PRINTED: 10/06/2023 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
			A. BOILDING		C						
		12A041	B. WING		12/07/2022						
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE							
GRACELAND GARDENS, LLC 1628 ROUTE 27											
OTTAGELA		NORTH	BRUNSWICK, NJ	08902							
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE						
A 000	Initial Comments		A 000								
	Initial Comments: TYPE OF SURVEY:	Initial									
	CENSUS: 0										
	SAMPLE SIZE: 0										
	all of the standards in Administrative Code & Licensure of Assisted Comprehensive Perso Assisted Living Progra submit a plan of corre completion date for ea that the plan is impler	3:36, Standards for Living Residences, onal Care Homes and ams. The facility must ection, including a ach deficiency and ensure mented. Failure to correct alt in enforcement action in isions of New Jersey Fitle 8, Chapter 43E,									
A1083	and additions to exist living residences shall	I alterations, renovations ing buildings for assisted I conform with the New truction Code, N.J.A.C.	A1083								
	This REQUIREMENT by: Based on observation	is not met as evidenced and interview it was									

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
			A. BUILDING:									
		12A041	B. WING		12/0	; 7/2022						
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE								
GRACELAND GARDENS, LLC 1628 ROUTE 27												
NORTH BRUNSWICK, NJ 08902												
(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) COMPLETE DATE						
A1083	Continued From page 1		A1083									
	determined that the facility failed to install an annunciator panel for the emergency generator in a location that could be monitored by staff 24 hours a day in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, for use group I-2 (health care) occupancy. The evidence included the following:											
	power Chapter 27 Ele emergency and stand Installation. Emergen	lby power systems, 2702.1 cy and standby power alled in accordance with ICC										
	powered shall be pro- the generating room i	that is storage battery vided to operate outside of n a location readily g personnel at a regular										
	the facility with the Ovobserve the generato Owner stated that the basement. The surve annunciator panel was behind two locked do surveyor observed the	s located in the basement ors. In addition, the										
	and asked if there wa generator annunciato staff 24 hours 7 days there was not another	eyor interviewed the Owner s another location for the r panel that was occupied by a week. The owner stated r panel in such a location.										
	The facility failed to in	stall the annunciator panel	1									

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A. BUILDING:	C											
42A044 B. WING	40/07/0000											
12A041 B. WING	12/07/2022											
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
GRACELAND GARDENS, LLC  1628 ROUTE 27  NORTH BRUNSWICK, NJ 08902												
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOWN TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECT PROVIDER'S PLAN OF CORRECT P	JLD BE COMPLETE											
A1083 Continued From page 2 A1083												
for the generator in an area that would be observed and monitored by staff 24 hours 7 days of the week.												

STATE FORM BJR511 If continuation sheet 3 of 3

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