| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE AMBOY CARE CENTER 1 LINDBERG AVENUE PERTH AMBOY, NJ 08861 PERTH AMBOY, NJ 08861 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (x5) COMPLE | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 315305 | | | (X2) MULT A. BUILDI | IPLE CONSTRUCTION NG 01 | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|---|------------------------|--|---|-------------------------------|--|
| AMBOY CARE CENTER 1 LINDBERG AVENUE PERT AMBOY, NJ 08861 04/10 PRETR TAG IslAMARY STATEMENT OF DEFICIENCIES IRACI DEFICIENCY MUST BE PRECEDD BY TULL REQUARRY OR LSC DENTIFYING INFORMATION; In In PRETR (EACH CARRECTVA CONSTOLUE) In In PRETR (EACH CARRECTVA CONSTOLUE) In PRETR (EACH CARRECTVA CONSTOLUE) In PRETR (EACH CARRECTVA CONSTOLUE) In In PRETR (EACH CARRECTVA CONSTOLUE) In PRETR (EACH CARRECTVA CONSTOLUE) In PRETR (EACH CARRECTVA CONSTOLUE) In In PRETR (EACH CARRECTVA CONSTOLUE) In In In PRETR (EACH CARRECTVA CONSTOLUE) In | | | B. WING | B. WING | | 05/23/2019 | | |
| Prefry Too (EACH CORFECTIVE ACTION SHOULD BE RECOLLIFIEVY OR LISC IDENTIFYING INFORMATION) PREFX Tag (EACH CORFECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMMENTION IDENTIFYING INFORMATION E 000 Initial Comments E 000 Initial Comments E 000 This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities. E 000 K 000 LIFE SAFETY CODE 101:2012 K 000 K 000 K 000 INITIAL COMMENTS AS SURVEYED UNDER CMS-2768R. K 281 7/3/19 K 321 Ulumination of Means of Egress SSRE CFR(s). NFPA 101 K 281 K 281 7/3/19 Illumination of Means of Egress SSRE CFR(s). NFPA 101 K 281 K 281 1. The single source of light and the light fixture with the single bulb unit located at the exit discharge areas were provided with lighting as evidenced by the flopting in the event one should fail. This ensures that the area is not left in darkness thus, hindering residents and staff from safely evacuating the building in an emergency. K-281 1. The single source of light and the light fixture with the single bulb unit located at the exit discharge areas equipped with at least 2 sources of lighting in the event one should fail. This ensures that the area is not left in darkness thus, hindering residents and staff from safely evacuation. All other | NAME OF PROVIDER OR SUPPLIER AMBOY CARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1 LINDBERG AVENUE | | | |
| This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities. K 000 K 000 INITIAL COMMENTS K 000 LIFE SAFETY CODE 101:2012 THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2780R. K 281 K 281 Illumination of Means of Egress K 281 Illumination of Means of Egress K 281 Illumination of Means of Egress K 281 Illumination of Means of Egress K 281 Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. K-281 Nts REQUIREMENT is not met as evidenced by: Sector observation and interview on 05/17/19, it was determined that the facility failed to ensure that exit discharge areas were provided with lighting as evidenced by the following: K-281 Discharge areas equipped with at least 2 sources of lighting provides the facility with back-up lighting in the event one should fail. This ensures that the area is not left in darkness thus, hindering residents and staff from safely evacuating the building in an emergency. 2. All residents, staff members and with two sources of light. | PREFIX | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | PREFI | (EACH CORRECTIVE AC CROSS-REFERENCED TO | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETIC DATE | |
| Appendix 2:Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities. K 000 K 000 INITIAL COMMENTS K 000 LIFE SAFETY CODE 101:2012 IIII THIS FACILITY IS NOT IN SUBSTANTIAL COMPLANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. K 281 K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | E 000 | E 000 Initial Comments | | E | 000 | | | |
| THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. K281 K 281 Illumination of Means of Egress CFR(s): NFPA 101 K281 Illumination of Means of Egress Illumination of Means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. K281 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/17/19, it was determined that the facility failed to ensure that exit discharge areas equipped with at least 2 sources of lighting provides the facility with back-up lighting in the event one should fail. This ensures that the area is not left in darkness thus, hindering residents and staff from safely evacuating the building in an emergency. K-281 | K 000 | Appendix Z-Emergen Provider and Supplier Guidance 483.73, Re Care (LTC) Facilities. | cy Preparedness for All Types Interpretive quirements for Long Term | K | 000 | | | |
| COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R. K281 K 281 Illumination of Means of Egress IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress K 281 IIIumination of Means of Egress IIIumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. K-281 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/17/19, it was determined that the facility failed to ensure that exit discharge areas were provided with lighting as evidenced by the following: K-281 Discharge areas equipped with at least 2 sources of lighting provides the facility with back-up lighting in the event one should fail. This ensures that the area is not left in darkness thus, hindering residents and staff from safely evacuating the building in an emergency. X-281 | | LIFE SAFETY CODE | 101:2012 | | | | | |
| Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/17/19, it was determined that the facility failed to ensure that exit discharge areas were provided with lighting as evidenced by the following: K-281 Discharge areas equipped with at least 2 sources of lighting provides the facility with back-up lighting in the event one should fail. This ensures that the area is not left in darkness thus, hindering residents and staff from safely evacuating the building in an emergency. X-281 | I | COMPLIANCE WITH SAFETY CODE REQ SURVEYED UNDER Illumination of Means | THE MINIMUM LIFE UIREMENTS AS CMS-2786R. | ĸ | 281 | | 7/3/19 | |
| it was determined that the facility failed to ensure that exit discharge areas were provided with lighting as evidenced by the following: Discharge areas equipped with at least 2 sources of lighting provides the facility with back-up lighting in the event one should fail. This ensures that the area is not left in darkness thus, hindering residents and staff from safely evacuating the building in an emergency. 1. The single source of light and the light fixture with the single bulb unit located at the exit discharge area located outside room # and roo | | Illumination of means discharge, is arrange shall be either continu- capable of automatic intervention. 18.2.8, 19.2.8 This REQUIREMENT | of egress, including exit d in accordance with 7.8 and Jously in operation or operation without manual | | | | | |
| Discharge areas equipped with at least 2 sources of lighting provides the facility with back-up lighting in the event one should fail. This ensures that the area is not left in darkness thus, hindering residents and staff from safely evacuating the building in an emergency.room # and room # was replaced with two sources of light.2. All residents, staff members and visitors have the potential to be affected when an exit area can not be seen during an emergency evacuation. All other exit | | it was determined that that exit discharge are | t the facility failed to ensure eas were provided with | | 1. The single source of lig fixture with the single bulb | unit located at | | |
| IVALUATE IN INC. IN INC. IN INC. INC. INC. INC. | | of lighting provides the lighting in the event of that the area is not lee hindering residents and | e facility with back-up ne should fail. This ensures ft in darkness thus, nd staff from safely | | room # and room # with two sources of light. 2. All residents, staff men visitors have the potential when an exit area can not | was replaced nbers and to be affected be seen during | | |
| | BORATORY | DIRECTOR'S OR PROVIDER/S | SUPPLIER REPRESENTATIVE'S SIGNATUR | RE | TITLE | | (X6) DATE | |

