

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/09/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD MANALAPAN, NJ 07726</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) COMPLETE DATE
A 000	Initial Comments  Initial Comments: TYPE OF SURVEY: Initial inspection of an 80 bed, new construction assisted living facility.  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.	A 000		
A1093	8:36-16.5(a) Physical Plant  (a) Smoke detectors shall be provided in all residents' bedrooms, living rooms, and "studio apartment" units, whether or not the facility contains a comprehensive automatic fire suppression system throughout.  This REQUIREMENT is not met as evidenced by: Based on observations, interviews and documentation review the facility failed to provide an automatic smoke detection system in the 60 of 60 resident bedroom units, which represents 80 beds, and all resident living spaces of the facility. This deficient practice was evidenced by the following:	A1093		

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

TITLE

(X6) DATE

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A1093	<p>Continued From page 1</p> <p>On 3/8/22 at 9:30 a.m., during the entrance conference of the survey the surveyor interviewed the Executive Director (ED) and requested the building and Department of Community Affairs (DCA) plans of the facility which shows the location of resident rooms and service areas to be toured. The surveyor reviewed the facility provided Fire Alarm Riser diagram and observed that there was no smoke detector system on the plans.</p> <p>At 11:05 a.m. during the initial tour of the facility, in the presence of the ED and Maintenance Director, the surveyor conducted an inspection of resident rooms and resident areas. Beginning in House 3, the surveyor observed that there were no smoke detectors in the resident rooms. The surveyor interviewed the ED and asked if all resident rooms were without smoke detectors in the resident rooms. The ED stated that this was the case through-out the facility. The surveyor then informed the ED that smoke detectors in resident areas was a requirement. The surveyor continued the tour and confirmed that all resident apartments/units were without smoke detectors.</p> <p>The ED stated that the Architect and DCA both signed off on the project. The surveyor informed the ED that the facility was not in compliance with the New Jersey Administrative Code 8:36.</p>	A1093		