| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 315313 | A. BUILDING **01**<br>B. WING _____ | **06/07/2021** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CARE ONE AT CRESSKILL** | **221 COUNTY ROAD**<br>**CRESSKILL, NJ 07626** |

| (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<br><br>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<br><br>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 06/07/21 and Care One at Cresskill 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 Occupancies.<br><br>Care One at Cresskill is a one story building that was built in 60's. It is composed of Type I construction. The facility is divided into 7 smoke zones. | K 000 | | |
| K 281 SS=D | Illumination of Means of Egress<br>CFR(s): NFPA 101<br><br>Illumination of Means of Egress<br>Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention.<br>18.2.8, 19.2.8<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview on 06/07/21, it was determined that the facility failed to ensure that exit discharge paths were provided with two sources of lighting. | K 281 | 1. The Maintenance Director contacted the electrician and a new light fixture with two light bulbs was installed on 6/7/21. | 6/8/21 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/18/2021

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 281 | Continued From page 1<br><br>This deficient practice was evidence by the following:<br><br>At 11:35 AM, the surveyor observed in the presence of the facility's Maintenance Director one of two exit discharge, located in the building's basement with only a single -bulb light fixture. There were no other sources of light in the immediate area that would provide illumination should this single bulb light fixture fail. This finding was verified by the facility's Maintenance Director during the observation.<br><br>The surveyor informed the facility's Maintenance Director during the Life Safety Code survey exit at 1:00 PM.<br><br>NJAC 8:39-31.2(e)<br>NFPA 101:2012 - 19.2.8 | K 281 | 2. All residents have the potential to be impacted by the deficient practice.<br><br>3.The illuminated covered exit basement door was inspected and has two working light bulbs. There is only one covered exit basement door at the facility.<br><br>4. The Maintenance Director or designee will conduct a monthly audit to ensure that all illuminated exit doors have two working light bulbs. This audit will be conducted for 3 months. Findings will be discussed in the facility's monthly quality assurance performance improvement committee meetings. The Administrator will take action as needed. | |