

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315110	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2019
NAME OF PROVIDER OR SUPPLIER LAKEVIEW REHABILITATION AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 TERHUNE DRIVE WAYNE, NJ 07470		
(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	
K 000	INITIAL COMMENTS Complaint # NJ 130998. LIFE SAFETY CODE 101: 2012. THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.	K 000			
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 accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. 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. 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. 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) This REQUIREMENT is not met as evidenced by: Based on observations and interviews on 12/17/2019, in the presence of facility management, it was determined that the facility failed to provide automatic fire protection to all areas in accordance with NFPA 13.	K 351	1)A sprinkler head will be added into the existing fire suppression system, in accordance with NFPA. 2)Anyone has potential to be affected with sprinkler heads not in accordance with	12/30/19	

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

TITLE

(X6) DATE

Electronically Signed

12/27/2019

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 351	Continued From page 1 This deficient practice was evidenced by the following: During a tour of the building with the facility's Maintenance Director (MD) and Corporate Regional Maintenance (CRM) at 12:13 p.m., the surveyor observed that there was no fire sprinkler protection inside one 46 inch wide by 6 feet deep shower stall located to the right of Resident room #16. At this time, the CRM verified that there were not any sprinklers in the shower stall. NJAC 8:39-31.1(c), 31.2(e) NFPA 13	K 351	NFPA. 3)Maintenance Director/Designee will monitor and supervisor the work to be completed on 12/30/19.Maintence Director/Designee will conduct education with the maintenance personnel in regards to maintaining and identifying any issues with sprinkler heads and coverage. Maintenance Director/Designee will conduct observations on sprinkler heads once a week for month, and monthly thereafter. 4)Results of the observation will be reported to the QA Committee and revised as necessary. Revisions will be completed as needed to ensure ongoing compliance.		