

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

PRINTED: 03/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2023
NAME OF PROVIDER OR SUPPLIER CAREONE AT RIDGEWOOD AVENUE			STREET ADDRESS, CITY, STATE, ZIP CODE W-90 RIDGEWOOD AVE PARAMUS, NJ 07652	
(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 An Emergency Preparedness Comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on November 6, 2023 following New Jersey Department of Health, Health Facility Survey and Field Operations survey on September 28, 2023. At this Comparative Federal Monitoring Survey, Care One at Ridgewood Avenue was found to be in compliance with the requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness, is MET.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on November 6, 2023 following New Jersey Department of Health, Health Facility Survey and Field Operations survey on September 28, 2023. At this Comparative Federal Monitoring Survey, Care One at Ridgewood Avenue was found not to be in compliance 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. The facility was originally constructed in 1970s as one-story building with partial basement and second floor addition in 2001. The lobby level is the level of egress and resident floors are located on floor one and two. It is a two-story Type II (000) construction. The facility is sprinklered on public water supply.	K 000		

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

TITLE

(X6) DATE

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 000	Continued From page 1 Emergency backup power to the building was supplied by a diesel generator (175KW) inside the facility and one automatic transfer switch (ATS). There was a portable temporary diesel generator (525KW) outside the facility and not connected to the ATS. There is ongoing project to replace the existing generator and upgrade the ATS. The facility has 234 certified beds. At the time of the survey the census was 142.	K 000			
K 132 SS=F	The requirement at 42 CFR Subpart 483.90(a) is NOT MET as evidenced by: Multiple Occupancies - Contiguous Non-Health CFR(s): NFPA 101 Multiple Occupancies - Contiguous Non-Health Care Occupancies Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.4.1, 19.1.3.4.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, 'Cupola' Assisted Living Building was surveyed at the same time as the nursing facility, because the	K 132			

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K 132	Continued From page 2 facility failed to provide two-hour fire resistance-rated elements and assemblies in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.1.3.4. The deficient practice could affect all residents. Findings Include: Observation on November 6, 2023, at approximately 12:06 PM basement skilled nursing facility separation with the Assisted Living Building revealed double timber doors, no visible label with fire resistive properties required for an opening in a two-hour rated fire barrier and approximately one quarter inch gap vertically along the meeting edge of the doors preventing it from being fire resistive. The finding was verified by Maintenance Director and Regional Safety Manager at the time of the observation.	K 132			
K 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the	K 222			

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K 222	<p>Continued From page 3</p> <p>rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p>	K 222			

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K 222	<p>Continued From page 4</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide exit doors in the means of egress readily accessible and free of all obstructions or impediments to full instant use in the case of fire or other emergencies in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.2.2.2.5.1, 19.2.2.2.5.2 and 19.2.2.2.6. The deficient practice could affect approximately 40 of 234 residents.</p> <p>Findings Include:</p> <p>Observation and interview on November 6, 2023, at approximately 10:55 AM first floor memory care unit revealed exit doors into 'Cupola' Assisted Living Building, with keypad and electromagnetic locking device. The Maintenance Director stated the keypad requires a separate code, which is different from other exit doors in the rest of the building, it was recently changed and not readily available.</p> <p>Observation and interview on November 6, 2023, at approximately 11:00 AM first floor memory care unit Staff A was interviewed regarding knowledge of exit door codes. Staff A did not know the keypad code to disengage the electromagnetic locking devices on the exit door to allow the doors to be opened in an emergency.</p>	K 222			

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K 222	Continued From page 5	K 222			
K 225 SS=E	<p>The findings were verified by Maintenance Director, Regional Safety Manager and Staff A at the times of the observation.</p> <p>Stairways and Smokeproof Enclosures CFR(s): NFPA 101</p> <p>Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide exit stairwells free of storage and combustible material in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.2.2.3, 19.2.2.4 and 7.2. The deficient practice could affect approximately 20 of 234 residents.</p> <p>Findings Include:</p> <p>Observation and interview on November 6, 2023, at approximately 11:48 AM basement stair level revealed electrical floor cleaner stored and charging in the exit enclosure.</p> <p>Observation and interview on November 6, 2023, at approximately 11:50 AM basement stair level revealed twelve storage lockers stored under the first accessible landing.</p>	K 225			

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K 225	Continued From page 6	K 225			
K 281 SS=E	<p>The findings were verified by Maintenance Director and Regional Safety Manager at the times of the observation.</p> <p>Illumination of Means of Egress CFR(s): NFPA 101</p> <p>Illumination of Means of Egress 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. 18.2.8, 19.2.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide emergency illumination that would operate automatically along the means of egress to the public way in accordance with NFPA 101, 2012 Edition, Section 19.2.8 and 7.8. The deficient practice could affect approximately 80 of 234 residents.</p> <p>Findings Include:</p> <p>Observation on November 6, 2023 at approximately 10:13 AM Patio exit door revealed only a single bulb emergency lighting fixture.</p> <p>Observation on November 6, 2023 at approximately 10:14 AM Patio to E Ridgewood Avenue revealed no emergency lighting along the approximately fifty-foot-long path to the public way.</p> <p>Observation on November 6, 2023 at</p>	K 281			

