

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER MILLENNIUM MEMORY CARE AT UPPER SADDLE RIVER		STREET ADDRESS, CITY, STATE, ZIP CODE 172 EAST CRESCENT AVENUE UPPER SADDLE RIVER, NJ 07458		
(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
R 000	Initial Comments TYPE OF SURVEY: Initial survey and inspection of a newly constructed 20 bed-Dementia Care Home. Census: 0 Sample size: N/A THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R 095 SS=E	8:37-2.2(c) Newly constructed, renovated, or expanded DCH Newly constructed, renovated, and expanded dementia care homes shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group I-2 of the subcode This STANDARD is not met as evidenced by: Based on observations, interview and review of facility documentation on 05/14/2024 in the presence of facility management, it was determined that the facility failed to provide fire sprinkler coverage inside of 5 of 5 Resident Unisex bathroom closets as required by New Jersey Uniform Construction N.J.A.C. 5:23, for use group I-2 (health care) use occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems. This deficient practice was evidence by the following: Reference #1: Uniform Construction Code,	R 095		

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

TITLE

(X6) DATE

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R 095	<p>Continued From page 1</p> <p>Special detailed requirements based on use and occupancy section 407 group I-2, [F] 407.5 Automatic sprinkler system Smoke compartments containing patient sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with Section 903.3.1.1. The smoke compartment shall be equipped with approved quick-response or residential sprinklers in accordance with section 903.3.2.</p> <p>Reference #2: National Fire Protection Association (NFPA) 13 Standard for the Installation of Sprinkler Systems.</p> <p>On 05/14/2024 at approximately 9:25 A.M. during the entrance conference of the survey, in the presence of the Administrator and the General Contractor (GC), the surveyor requested a copy of the facility lay out which identified the various rooms in the facility and to provide the Department of Community Affairs (DCA) approved architectural plans for review later.</p> <p>A review of the facility lay-out identified that there are twenty (20) Resident Sleeping rooms, five (5) common/resident Unisex bathrooms, kitchen, dining room. and common areas in the facility.</p> <p>Starting at approximately 10:23 A.M., in the presence of the Facility Owner (FO), a tour of the facility was performed. The surveyor observed that the facility failed to provide fire sprinkler coverage in the following locations:</p> <p>1. At approximately 11:46 A.M., the surveyor observed inside resident Unisex (across from Resident Room #15) bathroom 28" by 25" closet no evidence of fire sprinkler coverage.</p>	R 095			

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R 095	<p>Continued From page 2</p> <p>2. At approximately 11:48 A.M., the surveyor observed inside the resident Unisex (across from Resident Room #15) bathroom 28" by 42" closet no evidence of fire sprinkler coverage.</p> <p>3. At approximately 11:50 A.M., the surveyor observed inside the resident Unisex (across from Resident Room #16) bathroom 28" by 25" closet no evidence of fire sprinkler coverage.</p> <p>4. At approximately 11:53 A.M., the surveyor observed inside the resident Unisex (across from Resident Room #6) bathroom 28" by 25" closet no evidence of fire sprinkler coverage.</p> <p>5. At approximately 11:53 A.M., the surveyor observed inside the Resident Unisex (across from Resident room #5) bathroom 28" by 25" closet no evidence of fire sprinkler coverage.</p> <p>At approximately 11:58 A.M., in the presence of the facility GC a second inspection of the five bathroom closets was performed. The surveyor asked the GC, "NJ Ex Order 26, 4B1" The GC looked inside and up of three (3) closets and told the surveyor, "no I don't."</p> <p>A review of the DCA approved project Ref. NJ Ex Order 26, 4B1 architectural plan release date 07/15/2022, drawing FP- 2, identifies there are fire sprinklers to be located inside the five (5) resident Unisex bathroom closets.</p> <p>At approximately 1:05 P.M., during the survey exit conference, the facility Administrator was informed of the deficiency.</p> <p>The code requires that I-2 use occupancy facilities, to be fully sprinklered.</p>	R 095		

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R 095	Continued From page 3 Fire Safety Hazard.	R 095		
R 800	8:37-5.6(c) Personal Care-Bathing and Personal Hygiene Any bath or shower used by residents requiring assistance shall have handrails and treads. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to provide 5 of 5 showers and one tub with shower treads. This deficient practice was evidenced by the following: On 5/14/2024, during an initial tour of the facility, the surveyor observed the tiled shower floors, in shower rooms and tubs, did not have shower treads on them. At 11:30 a.m. on 5/14/24, the Administrator stated that the facility will go buy treads and affixed the treads into the showers and tubs. Prior to the exit conference, the surveyor did not observe any treads in the showers or tubs. During the exit conference, the Administrator confirmed the treads were not in the showers or tubs. The facility failed to ensure that the showers and tub floors were maintained with treads.	R 800		
R1448	8:37-7.7(g) Physical Plant-Maintenance Every facility, including all exterior areas of the premises, shall be clean and free from garbage	R1448		

If continuation sheet 5 of 7

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R1680	<p>Continued From page 5</p> <p>visitors will only be permitted with the assistance of a staff member.</p> <p>iv. All doors to a common cellar or storage area shall remain locked at all times except for ingress or egress in the presence of a staff member.</p> <p>v. The gate or main entrance of the residence shall be monitored by a closed circuit monitor.</p> <p>vi. Windows and doors will be equipped with audible alarms that will ring if a door or window is opened.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure the front yard entrance was controlled with a non-scalable fence of at least four feet. This deficient practice was evidenced by the following:</p> <p>On 5/14/24 at 10:27 a.m., the surveyor toured the facility in the presence of the Administrator (ADM), and observed that the front yard fence, which appeared to be less than four feet. The surveyor interviewed the ADM to inquire about the height of the fence. He stated that the front yard fence was three feet high because the township wouldn't allow a four-foot fence.</p> <p>At 12:05 p.m., Surveyor #3 measured the front yard fence, which measured three feet three inches, in the presence of the Life safety Code surveyor, Surveyor #4.</p>	R1680			

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R1680	<p>Continued From page 6</p> <p>At approximately 12:05 PM, Surveyor #4 walked across the street and measured and recorded the fence. The neighbors fence measured 50-1/2 inches.</p> <p>At 1:19 p.m., the surveyor departed the facility and observed that the speed limit for the two-way street outside of the Dementia Care Home facility was 35 miles per hour.</p>	R1680			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25417	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/2/2024
NAME OF FACILITY MILLENNIUM MEMORY CARE AT UPPER SADDLE RIVER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 172 EAST CRESCENT AVENUE UPPER SADDLE RIVER, NJ 07458	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix R0095	Correction	ID Prefix R0800	Correction	ID Prefix R1448	Correction
Reg. # 8:37-2.2(c)	Completed	Reg. # 8:37-5.6(c)	Completed	Reg. # 8:37-7.7(g)	Completed
LSC	05/16/2024	LSC	05/15/2024	LSC	05/20/2024
ID Prefix R1680	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:37-7.10(a)(2)(i-vi)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/21/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/14/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			