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

PRINTED: 04/19/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED		
		315346	B. WING			01/23/2023	
NAME OF PROVIDER OR SUPPLIER N J VETERANS MEM HOME PARAMUS				STREET ADDRESS, CITY, STATE, ZIP CO 1 VETERANS DRIVE PARAMUS, NJ 07652	ODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
K 000	An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 01/23/2023. The facility was found to be in compliance with 42 CFR 483.73 INITIAL COMMENTS		K	000			
	New Jersey Departm Survey and Field Ope was found not to be it requirements for part Medicare/Medicaid at Safety from Fire, and National Fire Protecti	t 42 CFR 483.90(a), Life the 2012 Edition of the on Association (NFPA) 101, C), Chapter 19 EXISTING					
	that was built in 1986 protected constructio 30 - smoke zones. Th approximately 100 %	ory building with basement . It is composed of Type II n. The facility is divided into					
K 345 SS=F	CFR(s): NFPA 101	Festing and Maintenance Festing and Maintenance	K	345			2/23/23
	A fire alarm system is accordance with an a with the requirements	tested and maintained in pproved program complying of NFPA 70, National					
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE			(X6) DATE

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.

Electronically Signed

02/01/2023

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 315346 B. WING 01/23/2023 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 (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 345 Continued From page 1 K 345 Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Corrective Action Tag 0345 Based on observation, interview, and document -A vendor has been secured to conduct review, the facility failed to ensure smoke smoke detection sensitivity testing on the detection sensitivity testing was conducted on the smoke detectors every alternate year in facility smoke detectors every alternate year in accordance with with NFPA 72, National accordance with NFPA 72 National Fire Alarm Fire alarm and Signaling code. and Signaling Code (2010 edition) section The testing results will be included in the 14.4.5.3.2. This deficient practice had the facility fire alarm "Inspection and Testing potential to affect all 181 residents. Reports" for reference in Binder One for the 181 residents affected by this Findings include: defficient practice. Potential To Affect An observation of the facility smoke detectors on 01/23/23 from 1:15 PM to 3:15 PM revealed -This deficiency has the potential to affect smoke detectors were located in the corridors all 181 residents, staff and families in the and other concealed areas throughout the facility. building. Systemic Change A review of the facility binders provided by the -The NJ Veterans Memorial Home-Paramus will conduct smoke Maintenance Director which contained inspection and testing reports revealed Binder One detection sensitivity testing on all the contained the inspection reports for the fire alarm facility smoke detectors every alternate system for the calendar year 2022. Review of the year going forward until further notice. facility fire alarm "Inspection and Testing Reports" This test will be included with other tests dated 06/22/22 revealed no reference to a smoke located in Binder One. The vendor has been secured and the test should be detection sensitivity test. conducted throughout the facility as required to comply with this deficient During an interview on 01/23/23 at 4:25 PM, the Maintenance Director stated he contacted the fire practice. alarm company who verified the fire alarm sensitivity testing was not completed on the fire Monitoring alarm system because they do not have a -Engineering will report fire inspections to

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		315346	B. WING		01/23/2023			
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K 345	Continued From page 2		K 34	45				
	contract for sensitivity testing. NJAC 8:39-31/1(c), 31.2(e) NFPA 70,72 .			the QAPI Committee for action plann as needed per quarter. This sensitivi will be included among the other test required by the facility and tests resu records will be maintained in a binde readily available with other "Inspection	ty test : so :lts r and			
				and testing Reports."				