			A. BUILDING 01		COMPLETED	
	315346		B. WING		10/20/202	
J VETER	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP CODE		
	RANS MEM HOME PARA	MUS		ETERANS DRIVE RAMUS, NJ 07652		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLI	
E 000	Initial Comments		E 000			
К 000	Appendix Z-Emergen Provider and Supplier	quirements for Long Term	K 000			
	New Jersey Departm Survey and Field Ope New Jersey Veterans Paramus was found t the requirements for p Medicare/Medicaid at Safety from Fire, and National Fire Protector	o be in noncompliance with participation in 42 CFR 483.90(a), Life the 2012 Edition of the on Association (NFPA) 101, C), Chapter 19 EXISTING				
K 321	that was built in 1986 protected by an autor fire alarm/detection sy zones. Hazardous Areas - En	ry Type II Protected building . The facility is entirely natic sprinkler system and ystem and has 12 smoke	K 321		2/10/2:	
SS=E	Hazardous Areas - Er Hazardous areas are having 1-hour fire res fire rated doors) or ar system in accordance When the approved a system option is used separated from other	protected by a fire barrier istance rating (with 3/4 hour a automatic fire extinguishing with 8.7.1 or 19.3.5.9. utomatic fire extinguishing				

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.

		ND HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/19/2023 MAPPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		315346	B. WING			10/	20/2021
NAME OF P	ROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
N J VETE	RANS MEM HOME PARA	AMUS					
	1			ŀ	PARAMUS, NJ 07652		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
K 321	and permitted to have protective plates that from the bottom of th Describe the floor an hazardous areas that 19.3.2.1, 19.3.5.9 Area Separation N// a. Boiler and Fuel-Fir b. Laundries (larger t c. Repair, Maintenan	osing or automatic-closing e nonrated or field-applied do not exceed 48 inches e door. d zone locations of t are deficient in REMARKS. Automatic Sprinkler A ed Heater Rooms han 100 square feet) ce, and Paint Shops ns (exceeding 64 gallons) ooms s) ge Rooms/Spaces	ĸ	321			
	Hazard - see K322) This REQUIREMENT by: Based on observation determined that the fisseparation of hazardo the failure to ensure p from pipes and ceiling 12 Wings (Wing, 1000 floor; Wing, 1000 Wing, 1000 Wing, 1000 Wing, 1000 devices installed on t Wings (1000 Wing, 1000 and Wing, 1000 the spread of combust a fire. These failed pr	is not met as evidenced ins and interview, it was acility failed to ensure the bus areas as evidenced by benetrations in the ceiling g tiles were sealed on 6 of building, floor; Wing, Wing, floor; Wing; and , floor); and failed to oors had self-closing he corridor door on 3 of 12 building, floor; Wing; ding, floor) to prevent stible particles in the event of ractices had the potential to ho resided on the Wing, 15			Corrective Action -Ceiling from pipes and ceiling tiles we sealed using recommended Fire Barri Sealant (red) from to prevent penetration on 6 of 12 wings Wing, building, fl.: Wing, building, wing, building, 2 fl. Wing building, fl.: Wing, building, wing, fl.: Wing, building, fl.: Wing building, fl.: Wing, building, fl.: Wing, fl.: Barris building, fl.: Wing,	er fl; ne s 2 , 1.) to	

