

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

PRINTED: 02/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT THE HIGHLANDS			STREET ADDRESS, CITY, STATE, ZIP CODE 1350 INMAN AVENUE EDISON, NJ 08820	
(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	INITIAL COMMENTS	K 000		
K 521 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 09/20/2021 Care One at the Highlands 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.</p> <p>Care One at the Highlands is a single story Type V Un-Protected building that was built in November 1, 1997. The facility is divided into 6 smoke zones.</p> <p>HVAC CFR(s): NFPA 101</p> <p>HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview on</p>	K 521	1. No residents were affected by this	9/28/21

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

TITLE

(X6) DATE

Electronically Signed

10/06/2021

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 521	<p>Continued From page 1</p> <p>9/20/202, it was determined that the facility failed to provide ventilation for 1 of 7 resident bathrooms inspected, as per NFPA (National Fire Protection Association) 90A. This deficient practice was evidenced by the following:</p> <p>During the building tour on 9/20/2021 at 9:33 AM, in the presence of the facility's Director of Maintenance (DOM), the surveyor inspected seven resident bathrooms. The surveyor observed no evidence of an exhaust system inside of the Occupational Therapy resident's bathroom. The bathroom had no window with an area that would open. The bathroom would rely on mechanical ventilation.</p> <p>At this time, the DOM confirmed there was no exhaust system in the bathroom.</p> <p>During the Life Safety Code exit at 1:31 PM, the facility's Licensed Nursing Home Administrator was notified of this finding.</p> <p>NFPA 90A. NJAC 8:39- 31.2 (e).</p>	K 521	<p>deficient practice.</p> <p>2. No residents were identified to be affected. A site inspection was completed to determine that no further exhaust fans require installation.</p> <p>3. An exhaust fan was installed on 9/28/21 inside the Occupational Therapy bathroom.</p> <p>4. The Maintenance Director will complete monthly inspection on exhaust fans for 3 months and report monthly to the Performance Improvement Committee for three months. The Committee will review and revise the plan if needed.</p>		