PRINTED: 04/12/2022 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		E SURVEY MPLETED
		315340	B. WING _		1	0/04/2021
	ROVIDER OR SUPPLIER	ENTER		STREET ADDRESS, CITY, STATE, ZIP COD 22 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205	DE	00-112021
(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 CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 0	000		
K 000	Appendix Z-Emerger Provider and Supplie Guidance 483.73, Re Care (LTC) Facilities. INITIAL COMMENTS	equirements for Long Term	К 0	000		
	New Jersey Departm Survey and Field Ope Seashore Gardens w noncompliance with t participation in Medic 483.90(a), Life Safety Edition of the Nationa (NFPA) 101, Life Safe EXISTING Health Ca	the requirements for the requirements for the requirements for the requirement of the req				
K 291 SS=D		vo (2) story Type II Protected t in January 2002. The 8 smoke zones.	K 2	291		11/30/21
LABORATORY	is provided automatic 18.2.9.1, 19.2.9.1 This REQUIREMENT by: Based on observation presence of facility metermined that the factories transfer shoulding's electrical suggenerator in accordance.	acility failed provide a battery ght above the emergency witches, independent of the ystem and emergency nce with NFPA 101:2012 -		1.Emergency battery backup purchased and installed for el transfer switch in boiler room. Maintenance staff instructed pentering to ensure presence on boiler room. 2.Staff and vendors may be a not having a battery backup e	mergency . prior to of elimination	(X6) DATE

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

10/22/2021

10/22/2021

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.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 02 315340 B. WING 10/04/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22 WEST JIMMIE LEEDS ROAD **SEASHORE GARDENS LIVING CENTER GALLOWAY TOWNSHIP, NJ 08205** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 291 Continued From page 1 K 291 evidenced by the following: light above the emergency transfer switch in boiler room. During the building tour with the facility 3. Facility Services Director will add the Maintenance Manager (MM) at 12:01 PM, an battery backup light added to weekly inspection inside the Boiler room where the maintenance log to ensure installed back up light functioning. Maintenance team generators two (2) transfer switches were located was performed. The surveyor observed the boiler instructed on addition to log of battery room was not equipped with emergency lighting backup light in boiler room. independent of the building's electrical system 4. Facility Services Director will audit logs and emergency generator. This finding was and report findings to the Safety verified by the facility's MM at the time of Committee monthly for six months and inspection. **Quality Assurance Performance** Improvement Committee quarterly for six The Assistant Administrator was notified of the months. finding at the Life Safety Code exit conference at 2:24 PM. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9 K 293 11/30/21 K 293 Exit Signage CFR(s): NFPA 101 SS=D Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation on 10/04/2021, in the 1. New illuminated exit signs installed by presence of facility management, it was electrical contractor on 11/30/21 in the two determined that the facility failed to ensure that identified locations. illuminated exit signs were posted above the 2.All residents, staff, and visitors using the inside enclosed center courtyard doors (2), to courtyard may be affected by not having clearly identify the exit access path. illuminated exit signs on Seaside dining room or hallway double doors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315340			(X2) MULTIF	IPLE CONSTRUCTION NG 02		(X3) DATE SURVEY COMPLETED 10/04/2021	
		B. WING					
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 22 WEST JIMMIE LEEDS ROAD	DE			
SEASHOR	E GARDENS LIVING CE	NIEK		GALLOWAY TOWNSHIP, NJ 08205	5		
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K 293	Continued From page	2 2	K 29	93			
		e was evidenced by the		Maintenance staff educated regulation of illuminated exit that these signs are to be che	signage and		
	marked by approved,	s. Access to exits shall be readily visible signs in all or way to reach the exit is		ensure in place and illuminate their daily rounds of building. 3.Facility Services Manager anew illuminated exit signs to plans and maintenance log. will be checked by Facility Services.	added the the building The exit signs		
	7.10.7, and 7.10.8.1 s	on. be illuminated by 7.10.6.3, shall be continuously d under the provisions of		Manager and/or designee du routine rounds of building and check to ensure signs are illu in place. 4.Facility Services Director w issues with exit signage to the Administrator immediately and report any irregular findings to	ring daily d will spot uminated and vill report any e nd then will		
	During a facility tour, Maintenance Manage observed the followin			monthly to the Safety Commi	-		
	center courtyard was observed that there w above the enclosed c	performed. The surveyor vere no illuminated exit signs enter court yard doors (2) to it access path out of the					
		strator was notified of the ety Code exit conference at					
	NJAC 8:39 -31.1 (c) NFPA Life Safety Coo						
	Portable Fire Extingui CFR(s): NFPA 101	ishers	K 35	55		11/30/21	
	Portable Fire Extingui	ishers shers are selected, installed,					