Event ID: JYUJ21

Facility ID: NJ60228

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 315346 B. WING 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1 VETERANS DRIVE** N J VETERANS MEM HOME PARAMUS PARAMUS, NJ 07652 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 321 Continued From page 2 K 321 residents who resided on the Wing and 21 Wing and 21 residents on the Wing. residents who resided on the Wing. Wing in the building, 1 fl in laundry had a two inch unsealed hole in Findings included: the ceiling where the pipe penetrated the ceiling. 1. Observation on 10/20/2021 at 9:15 AM, Wing in the dining room building, revealed the wing in the building, floor, fl in the mechanical room had 4 onein the laundry, had an approximate two-inch inch unsealed holes in the ceiling tile unsealed hole in the ceiling tile where a pipe where pipes penetrated the ceiling. penetrated the ceiling. Wing in the elevator mechanical room building, fl contained 3 two-inch 2. Observation on 10/20/2021 at 9:45 AM, unsealed holes in the ceiling tiles where revealed off the Wing, in the dining room, on metal pipes penetrated the ceiling and 6 building, floor, in a mechanical room, the one-inch unsealed holes in the ceiling tiles contained four one-inch unsealed holes in the where metal pipes penetrated the ceiling. located in ceiling tile where pipes penetrated the ceiling and Wing, a storage room, a ceiling tile gapped downward and unsealed the bldg, fl did not have a selfabout one inch. closed devise installed on the corridor door and contained 20 combustible 3. Observation on 10/20/2021 at 10:38 AM, nightstands, plastics, PPE, plastic carts revealed off the Wing, in the elevator and other combustible products. mechanical room, located in the building, wing, a storage room located in bldg, fl did not have a selffloor, that contained three two-inch unsealed the closing devise installed on the door and holes in the ceiling tiles where metal piping penetrated the ceiling and approximately six contained cardboard boxes, a wooden desk. Christmas decorations and other one-inch unsealed holes in the ceiling tiles where metal piping penetrated the ceiling. combustible products. Wing and Wing in the bldg, t fl 4. Observation on 10/20/2021 at 11:06 AM, by nurses□ station had a closet that did revealed on the Wing, a storage room, not have a self-closing devise installed on located in the building, floor, that did not the door and cardboard boxes, PPE and have a self-closing device installed on the other products were in the room. corridor door and contained approximately 20 The Hazardous Areas under concern combustible nightstands, plastics, personal were corrected using the recommended protective equipment (PPE), plastic carts, and Fire Barrier Sealant (red) from to other combustible products. prevent penetration and resident/staff safety was ensured. 5. Observation on 10/20/2021 at 11:14 AM, revealed on the wing, a storage room, Potential To Affect