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

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.

PRINTED: 01/13/2021 FORM APPROVED OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES

| | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULT | | VD (X3) | NO. 0938-039 | |
|---|--|--|---|----------------------------------|---|-------------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 | | | (X3) DATE SURVEY COMPLETED | |
| | 315305 | | B. WING | | | 5/23/2019 | |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIF | | | |
| | ARE CENTER | | | 1 LINDBERG AVENUE | | | |
| | | | | PERTH AMBOY, NJ 08861 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PREFIX (EACH CORRECTIVE ACTIO | | (X5) COMPLETION DATE | |
| K 281 | the facility's Maintena exit discharge areas equipped with at leas At 11:15 a.m., the sur discharge area, locat exit by resident room with one light fixture. facility's Maintenance an interview that this and, the light fixture w At 11:35 a.m., the sur discharge area for the room # was the s Maintenance Director was provided with on light fixture was a sin The surveyor present | e building, in the presence of ance Director, revealed that in two locations were not at two sources of lighting. Tweyor observed the exit ed outside of the magnetic frequency of the During the observation, the e Director acknowledged in was the only source of light was a single bulb unit. Tweyor observed the exit e magnetic exit by resident ame as the other. Again, the r acknowledge that the area ly one source of light and the gle bulb unit. ted the findings to the same day at 1:00 p.m. | К 2 | | bulbs were e with the n regards to the es of light at exit nance will Il exit areas will rces of light on ndings will be | | |
| | | | | | | | |

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

Facility ID: NJ61201

If continuation sheet Page 2 of 2