

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

PRINTED: 06/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/07/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT HOLMDEL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>188 HIGHWAY 34 HOLMDEL, NJ 07733</b>	
(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 291 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/01/2021 and Care One at Holmdel 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 Holmdel is a single story (1), Type I Fire Resistant building that was built in October 1968. The facility is divided into 7 smoke zones.</p> <p>Emergency Lighting CFR(s): NFPA 101</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 12/07/2021 in the presence of facility management, it was determined that the facility failed provide a functioning battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with</p>	K 291	<p>1. No residents were affected by this practice. The emergency light was immediately repaired on 12/7/2021.</p> <p>2. No residents had the potential to be affected.</p> <p>3. Emergency light will be monitored with</p>	1/21/22

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

TITLE

(X6) DATE

Electronically Signed

12/24/2021

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.

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

PRINTED: 06/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/07/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT HOLMDEL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>188 HIGHWAY 34 HOLMDEL, NJ 07733</b>		
(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	
K 291	<p>Continued From page 1</p> <p>NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following:</p> <p>During the building tour with the facility Facility Maintenance Director (MD) at 9:45 AM, an inspection outside of the building where the generators transfer switch was located was performed. When a test of the battery back up system for the emergency light was conducted, the emergency light did not function properly.</p> <p>This finding was verified by the facility's MD at the time of inspection.</p> <p>The Administrator was notified of the finding at the Life Safety Code exit conference at 12:34 PM.</p> <p>Post survey email from the facility dated 12/9/2021 that reads in part, "Electrical Contractors visited the Care One Facility on Rt. 34 in Holmdel NJ for report of an inoperable light by the transfer switch. Upon our arrival we determined the light fixture to not have power. Upon further inspection it was determined that the light circuit was on a time clock in the basement to only allow operation at night."</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p>	K 291	<p>the routine weekly generator inspection by the Maintenance Director/designee</p> <p>4. Maintenance director will present the results of the weekly checks at the monthly QAPI X 3and then quarterly.</p>		