FORM CMS-2567(02-99) Previous Versions Obsolete

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIENCIAN (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY NAME OF PROVIDER OR SUPPLIER 315346 B. WING 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10/20/2021 NJ VETERANS MEM HOME PARAMUS STREET ADDRESS, CITY, STATE, ZIP CODE 10/20/2021 (X4) DI VETERANS MEM HOME PARAMUS STREET ADDRESS, CITY, STATE, ZIP CODE COMPLETED (X4) DI VETERANS MEM HOME PARAMUS STREET ADDRESS, CITY, STATE, ZIP CODE COMPLETED (X4) DI VETERANS MEM HOME PARAMUS STREET ADDRESS, CITY, STATE, ZIP CODE COMPLETED (X4) DI VETERANS MEM HOME PARAMUS STREET ADDRESS, CITY, STATE, ZIP CODE COMPLETED (X4) DI VETERANS MEM HOME PARAMUS STREET ADDRESS, CITY, STATE, ZIP CODE COMPLETED (X4) DI VETERANS MEM HOME PARAMUS SUMMARY STATEMENT OF DEFICIENCIES PREFIX PREFIX CARONELTRON COMPLETED (X4) DI VETERANS MEM HOME PARAMUS SUMMARY STATEMENT OF DEFICIENCIES IVETERANS DRIVE COMPLETED COMPLETED (X5) DI VETERANS MEM HOME PARAMUS IVETERANS MEM HOME PARAMUS IVETERANS DRIVE IVETERANS DRIVE COMPLETED COMPLETED (X5) STATE STATE ADDRESS, CITY STATE, ZIP CODE				()(0)			10. 0938-039
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE N J VETERANS MEM HOME PARAMUS STREET ADDRESS, CITY, STATE, ZIP CODE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG K 321 Continued From page 3 located in the building, floor, that did not have a self-closing device installed on the door and contained cardboard boxes, a wooden desk, Christmas decorations, and other combustible products. K 321 - This deficiency has the potential to affect all residents, staff and families POS in the facility. Systemic Change - The staff was in-serviced on the Fire Safety reminders in the facility. Systemic Change - The staff was in-serviced on the Fire Safety reminders in the facility. On 10/20/2021 at 11:35 AM, and during the tour, the Maintenance Crew Supervisor acknowledged the above concerns. On 10/20/2021 at 11:35 AM, and during the tour, the Maintenance Crew Supervisor acknowledged the above concerns.				· ,			
N J VETERANS MEM HOME PARAMUS 1VETERANS DRIVE PARAMUS, NJ 07652 (X4) [D] SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRECIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID K 321 Continued From page 3 located in the building, floor, that did not have a self-closing device installed on the door and contained cardboard boxes, a wooden desk, Christmas decorations, and other combustible products. K 321 -This deficiency has the potential to affect all residents, staff and families POS in the facility. 6. Observation on 10/20/2021 at 11:29 AM, located off the wing and Wing, in the building, cardboard boxes, personal protective equipment (PPE), and other combustible products. Systemic Change -The staff was in-serviced on the Fire Safety reminders in the facility. _Penetration holes were sealed to prevent the spread of smoke and fire. _The storage cross that did not have a self-closing device installed on the door and contained cardboard boxes, personal protective equipment (PPE), and other combustible products. _Ceiling tiles will be inspected and sealed to prevent penetration and spread of smoke and fire. _This had the potential to affect 27 residents on wing, 15 residents on wing, 26 residents on wing, 15 residents on wing, 26 fereiclosed devises installed on corridor			315346	B. WING		1	0/20/2021
N J VETERANS MEM HOME PARAMUS PARAMUS, NJ 07652 (X) 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) cm(s) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) cm(s) (CM(s) (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) cm(s) (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) cm(s) (CROSS-REFERENCED DEFICIENCY) cm(s) (CROSS-REFERENCED DEFICIENCY) cm(s) (CROSS-REFERENCED DEFICIENCY) cm(s) (CROSS-REFERENCED DEFICIENCY) cm(s) (CROSS-REFERENCED DEFICIENCY) cm(s) (CROSS-REFERENCED DEFICIENCY) cm(s) (CROSS-REFERENCED Systemic Change - The staff was in-serviced on the Fire Safety reminders in the facility. 	NAME OF P	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PARAMUS, NJ 07652 (Xi) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETOR DEFICIENCY K 321 Continued From page 3 located in the building, floor, that did not have a self-closing device installed on the door and contained cardboard boxes, a wooden desk, Christmas decorations, and other combustible products. K 321 - This deficiency has the potential to affect all residents, staff and families POS in the facility. 6. Observation on 10/20/2021 at 11:29 AM, located off the wing and Wing, in the facility. located off the off on thave a self-closing device installed on the door and contained cardboard boxes, personal protective equipment (PPE), and other combustible products. Systemic Change - The staff was in-serviced on the Fire Safety reminders in the facility. Penetration holes were sealed to prevent the spread of smoke and fire. The storage rooms will have self-closing devises installed and unnecessary items will be removed if not needed (furniture, decorations, etc.) Ceiling tiles will be inspected and sealed to prevent penetration and spread of smoke and fire. This had the potential to affect 27 residents on wing, 15 residents on wing, 26 residents on wing and 21 residents on wing and 21 recidents on wing and 21 residents on wing and 21 recid	N J VETE	RANS MEM HOME PARA	AMUS				
PRETX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE K 321 Continued From page 3 located in the building, floor, that did not have a self-closing device installed on the door and contained cardboard boxes, a wooden desk, Christmas decorations, and other combustible products. K 321 -This deficiency has the potential to affect all residents, staff and families POS in the facility. Systemic Change orducts. -The staff was in-serviced on the Fire Safety reminders in the facility. Located off the wing and Wing, in the building, floor, by the nursing station, revealed a storage closet that did not have a self-closing device installed on the door and contained cardboard boxes, personal protective equipment (PPE), and other combustible products.	_				PARAMUS, NJ 07652		
 In the building, floor, that did not have a self-closing device installed on the door and contained cardboard boxes, a wooden desk, Christmas decorations, and other combustible products. 6. Observation on 10/20/2021 at 11:29 AM, located off the wing and Wing, in the building, floor, by the nursing station, revealed a storage closet that did not have a self-closing device installed on the door and contained cardboard boxes, personal protective equipment (PPE), and other combustible products. On 10/20/2021 at 11:35 AM, and during the tour, the Maintenance Crew Supervisor acknowledged the above concerns. New Jersey Administrative Code § 8:39-31.2 (e) -This deficiency has the potential to affect 27 residents on wing. Self enclosed devises installed on corridor 	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	HOULD BE	COMPLETION
	K 321	 located in the but have a self-closing data and contained cardbox Christmas decoration products. 6. Observation on 10 located off the wing building, floor, by a storage closet that device installed on the cardboard boxes, per (PPE), and other com On 10/20/2021 at 11: the Maintenance Create above concerns. 	cated in the building, foor, that did not ave a self-closing device installed on the door ad contained cardboard boxes, a wooden desk, mistmas decorations, and other combustible oducts. Observation on 10/20/2021 at 11:29 AM, cated off the wing and Wing, in the four idding, floor, by the nursing station, revealed storage closet that did not have a self-closing evice installed on the door and contained irdboard boxes, personal protective equipment PE), and other combustible products.		 This deficiency has the potential residents, staff and families facility. Systemic Change The staff was in-serviced on the Safety reminders in the facility. Penetration holes were sealed the spread of smoke and fire. The storage rooms will have sealed the spread of smoke and fire. The storage rooms will have sealed the spread of smoke and fire. Ceiling tiles will be inspected at to prevent penetration and spresents and fire. This had the potential to affect the spread of smoke and fire. Self enclosed devises installed 	POS in the le Fire d to prevent elf-closing ary items furniture, and sealed ead of 27 tts on 127 on corridor	