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K 355	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		K 35	55		
K 916 SS=D	· ·	Essential Electric Syste	K 9	16	12	2/23/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER SEASHORE GARDENS LIVING CENTER				22	TREET ADDRESS, CITY, STATE, ZIP CODE 2 WEST JIMMIE LEEDS ROAD	•	
				G	ALLOWAY TOWNSHIP, NJ 08205		
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K 916	Continued From page	e 5	K	916			
	Alarm Annunciator A remote annunciator powered is provided generating room in a operating personnel. hard-wired to indicate emergency power so system (e.g., building to be substituted for t 6.4.1.1.17, 6.4.1.1.17 This REQUIREMENT by: Based on observation 10/4/2021, in the pre management, it was failed to provide an a annunciator panel for	e alarm conditions of the urce. A centralized computer information system) is not the alarm annunciator. 7.5 (NFPA 99) T is not met as evidenced ons and interview on sence of facility determined that the facility ccessible remote the emergency electrical of the system's condition in onal Fire Protection			1. Annunciator panel for generator was installed 12/23/21 on wall of first floor nursing station where it can be readily observed by operating personnel. Stanotified of panel relocation and instruct to contact Maintenance Manager and security immediately if panel is in alarmode.	ff eted	
	This deficient practice following:	e was evidenced by the			2.All residents, staff, and visitors may affected by the facility generator being alarm mode if annunciator panel not a to be readily observed.	ı in	
	was made to the faci (MM), "Does the facil generator and where annunciator panel for told the surveyor yes	trance at 8:47 AM, a request lity Maintenance Manager ity have an emergency is the location of the remote the generator." The MM they have a generator and nunciator panel is located in p/office.			3. Maintenance Manager educated or regulation regarding the generator annunciator panel and location in an readily observed area. Staff in-service regarding alarm panel for generator location and directed to contact Maintenance Manager and security immediately. All staff monitor for any sound that emits from annunciator and	ed	
	11:59 AM an inspecti shop/office was perfo	ading into the maintenance			report to Maintenance Manager and Security on duty for immediately for resolution. Maintenance Manager add generator annunciator panel to maintenance log and/or designee will		

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K 916	the maintenance sho observed 24 hours a The Assistant Admini finding at the Life Saf 2:24 PM. NFPA 99 - 6.4.1.1.17 remote annunciator the powered shall be protented by operating work station (see 700 Electrical Code). The hard-wired to indicate emergency or auxiliar (1) individual visual station (a) When the emergency of a work source is operating to (b) When the batter malfunctioning. (2) Individual visual stational stational audible signal to warm alarm condition shall (a) Low lubricating (b) Low water term requirement in 6.4.1. (c) Excessive water (d) Low fuel when	ciator panel located inside p/office could not be day by operating staff. strator was notified of the fety Code exit conference at Alarm Annunciator. A hat is storage battery vided to operate outside of in a location readily g personnel at a regular 0.12 of NFPA 70, National annunciator shall be alarm conditions of the ry power source as follows: signals shall indicate the regency or auxiliary power o supply power to load. Bery charger is signals plus a common of an engine-generator include the following: g oil pressure perature (below that 1.11) er temperature the main fuel storage tank hour operating supply	K	916	check annunciator panel daily to ensure operation and will log any alert and type and reports to administrator the issue resolution immediately. 4. Maintenance Manager to report Safe Committee monthly and to Quality Assurance Performance Committee quarterly for 6 months the data on state of generator and generator annunciate well as any alerts and type of alert that occurred and any resolution.	ee and ety us or as		