

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT SOMERSET VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(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=E	<p>LIFE SAFETY CODE 101:2012</p> <p>This facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed using CMS-2786R.</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> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <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 record review and interview, in the</p>	K 353	No residents were affected and the fifth	8/20/19

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

TITLE

(X6) DATE

Electronically Signed

09/06/2019

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 353	<p>Continued From page 1</p> <p>presence of the facility Maintenance Director, it was determined that the facility failed to ensure that the required fifth year internal obstruction investigation of the pipe was performed in accordance with NFPA 25.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 08/14/19 at 10:18 AM, the surveyor reviewed documents from the facility's fire sprinkler vendor, dated 06/11/19, 03/01/19, 12/06/19, and the annual report, dated 09/10/18. The documents indicated that the last required fifth year internal obstruction investigation of the pipe and gauges was done on 02/18/14, which was almost 6-months late from the current date of 08/14/19.</p> <p>An interview was conducted during the record review with the Maintenance Director and he acknowledged that the required fifth year internal obstruction investigation of the pipe and gauges had not been conducted as of 08/14/19, almost 6-months late from the current date of 08/14/19.</p> <p>The facility fire sprinkler vendor indicated on a document, dated 07/10/19, that the five year internal obstruction inspection is due for three wet systems, two dry systems plus four sectionals. Also, 10 gauges are outdated. The last test to the above systems was last conducted 02/18/14, almost 6-months late from the current date of 08/14/19.</p> <p>NJAC 8:39-31.2(e) NFPA 25</p>	K 353	<p>year internal inspection was scheduled immediately and completed on 8/20/2019.</p> <p>No residents were affected.</p> <p>The inspection has been added to the preventative maintenance log which will trigger the Maintenance Director or designee to the schedule the inspection prior to the expiration date.</p> <p>The preventative maintenance log will be reviewed quarterly to determine upcoming inspections and scheduling.</p> <p>Maintenance Director or designee will report findings of the preventative maintenance log to the Quality Assurance Performance Improvement committee quarterly for 2 quarters.</p>		