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PRINTED: 04/19/2023 FORM APPROVED

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/19/202 MAPPROVE D. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE SURV COMPLETED	
		315346	B. WING			10/20/2021	
NAME OF P	ROVIDER OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
	RANS MEM HOME PARA	MUS		1	VETERANS DRIVE		
NJVEIE		(mos		P/	ARAMUS, NJ 07652		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETIOI DATE
K 321 K 353 SS=E	CFR(s): NFPA 101 Sprinkler System - M Automatic sprinkler a inspected, tested, and with NFPA 25, Standa Testing, and Maintain Protection Systems. I maintenance, inspect maintained in a secur available. a) Date sprinkler system b) Who provided system c) Water system sup Provide in REMARKS any non-required or p system. 9.7.5, 9.7.7, 9.7.8, an This REQUIREMENT by: Based on observation determined the facility	aintenance and Testing aintenance and Testing nd standpipe systems are d maintained in accordance ard for the Inspection, ning of Water-based Fire Records of system design, tion and testing are re location and readily stem last checked stem test oply source S information on coverage for partial automatic sprinkler		321	DEFICIENCY) through the building. Building Admin. will gradually increase engineer dept and increase off hour coverage. Currently staffing for engineering is filled for evening and weekend coverage for additional observations. Previously had staff on c for engineering. Issues reported during the quarter will reported by engineering to QAPI Committee for further action if needed. Corrective Action Corrective Action Ceiling penetrations were sealed using Fire Barrier Sealant (red) from to to form.	all be	2/10/22

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Facility ID: NJ60228

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB	NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01		OATE SURVEY OMPLETED
		315346	B. WING			10/20/2021
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE,	ZIP CODE	
N J VETE	RANS MEM HOME PARA	MUS		1 VETERANS DRIVE PARAMUS, NJ 07652		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE TO THE APPROPRIATE CIENCY)	(X5) COMPLETIO DATE
K 353	Continued From page	e 5	K 35	3		
	for smoke particles to compartment to anot the event of a fire. Th Wing, Wing, Wing reviewed for fire pene- potential to affect 27 Wing, 25 residents and 26 residents who Findings included: 1. On 10/20/2021 at building, located on t room had approximat one and a half-inch u tile from metal pipes 2. On 10/20/2021 at building, located off t room had approximat two-inch unsealed ho metal pipes that pene 3. On 10/20/2021 at building, located off t electrical room had a three-quarter inch un tile from metal pipes 4. On 10/20/2021 at 2nd building, located unsealed hole in the unsealed holes in the 5. On 10/20/2021 at building, located	 a spread from one smoke her smoke compartment in this affected 5 of 12 Wings g, Wing, and & Wing) etrations. This had the residents who resided on the who resided on the Wing, or esided on the Wing. b 228 AM, on the floor, floor, for the Wing, the electrical tely 20 one-inch and three nsealed holes in the ceiling that penetrated the ceiling. c 34 AM, on the floor, floor, for the Wing, an electrical tely one three-inch and one oles in the ceiling tile from etrated the ceiling. c 44 AM, on the floor, floor, for the Wing kitchen, the pproximately 11 sealed holes in the ceiling. c 44 AM, on the floor, floor, for the floor, off the floor, and floor, for the floor, floor, floor, for the floor, floor		prevent penetration wh building 20 one-inch ar inch unsealed holes in metal pipes were obser	ad 3 one and 1/2 the ceiling tile from rved. off the Wing, an aree inch and 1 es in the ceiling tile benetrated the ave been sealed are Barrier Sealant ated off Wing boom had 11 three holes in the ceiling at penetrated the ave been sealed are Barrier Sealant ated off the and and oom had a 4 inch eiling tile and 2 one- the ceiling tile. In sealed using Fire M to prevent cated on the es that penetrated ere filled in with Fire have been sealed ant ated off the and 2 one- the ceiling tile.	

