

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

PRINTED: 04/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315346</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>N J VETERANS MEM HOME PARAMUS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 VETERANS DRIVE PARAMUS, NJ 07652</b>	
(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  E000 Emergency Preparedness  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	INITIAL COMMENTS  LIFE SAFETY CODE 101:2012  The facility is not in substantial compliance with the Minimum Life Safety Code requirements as surveyed under CMS-2786R.	K 000		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9  Area    Automatic Sprinkler Separation      N/A	K 321		11/21/19

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

TITLE

(X6) DATE

Electronically Signed

10/29/2019

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 321	<p>Continued From page 1</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 10/22/19, it was determined that the facility failed to ensure that doors to rooms in excess of 50-square feet and storing combustible items were equipped with with self-closing hardware. This deficient practice was evidenced by the following:</p> <p>At 10:25 AM, during a tour with the facility's Maintenance Director, the surveyor observed the door to the facility's library was not provided with a self-closure to ensure that it would automatically close after being opened. The room contained a large volume of books and vinyl video tapes and measured 288-square feet (16-ft. x 18-ft.), exceeding the square footage requirement by 238 feet. The facility's Maintenance Director acknowledge this finding in an interview during the tour and indicated that he thought the square footage requirement was for rooms greater than 100-square feet. The surveyor acknowledged that the 100-square feet requirement was for "new" construction and that the facility was still non-compliant.</p> <p>The surveyor verbally informed the facility's Administrator of this finding during the Life</p>	K 321	<p>Corrective Action: - The door to the facility's library will be provided with a self-closure system to ensure it will automatically close.</p> <p>Potential to Affect: - Has the potential to affect all residents, staff, visitors and volunteers.</p> <p>Systemic Change: - All other rooms within the facility that meet or exceed the square footage requirement, in which combustibles are stored, will have a self-closure system to ensure automatic closure after being opened.</p> <p>Monitoring: - The Engineer in Charge of Maintenance/designee will monitor the library door to ensure self-closure system is functional. This monitor will be done weekly x 4 weeks and then monthly x 11 months. Trends will be reported monthly to the QAPI committee for further action planning as needed.</p>	

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K 321	Continued From page 2 Safety Code exit conference at 11:40 AM.  NJAC 8:39-31.2(e)	K 321			