

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2021
NAME OF PROVIDER OR SUPPLIER MILLENNIUM MEMORY CARE AT FREEHOLD I		STREET ADDRESS, CITY, STATE, ZIP CODE 162 HUNT ROAD FREEHOLD, NJ 07728		
(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
R 000	Initial Comments TYPE OF SURVEY: Initial survey and inspection of a newly constructed 16 bed-Dementia Care Home. Census: 0 Sample size: N/A THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R1336 SS=F	8:37-7.5(a)(1) Physical Plant-Ventilation Means of ventilation by either easily operable windows or by mechanical ventilation shall be provided for in every habitable room and in every bathroom and water closet compartment in accordance with the Uniform Construction Code, N.J.A.C. 5:23. Windows shall have an openable area of no more than six inches. This STANDARD is not met as evidenced by: Based on observations, interview and review of facility provided documentation, it was determined that the facility failed to provide windows that would limit the openable area to six (6) inches. The evidence includes the following, During the survey entrance on 4/27/2021 at 9:42 a.m., a request was made to the facility Administrator (Admin.) to provide a copy of the facility lay-out which identifies the various rooms in the facility. The surveyor interviewed and asked the Admin regarding the number of	R1336		

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

TITLE

(X6) DATE

05/05/21

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R1336	Continued From page 1 resident rooms in the building. The Admin stated that there are 16 resident rooms. During a tour of the building starting at 10:24 a.m. with the Admin, an inspection of sixteen (16) residents rooms and four (4) common bathrooms was conducted. This inspection identified that the windows in the sixteen (16) resident rooms and one (1) common bathroom had the capability to slide two tabs, which would allow the windows to open tilting inwards into the rooms. At 11:40 a.m., while inside Resident Room #2, in the presence of the Admin, the surveyor was able to slide the two tabs to open the window. The surveyor measured and recorded the opening to be twenty-five (25) inches high by thirty-two (32) inches wide. A review of the facility provided lay out, identified 25 windows in the building, including Resident Room #'s 1 through #16 which had one to three windows in the room, and Common Bathroom #4 (located between Resident Room #'s 7 and 8), that had the capability of opening more than the maximum openable space required of six (6) inches. The 25 windows in the building had the capability to be opened 25 inches by 32 inches that would allow residents to elope from the facility through these windows. This is a resident safety hazard.	R1336			
R1800 SS=D	8:37-7.14(a)(1-2) Physical Plant-Carbon Monoxide Alarms Carbon monoxide alarms shall be installed and maintained in full operating condition in the following locations:	R1800			

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R1800	<p>Continued From page 2</p> <p>1. Single station carbon monoxide alarms shall be installed and maintained in the immediate vicinity of every sleeping room in buildings that contain a fuel-burning appliance or that have an attached garage.</p> <p>2. As an alternative to the requirements above, carbon monoxide alarms may be installed in the locations specified in the Uniform Construction Code (N.J.A.C. 5:23-3.20).</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, it was determined that the facility failed to provide properly functioning carbon monoxide detectors for 1 of 16 resident rooms carbon monoxide detectors. The evidence includes the following,</p> <p>During the survey entrance on 4/27/2021 at 9:42 a.m., the surveyor interviewed the Administrator (Admin) and was asked to confirm the number of resident rooms in the building. The Admin stated that there were 16 resident rooms.</p> <p>During a tour of the building starting at 10:24 a.m., in the presence of the Admin, an inspection of 16 resident rooms was performed.</p> <p>At 11:36 a.m., during the inspection of Resident Room #3, the surveyor pressed the carbon monoxide detector test button to check the alarm. The alarm did not activate with an audible sound. This is a resident safety hazard.</p>	R1800		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35031	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/30/2021
NAME OF FACILITY MILLENNIUM MEMORY CARE AT FREEHOLD LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 162 HUNT ROAD FREEHOLD, NJ 07728	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix R1336	Correction	ID Prefix R1800	Correction	ID Prefix	Correction
Reg. # 8:37-7.5(a)(1)	Completed	Reg. # 8:37-7.14(a)(1-2)	Completed	Reg. #	Completed
LSC	04/30/2021	LSC	04/30/2021	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/27/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			