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		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/19/2023 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			SURVEY PLETED
		315346	B. WING		10/20/2021		
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
N J VETEI	RANS MEM HOME PARA	AMUS			VETERANS DRIVE		
	1			P	ARAMUS, NJ 07652		1
(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)		(X5) COMPLETION DATE
K 353	Continued From page	e 6	ĸ	353			
	metal pipes that pene			000	Systemic Change -The engineering department will addr the penetration holes noted and seal	ess	
		w Supervisor acknowledged			same to prevent penetration of smoke and fire. The Insulation from		
	New Jersey Administ	rative Code § 8:39-31.2 (e)			 Increased hours for engineering coverage for the facility is in progress. This repair affects 27 residents in wing and 26 resident who reside in the wing. Monitoring Engineering department will conduct monthly rounds of the buildings to associate the wing t	s	
					safety and compliance. -Nursing and Administration will routine round the building and report variance engineering by work orders, email, or of depending on the severity of the conce observed. Nursing rounds daily. Administrator rounds building 3-4 times per week. -Issues reported during the quarter will reported to QAPI for further action if needed. QAPI to meet quarterly to ens quality. Work has been completed for the	s to calls ern s l be sure	
K 712	Fire Drills		K	712	deficiency.		12/15/21
SS=F	CFR(s): NFPA 101			112			12/13/21
	signal and simulation conditions. Fire drills unexpected times un- least quarterly on eac with procedures and	transmission of a fire alarm of emergency fire are held at expected and der varying conditions, at ch shift. The staff is familiar is aware that drills are part of Where drills are conducted					

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TATEMENT C	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING			(X3) DATE SURVEY COMPLETED	
		315346					10/20/2021
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				1	VETERANS DRIVE		
NJVEIE	RANS MEM HOME PARA	AMUS		Р	ARAMUS, NJ 07652		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
K 712	Continued From page	o 7	K.	712			
1112				112			
	between 9:00 PM and	-					
		be used instead of audible					
	alarms.	7 4 7					
	19.7.1.4 through 19.7	Γ is not met as evidenced					
		I IS NOUTHEL AS EVIDENCED					
	by: Based on facility doe	cument review and interview,			Corrective Action		
	-	e facility failed to ensure			-Fire Drills have commenced with on		
		re conducted at least			each shift per month starting final qu		
	quarterly on each shi				of 2021.	anter	
		staff were trained and			-Fire Drills were not conducted at lea	ast	
		for resident safety in the			quarterly on each shift and under val		
	event of a fire or othe	-			conditions to ensure staff were traine		
	deficient practice occ				and prepared to provide resident saf		
	•	ion of fire drills. This had the			the event of a fire or other emergence		
	potential to affect all				This deficient practice occurred in 4		
	F				quarters. No fire drills were conducted		
	Findings included:				the 1st and second shifts during the		
					quarter of		
	1. A review of the fire	e drill documentation from			2020; on the 1st and second shifts d	uring	
		h September 2021 provided			the 1st quarter of 2021; on the 2nd s	-	
		Crew Supervisor, indicated			during the 2nd quarter of 2021 or on		
	•	e conducted on the 1st and			2nd shift during the third quarter of 2		
		4th quarter of 2020; on the					
		ng the 1st quarter of 2021;					
	on the 2nd shift durin	ig the 2nd quarter of 2021; or			Potential To Affect		
	on the 2nd shift durin	ig the 3rd quarter of 2021.			-This deficiency has the potential to	affect	
					all residents, staff and families in the	•	
		at the time of the document			facility.		
	review on 10/20/2027						
		upervisor acknowledged he			Systemic Change		
	-	documentation related to fire			-The Paramus Veterans Memorial H		
		acility had COVID-19 in the			will conduct fire drills one on each sh		
	U	parts of the year and that			per month going forward until further		
	was the reason the d	rills were not completed.			notice.		
	A review of the facility	y policy, undated, titled,			Monitoring		
			1				1
	"Maintenance of Safe	eguards-Appendix- B,"			-Fire Drills have resumed for all shift	s at	

