

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

PRINTED: 03/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/22/2021
NAME OF PROVIDER OR SUPPLIER CAREONE AT TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD TEANECK, NJ 07666	
(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	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/22/21, 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 Occupancy</p> <p>Care One at Teaneck is a 3-story building that was built in 90's, It is composed of Type II protected construction. The facility is divided into 6- smoke zones.</p> <p>The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions.</p> <p>The facility has 116 certified beds. At the time of the survey the census was 90.</p>	K 000		

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

TITLE

(X6) DATE

Electronically Signed

12/09/2021

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 324 SS=D	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 11/22/21 in the presence of the facility Maintenance Director and Regional Plant Operations Director, it was determined that the facility failed to ensure that cooking equipment was protected in accordance with NFPA (National Fire Protection Association) 96. This deficient practice was evidenced for 1 of 1 electric training stoves by the following:</p>	K 324	<p>The items were removed from the un-used stove top the stove/oven circuit breaker was shut off</p> <p>all occupants of the center at risk</p> <p>the maintenance director will in-service maintenance and rehab staff regarding safety as it pertains to oven/stove- that no</p>	12/24/21	

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K 324	Continued From page 2 At 11:28 AM, the surveyor observed in the Physical Therapy (PT) room that the operating electric training stove, had a full box of blue latex gloves, 3 sheets of paper and one I-pad stored on the stovetop. The stove was plugged in at the time of the observation and produced heat when activated. The PT room was occupied by 1 resident at the time of the observation. An interview was conducted with the Maintenance Director at the time of the observation and he stated that nothing combustible should be stored on the PT stovetop at any time. The Administrator was notified of the deficiency at the Life Safety Code exit conference on 11/22/21. NFPA 96 NJAC 8:39-31.2(e) NFPA 101-2012 : 19.3.2.5	K 324	items are stored on top and the circuit breaker is off at all times. the maintenance director will do random audits weekly x 4 weeks to ensure there are no items on the stove top and the circuit breaker is off and then monthly x2 months with the outcomes of the audits reported at the monthly quality assurance performance improvement meetings for 3 months.		