as it toasters) are used for cooking in accordan * cooking facilities of compartments with 3 with the conditions u or * cooking facilities in 30 or fewer patients 18.3.2.5.4, 19.3.2.5. Cooking facilities pro- per 9.2.3 are not requ	is protected in accordance lard for Ventilation Control of Commercial Cooking equipment (i.e., small microwaves, hot plates, or food warming or limited ce with 18.3.2.5.2, 19.3.2.5.2 ben to the corridor in smoke 30 or fewer patients comply under 18.3.2.5.3, 19.3.2.5.3, smoke compartments with comply with conditions under 4. betected according to NFPA 96 juired to be enclosed as it shall not be open to the				

Electronically Signed

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.

04/29/2021

	-	ID HUMAN SERVICES			PRINTED: 12/06/202 FORM APPROVE OMB NO. 0938-039	
	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		
		315331	B. WING		04/08/2021	
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
COMPLET	E CARE AT FAIR LAWN	EDGE	7	7 EAST 43RD STREET		
-			P	ATERSON, NJ 07514		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETIO	
K 324	Continued From page	a 1	K 324			
		3.3.2.5.4, 19.3.2.5.1 through				
	by:	⁻ is not met as evidenced n and interview on 4/1/21, it		I. CORRECTIVE ACTION		
	was determined that t that 2 of 6 exhaust ho properly positioned to	the facility failed to ensure ood grease baffles were o prevent grease and fire		The maintenance director rearranged baffles and closed the gap II. OTHERS WITH POTENTAIL TO		
	directly above the coo			AFFECTED All residents and other staff have the potential to be affected. The Maintena	ance	
	This deficient practice following:	e was evidenced by the		director performed a comprehensive inspection of the whole kitchen includ but not limited to the exhaust ducts ar	•	
		rring the building's kitchen in acility's Maintenance Director mager, the surveyor		ventilation system to ensure the greas management system is working corre and efficiently. All exhaust ducts and		
	observed 6 exhaust h main cooking area wi	the air gaps. Observed were etween the 3rd and 4th		grease management system are work properly	ting	
		etween the 5th and 6th		III. SYSTEMATIC CHANGES In service will be done with the dietary		
	in a commercial kitch and exhaust ventilation to prevent flames and	te the first layer of protection ens grease management on system. Their purpose is d flammable debris from		staff making sure when the baffles are cleaned and they are properly put bac the right place. The Maintenance Dire will include the baffles check to the monthly maintenance log.	xk in	
	equipment. If this gre	produced from cooking ase was is not captured, it ventilation system and		IV. Monitoring Maintenance Director/Designee will cl the baffles every week x four (4) weel and monthly x two (2) months thereaf	ks, ter.	
		nowledged by the facility's r and Food Service Manager		Negative findings will be reported to the Administrator immediately and brough the monthly QA/PI meeting for review	nt to	

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Facility ID: NJ61630

	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/06/20 FORM APPROVE OMB NO. 0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		315331	B. WING		04/08/2021	
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
COMPLET	E CARE AT FAIR LAWN	EDGE		77 EAST 43RD STREET		
				PATERSON, NJ 07514		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETIO	
K 324	Continued From page	- 2	К 32	4		
	during the observatio					
		ator was verbally informed of e Life Safety Code survey 00 PM.				
	NJAC 8:39-31.2(e) NFPA 96					
K 353 SS=C		aintenance and Testing	K 35	3	4/29/21	
	Automatic sprinkler a inspected, tested, and with NFPA 25, Standa Testing, and Maintain Protection Systems. I maintenance, inspect	ing of Water-based Fire Records of system design, tion and testing are re location and readily				
	b) Who provided sys	stem test				
	c) Water system sup	oply source				
	any non-required or p system. 9.7.5, 9.7.7, 9.7.8, an This REQUIREMENT	S information on coverage for partial automatic sprinkler d NFPA 25 is not met as evidenced				
	it was determined that with the maintenance	iew and interview on 4/1/21, at the facility failed to comply and testing requirements ar system's fire pump testing.		I. CORRECTIVE ACTION The electronic fire pump was tested o the spot and it was working	n	
	The facility's fire pum	p was electrically powered ired a monthly testing per		II. OTHERS WITH POTENTAIL TO AFFECTED	BE	

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Event ID: C7CM21

Facility ID: NJ61630

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		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		315331	B. WING			04/	08/2021
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ЗE	(X5) COMPLETIOI DATE
K 353	NFPA 25. This deficie by the following: At 10:00 AM, the surver review of the facility's preventive maintenar equipment. The surver no records for the model electronic fire pump for facility's Maintenance interview at 1:00 PM tested monthly but he evidencing this task.	ent practice was evidenced veyor conducted a record inspection reports and nee records for life safety reyor noted that there were onthly testing of the or the prior 12 months. The Director stated in an that the fire pump was e could not provide records	ĸ	353	All residents and other staff have the potential to be affected. The Maintenar director will do a comprehensive inspection of all the life safety equipment to make sure all tests are being done timely and to ensure all policies and procedures are properly being adhere. II. SYSTEMATIC CHANGES In service was done with the Maintenar Staff to ensure that the fire pump will be tested monthly. IV. MONITORING Maintenance director will check the electronic fire pump every week for the next 4 weeks and the fire pump check be an item added to the monthly log. The maintenance director will be responsible to report his findings to the administrator weekly for 4 weeks, ther weekly for a quarter or until 100% compliance is met. The maintenance director will report all findings and report to the Administrator and Quality Assurance Committee and the Quarter QA. The Maintenance Director will be responsible for the ultimate completion education, accuracy of the audits and overall compliance of the plan of correction.	ent d to. ance be will e n bi orts rly	

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Facility ID: NJ61630

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