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K 321	<p>Continued From page 8</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a fire barrier with resistance ratings to hazardous areas in accordance with NFPA 101, 2012 Edition, Section 19.3.2.1 and 8.7.1. The deficient practice could affect approximately 40 of 234 residents.</p> <p>Findings Include:</p> <p>Observation on November 6, 2023 at approximately 10:10 AM elevator machine room door revealed field modifications to the one hour rated door, there was approximately two-foot by two-foot transfer grille on the corridor side and sheet metal applied on the room side, which voids the door manufacturers label.</p> <p>Observation on November 6, 2023 at approximately 11:57 AM boiler room and the generator room revealed the steel door had no visible label with fire resistive properties required for an opening in a two-hour rated fire barrier.</p> <p>The findings were verified by Maintenance Director and Regional Safety Manager at the times of the observation.</p>	K 321			
K 345 SS=F	Fire Alarm System - Testing and Maintenance	K 345			

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K 345	<p>Continued From page 9 CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not provide complete and accurate documentation or provide testing of the fire alarm system by qualified individuals, in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.4.3.1, 9.6, NFPA 70 2011 Edition and NFPA 72 2010 Edition. The deficient practice could affect all residents.</p> <p>Findings Include:</p> <p>Documentation review and interview on November 6, 2023 at approximately 2:25 PM Fire Alarm Inspection Report "Fire Alarm V2-Semi-Annual - 09/23/2023" itemized inspection and testing did not include the required information including the make/model, method of testing and manufacturer's acceptable sensitivity range. None of the reports included the credentials of the fire alarm technicians to verify the qualifications of NICET II or training from the manufacturer of the panel.</p> <p>The finding was verified by Maintenance Director,</p>	K 345			

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K 345	Continued From page 10 Regional Safety Manager and Administrator at the time of the observation.	K 345			
K 347 SS=E	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure that areas open to the corridor were provided with smoke detection in accordance with NFPA 101, 2012 Edition, Section 19.3.6.1. 19.3.4.5.2. The deficient practice could affect approximately 40 of 234 residents. Findings include: Observation on November 6, 2023 at approximately 11:30 AM Dining room was open to the corridor at two locations and the room was not provided with smoke detection. Observation on November 6, 2023 at approximately 11:34 AM Nourishment room was open to the corridor and the room was not provided with smoke detection. The findings were verified by Maintenance Director and Regional Safety Manager at the times of the observation.	K 347			
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101	K 351			

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K 351	<p>Continued From page 11</p> <p>Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, this facility did not install sprinklers as required by CMS regulation § 483.90(a) physical environment. Also, the facility failed to install the sprinkler system in accordance with the requirements of NFPA 101 2012 Edition, Section 19.3.5.1, 9.7, 9.7.1.1 and NFPA 13, 2012 Edition. The deficient practice could affect approximately 40 of 234 residents.</p> <p>Findings Include:</p> <p>Observation on November 6, 2023, at approximately 11:54 AM Boiler room revealed five of the six upright type sprinkler heads installed less than an inch from the ceiling.</p>	K 351			

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K 351	Continued From page 12	K 351			
K 353 SS=F	<p>The finding was verified by Maintenance Director and Regional Safety Manager at the time of the observation.</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 observation, document review and interview, the facility failed to ensure that automatic sprinkler systems are inspected, tested, and maintained in accordance with NFPA 101, 2012 Edition, Section 9.7.5, 9.7.7, 9.7.8, NFPA 25, 2011 Edition. The deficient practice could affect all residents.</p> <p>Findings Include:</p>	K 353			

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K 353	<p>Continued From page 13</p> <p>Observation on November 6, 2023, at approximately 11:59 AM the sprinkler piping revealed inspection tag '5 year internal inspection', dated 8-14-18.</p> <p>Based on interview and record review on November 6, 2023 at approximately 1:50 PM the facility's fire alarm documentation Sprinkler Inspection Report, 'Sprinkler Quarterly - 06/09/2023' included the following deficiencies: 5 year internal inspection and gauge replacement due 8/14/2023 (customer wants proposal).</p> <p>50 year old heads present in building- UL Testing needed. Approximately 400 in basement, Floor 1 resident rooms and attic. (286* upright, 165*F chrome pendent, 165*F chrome upright, 212*F brass upright and pendent (Globe G fusible link).</p> <p>20 year old QR heads present in building- UL Testing needed. Approximately 100 in resident rooms on Floor 2 (Viking 155*F chrome sidewall) Floor 2 Dining Room- Replace QR chrome 155*F Viking pendent head with standard response.</p> <p>Kitchen- Replace (4) corroded 155*F SR heads by dishwasher and replace (2) QR heads on front line with SR heads. Extend main drain with 2" pipe approximately 10' to floor drain for testing.</p> <p>Based on interview and record review on November 6, 2023 at approximately 1:55 PM the facility's fire alarm documentation Sprinkler Inspection Report, 'Sprinkler Annual - 09/08/2023' included the following deficiencies: 5 year internal inspection and gauge replacement due.</p>	K 353			