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			()(0)			
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 10/20/2021	
		315346	B. WING			
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
N J VETEI	RANS MEM HOME PARA	AMUS		VETERANS DRIVE PARAMUS, NJ 07652		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETIO DATE
K 712	Continued From pag	e 8	K 712			
	Conduct 3 fire drills, month."	one on each shift, per		Paramus. 3 fire drills, one on each a per month will be conducted per regulations.	shift	
	New Jersey Administ	trative Code § 8:39-31.6 (b)		-Engineering will report fire drills an response to the QAPI Committee for action planning as needed per quar	or	
K 741 SS=E	0 0	5	K 741			12/15/21
	 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking i prohibited and signs are prominently placed at a major entrances, secondary signs with languag that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and sa design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking permitted. 18.7.4, 19.7.4 					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	ים ונא)	TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		. ,	MPLETED
		315346	B. WING			10/20/2021
IAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE	
I J VETEI	RANS MEM HOME PARA	MUS		1 VETERANS DRIVE PARAMUS, NJ 07652		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETIO DATE
K 741	Continued From page	e 9	K 74	11		
	Based on observatio	n and interview, it was		Corrective Action		
	determined the facility	y failed to ensure 1 of 1		-Smoking shall be prohi	-	
	smoking areas (Build			and NO SMOKING sign		
		osing metal containers into		with the international sy	mbol for no	
	-	e emptied in all smoke areas res. This had the potential to		smoking. -Smoking area outside l	Building f l	
		no resided in Building		was observed with two		
				extinguishment poles w	0	
	Findings included:			the top and did not have		
	-			metal container for the	extinguishment of	
		10:08 AM, the smoking area		smoking material. Two		
	located outside of Bu			wheelchairs were in the	•	
		noking extinguishment poles s the top and did not have a		The requirement of 18.7 apply where the patient		
	self-closing metal cor	•		observation.		
	-	oking materials. There were		-Ashtrays of noncombus	stible material and	
	two residents sitting i			safe design shall be pro		
	smoking area.			where smoking is permi	itted.	
				-Metal containers with s		
		n 10/20/2021 at 10:08 AM,		devises into ashtrays ca	•	
	were not aware of the	w Supervisor indicated they above requirement.		be readily available to a smoking is permitted 18		
	During an interview o	n 10/20/2021 at 4:20 PM,		Potential To Affect		
		cated they were not aware		-This deficiency has the	•	
	of the above requiren	nent.		all residents, staff and fatter the facility.	amilies POAs in	
	New Jersev Administ	rative Code § 8:39-31.6 (a)				
				Systemic Change		
				-Self closing metal conta		
				installed in the areas wh		
				permitted. This will be in	n accordance with	
				18.7.4, 19.7.4. -These items would be i	in compliance with	
				The New Jersey Admini		
				8:39- 31.6(a).		
				-Engineering will assess	s smoking areas	
				smoking monthly for co		

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/19/2023 MAPPROVED). 0938-0391
STATEMENT OF DEFIC	IENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
		315346	B. WING			10/	20/2021
NAME OF PROVIDER	R OR SUPPLIER	I		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
N J VETERANS M		MUS		1	VETERANS DRIVE		
				P	ARAMUS, NJ 07652		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ЗE	(X5) COMPLETION DATE
K 741 Conti	nued From page	≥ 10	K	741	Monitoring -The Engineering department along w Administration ordered said items for residents that smoke outside of the building. -The placement of items and installation will be reported by engineering at the Quarterly Fire Safety Committee Meet and it will be determined if further action on this matter will be needed. One ash tray received, two more coming.	the on next ing on	

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