

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

PRINTED: 11/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315445	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2021
NAME OF PROVIDER OR SUPPLIER ARBOR AT LAUREL CIRCLE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MONROE STREET BRIDGEWATER, NJ 08807	
(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
E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS	K 000		
K 353 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 05/17/21 and The Arbor at Laurel Circle was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p> <p>The Arbor at Laurel Circle is a four story building that was built in 90's. The skilled nursing facility is located on the [REDACTED] floor. It is composed of Type II construction. The facility is divided into five smoke zones.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p>	K 353		5/30/21

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

TITLE

(X6) DATE

Electronically Signed

06/07/2021

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 353	<p>Continued From page 1</p> <p>b) Who provided system test</p> <hr/> <p>c) Water system supply source</p> <hr/> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/17/21, it was determined that the facility failed to maintain all parts of their automatic sprinkler system in optimal condition as evidenced by the following:</p> <p>At 11:45 AM the surveyor observed, in the presence of the facility's Maintenance Director, automatic sprinkler heads covered with a foreign material which could prevent or delay their immediate response to fire. The facility's kitchen had 2 of 20 automatic sprinkler heads covered with grease-laden dust. This substance covered the sprinkler head's glass activation tube and deflector, thus having the potential to negatively affect their spray pattern and full extinguishment of fire in the areas covered.</p> <p>During the same observation, the surveyor observed 1of 20 automatic sprinkler heads in the kitchen without a escutcheon ring. This created a circumferential opening around the sprinkler that would allow heat to escape into the above ceiling and delay its quick response to fire.</p> <p>The facility's Maintenance Director acknowledge these findings in an interview during the observation and confirmed that these issues should not exist.</p>	K 353	<p>I. The 2 automatic sprinkler heads identified in the kitchen area covered with grease-laden dust were immediately cleaned to ensure their quick response and/or full protection of the immediate area. An escutcheon ring was placed on the 1 sprinkler head in the kitchen identified without one to eliminate the circumference opening around the sprinkler.</p> <p>II. All other facility sprinkler heads were inspected to ensure that they were free of foreign material and could quickly respond and/or fully protect immediate areas.</p> <p>III. All sprinkler heads in the kitchen area will be inspected and cleaned on a monthly basis to ensure that they remain free of foreign material maintain the appropriate escutcheon rings, and can quickly respond and/or fully protect the immediate area.</p> <p>IV. The operating condition of the sprinkler heads in the kitchen area will be randomly inspected weekly by Maintenance Supervisor or designee to ensure that they are free of foreign</p>	

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K 353	Continued From page 2 The surveyor informed the facility's Administrator of these finding during the Life Safety Code survey exit conference at 1:36 PM. NJAC 8:39-31.2(e) NFPA 13,25	K 353	material, have appropriate escutcheon rings, and can quickly respond and/or fully protect the immediate area. Results of the audits will be submitted to the QAPI Committee quarterly. The committee will review findings and make recommendations as appropriate.		