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NAME OF PROVIDER OR SUPPLIER CAREONE AT RIDGEWOOD AVENUE			STREET ADDRESS, CITY, STATE, ZIP CODE W-90 RIDGEWOOD AVE PARAMUS, NJ 07652		
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K 353	<p>Continued From page 14</p> <p>50 year old heads present in building- UL Testing needed. Approximately 400 in basement, Floor 1 resident rooms and attic. (286* upright, 165°F chrome pendent, 165°F chrome upright, 212°F brass upright and pendent (Globe G fusible link).</p> <p>20 year old QR heads present in building- UL Testing needed. Approximately 100 in resident rooms on Floor 2 (Viking 155°F chrome sidewall) Floor 2 Dining Room- Replace QR chrome 155°F Viking pendent head with standard response.</p> <p>Kitchen- Replace (4) corroded 155°F SR heads by dishwasher and replace (2) QR heads on front line with SR heads.</p> <p>Extend main drain with 2" pipe approximately 10' to floor drain for testing.</p> <p>Document review and interview on November 6, 2023, at approximately 2:35 PM the Maintenance Director did not have records to indicate the 'Sprinkler Quarterly - 06/09/2023' and 'Sprinkler Annual - 09/08/2023' deficiencies were repaired, and sprinkler company would be contacted to address the issues.</p> <p>The findings were verified by Maintenance Director, Regional Safety Manager and Administrator at the times of the observation.</p>	K 353			
K 363 SS=E	<p>Corridor - Doors CFR(s): NFPA 101</p> <p>Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke</p>	K 363			

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K 363	<p>Continued From page 15</p> <p>and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the facility failed to ensure that corridor doors were maintained to positively latch into their frames and resist the passage of smoke in accordance</p>	K 363			

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K 363	Continued From page 16 with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6.3. The deficient practice could affect approximately 20 of 234 residents. Findings Include: Observation on November 6, 2023 at approximately 10:22 AM French lounge revealed one quarter-inch gap between the meeting edges of the double doors. Observation on November 6, 2023 at approximately 10:23 AM French lounge revealed the double doors equipped with a flush bolt that was manually latched into the frame and the door was not provided with a positive latching mechanism. The findings were verified by the Maintenance Director and Administrator at the times of the observation.	K 363			
K 374 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum	K 374			

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K 374	Continued From page 17 clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide doors in smoke barrier walls that did not have gaps between the doors to resist fire for a minimum of twenty-minutes in accordance with NFPA 101, 2012 Edition, Section 19.3.7.6, 19.3.7.8 and 19.3.7.9. The deficient practice could affect approximately 20 of 234 residents. Findings Include: Observation on November 6, 2023 at approximately 10:31 AM 100 South wing double smoke doors did not close fully when tested there was one-quarter inch gap between the face of the doors preventing it from being smoke resistive. The finding was verified by the Maintenance Director and Administrator at the time of the observation.	K 374			
K 511 SS=E	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511			

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K 511	Continued From page 18 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not ensure that electrical equipment had approved wiring and electrical outlets in accordance with NFPA 70, 2011 Edition, Section 19.5.1.1, 9.1.1 and 9.1.2. The deficient practice could affect approximately 20 of 234 residents. Findings Include: Observation on November 6, 2023 at approximately 11:42 AM Rehabilitation room revealed the portable hydrocollator was full of water and plugged into a standard electrical outlet. The Maintenance Director stated that could not be identified at the electrical outlet as a ground-fault circuit interrupter (GFCI). The finding was verified by the Maintenance Director and Administrator at the time of the observation.	K 511			
K 761 SS=E	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are	K 761			

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K 761	<p>Continued From page 19</p> <p>routinely inspected as part of the facility maintenance program.</p> <p>Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure annual inspection of fire doors is performed and documented in accordance with NFPA 101, 2012 Edition, Section 19.7.6, 8.3.3.1. NFPA 80, 2010 Edition, Section 5.2 and 5.2.3. The deficient practice could affect approximately 60 of 234 residents.</p> <p>Findings Include:</p> <p>Document review on November 6, 2023 at approximately 2:06 PM revealed the facility did not have documentation showing the elevator machine room fire door modifications were authorized and approved by the original door manufacturer.</p> <p>The finding was verified by Maintenance Director and Regional Safety Manager at the time of the observation.</p>	K 761			
K 915 SS=F	<p>Electrical Systems - Essential Electric System</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System</p>	K 915			

