

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 082462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2020
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NAME OF PROVIDER OR SUPPLIER CHELSEA AT FORSGATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831
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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 139963</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		
A1089	<p>8:36-16.3(b) Physical Plant</p> <p>(b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A1089		

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

TITLE

(X6) DATE

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A1089	<p>Continued From page 1</p> <p>Complaint # NJ 139963</p> <p>Based on observation and interview on 10/16/2020, it was determined the facility failed to consistently ensure that ventilation was present and functioning properly in the bathrooms of three (3) of four (4) resident bathrooms tested.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the tour of the building on 10/16/20, starting at 11:49 a.m., in the presence of the facility's Building Services Director (BSD), the surveyor inspected four (4) resident apartment bathrooms. The surveyor observed that when tested by placing a piece of single-ply tissue paper across the ventilation grills, three (3) resident bathroom exhaust systems did not function properly in the following locations:</p> <ol style="list-style-type: none"> At 12:41 p.m., when the surveyor entered Resident #3's apartment bathroom, the surveyor detected a strong smell of [REDACTED]. At this time, the surveyor asked the BSD, "What's that smell?" The BSD said, "[REDACTED]." The surveyor then placed a sheet of single-ply tissue paper across the 6-inch by 6-inch ventilation grill and observed that the exhaust system did not function properly. At 12:56 p.m., inside Resident #1's apartment bathroom, when the surveyor placed a sheet of single-ply tissue paper across the 6-inch by 6-inch grill, the exhaust system did not function properly. At 1:00 p.m., inside Resident # 6's apartment bathroom, when the surveyor placed a sheet of single ply tissue paper across the 6-inch by 6-inch grill, the exhaust system did not function properly. 	A1089		

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A1089	Continued From page 2 These resident bathrooms had no windows that would open and vent to the outside and were relying solely on a properly functioning mechanical ventilation.	A1089		