

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65C003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2020
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NAME OF PROVIDER OR SUPPLIER LEISURE PARK SPECIAL CARE CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 ROUTE 70 LAKEWOOD, NJ 08701
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(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
A 000	<p>Initial Comments</p> <p>Initial Comments: COMPLAINT # NJ 139931.</p> <p>CENSUS: 16</p> <p>SAMPLE SIZE: 0</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1249	<p>8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.</p> <p>This REQUIREMENT is not met as evidenced</p>	A1249		

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

TITLE

(X6) DATE

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A1249	<p>Continued From page 1</p> <p>by: COMPLAINT #139931</p> <p>Based on observation on 10/6/2020, in the presence of facility management, it was determined that the facility failed to maintain areas free from black mold-like substances and ensure a safe and home-like environment.</p> <p>The evidence of this includes the following:</p> <p>On 10/6/20, during the building tour with facility's Maintenance Supervisor which started at 9:49 a.m., the following were observed:</p> <p>At 9:51 a.m., inside the [REDACTED] stairwell ([REDACTED]) near the [REDACTED] Unit's dining room, the surveyor observed six ceiling tiles with the following:</p> <ol style="list-style-type: none"> 1. one (1) ceiling tile with a 5 inch in diameter circle with a black mold-like substance, 2. one (1) ceiling tile with a 3 inch in diameter circle with a black mold-like substance, 3. one (1) ceiling tile with a 1 inch in diameter circle with a black mold-like substance, 4. one (1) ceiling tile with a 2-1/2 inch in diameter circle with a black mold-like substance, 5. one (1) ceiling tile with a 1-1/2 inch in diameter circle with a black mold-like substance, and 6. one (1) ceiling tile with 2 inch in diameter circle with a black mold-like substance. <p>At 10:20 a.m., the surveyor observed in the corridor to the left of resident room [REDACTED], one ceiling tile with a 4 inch in diameter with black mold-like substance that adhered to the ceiling tile. The surveyor used his clip board and confirmed that the ceiling tile was wet.</p>	A1249		