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K 915	<p>Continued From page 20</p> <p>Categories</p> <p>*Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES.</p> <p>*General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES.</p> <p>*Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain the Essential Electric System and ensure that the electrical panel serving Life Safety Branch wiring was separated from the Equipment Branch wiring in accordance with NFPA 99, 2012 Edition. The deficient practice could affect all residents at the time of the survey.</p> <p>Findings Include:</p> <p>Observation and interview on November 6, 2023 at approximately 11:35 AM main electrical room electrical circuit panel 'E2 A' was identified by the Maintenance Director as 'the Emergency Panel' and revealed life safety loads were not separated from equipment loads. Included are the following examples:</p>	K 915			

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K 915	Continued From page 21 Circuit #11 Lighting corridor Circuit #21 Nurses Station Circuit #24 Ice Machine Circuit #26 Fridge The finding was verified by Maintenance Director and Regional Safety Manager at the time of the observation.	K 915			
K 923 SS=E	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a	K 923			

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K 923	<p>Continued From page 22</p> <p>minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview the failed to provide storage of cylinders separated from combustible materials and precautionary signage in accordance with NPFA 99, 2012 Edition Sections 11.3.1, 11.3.2, 11.3.3, 11.3.4 and 11.6.5. The deficient practice could affect approximately 40 of 234 residents.</p> <p>Findings Include:</p> <p>Observation on November 6, 2023 at approximately 11:17 AM second floor oxygen storage room revealed combustible materials including cardboard boxes and two filing cabinets with paper records stored within five feet of oxygen cylinders.</p> <p>Observation on November 6, 2023 at approximately 11:21 AM second floor oxygen storage room lacked the required precautionary sign.</p> <p>The findings were verified by the Maintenance Director and Administrator at the times of the</p>	K 923			

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K 923	Continued From page 23 observation.	K 923			
K 927 SS=E	Gas Equipment - Transfilling Cylinders CFR(s): NFPA 101 Gas Equipment - Transfilling Cylinders Transfilling of oxygen from one cylinder to another is in accordance with CGA P-2.5, Transfilling of High Pressure Gaseous Oxygen Used for Respiration. Transfilling of any gas from one cylinder to another is prohibited in patient care rooms. Transfilling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfilling to liquid oxygen containers or to portable containers under 50 psi comply with conditions under 11.5.2.3.2 (NFPA 99). 11.5.2.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a fire-resistive construction to oxygen transfilling room and precautionary signage in accordance with NFPA 99, 2012 Edition Sections 11.5.2.2, 11.5.2.3.1 and 11.5.2.3.2. The deficient practice could affect approximately 60 of 234 residents. Findings Include: Observation on November 6, 2023 at approximately 11:05 AM first floor oxygen transfilling room revealed steel column and beam supporting the second floor was not enclosed in one hour fire-rated material. Observation on November 6, 2023 at	K 927			

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K 927	Continued From page 24 approximately 11:07 AM first floor oxygen transfilling room lacked the required precautionary sign. The findings were verified by the Maintenance Director and Administrator at the times of the observation.	K 927		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315426	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 2/7/2024	Y3
NAME OF FACILITY CAREONE AT RIDGEWOOD AVENUE			STREET ADDRESS, CITY, STATE, ZIP CODE W-90 RIDGEWOOD AVE PARAMUS, NJ 07652		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 _____ Reg. # NFPA 101 LSC K0132	Correction Completed 01/09/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0222	Correction Completed 12/15/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0225	Correction Completed 12/15/2023
ID Prefix _____ Reg. # NFPA 101 LSC K0281	Correction Completed 12/15/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0321	Correction Completed 12/15/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0345	Correction Completed 12/15/2023
ID Prefix _____ Reg. # NFPA 101 LSC K0347	Correction Completed 12/15/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0351	Correction Completed 12/15/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0353	Correction Completed 11/23/2023
ID Prefix _____ Reg. # NFPA 101 LSC K0363	Correction Completed 11/15/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0374	Correction Completed 12/15/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0511	Correction Completed 12/15/2023
ID Prefix _____ Reg. # NFPA 101 LSC K0761	Correction Completed 12/15/2023	ID Prefix _____ Reg. # NFPA 101 LSC K0915	Correction Completed 01/09/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0923	Correction Completed 12/15/2023

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

POST-CERTIFICATION REVISIT REPORT

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction				
Reg. # NFPA 101	Completed				
LSC K0927	01/09/2024				

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/6/2023		<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		