

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315439	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 01/21/2022
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST COMMUNITIES AT BRISTOL GLEN			STREET ADDRESS, CITY, STATE, ZIP CODE 200 BRISTOL GLEN DRIVE NEWTON, NJ 07860		
(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) COMPLETION DATE
K 000	INITIAL COMMENTS Type of survey: Inspection of Phase two (2) and Phase three (3) renovation project in a section of the Long Term Care building. This inspection included Resident rooms [REDACTED] and [REDACTED], Living Room, Dining Room Pantry/Kitchen area and Bathing Spas. Licensed Beds: 60 Census: 30 A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 1/21/2022 and United Methodist Communities Bristol was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.	K 000			
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3,	K 324			2/9/22

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

TITLE

(X6) DATE

Electronically Signed

02/15/2022

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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K 324	<p>Continued From page 1</p> <p>or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and review of facility provided documentation on 1/21/2022 in the presence of the facility Management, it was determined that the facility failed to ensure that the Ansul Fire suppression system for cooking equipment was inspected in accordance with NFPA (National Fire Protection Association) 96.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the survey entrance at 10:41 AM, a request was made to the facility's Executive Director (ED) to provide copies of the Certificate of Occupancy and Final Sub-Code Inspections for: Construction, Electrical, Plumbing, Fire Alarm and Detection system and Fire Protection systems.</p> <p>During the building tour with the ED and Maintenance Director at 12:06 PM an inspection of the second (2nd) floor Long Term Care</p>	K 324	<p>1. An inspection of the Ansul wet chemical fire suppression was conducted on 1/31/2022 by vendor. The system was found to be in full working order. Inspection/Service tags were placed on the pull station and the system itself by vendor.</p> <p>2. No residents were affected. The kitchen/pantry were not yet in use as the DOH Inspection had not yet been completed. All other community systems are fully functional.</p> <p>3. The Director of Building Services/Designee, will visually inspect all Ansul fire suppression systems in the Health Care Household (2nd Floor), monthly, ensuring tags are in place and system servicing and inspections are up to date.</p>		

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K 324	<p>Continued From page 2</p> <p>renovated Pantry/Kitchen area was performed. The surveyor observed no evidence of an inspection tag attached to the Ansul Wet Chemical fire suppression system tank. The surveyor also observed no evidence of an inspection tag attached to the systems manual pull station for the suppression system.</p> <p>At this time, a request was made to the ED to provide an inspection report for the Ansul Wet Chemical system. The ED said he would have to contact the General Contractor.</p> <p>A review of the facility provided sub-code final inspection for Fire Protection dated 7/15/2021 reads, "Renovation." The sub-code final inspection did not identify which fire protection was inspected.</p> <p>The findings were confirmed by the ED and Maintenance Director at the time of observations.</p> <p>The Administrator of the Long Term Care and Executive Director were informed of the finding at 2:15 PM during the Life Safety Code survey exit.</p> <p>Post survey : Email from facility Executive Director dated 1/26/2022 at 12:54 PM, reads in part, "Please see the emails below. Our Construction company failed to obtain the proper inspection for the ANSUL system in the new LTC pantry/kitchen you inspected last week at my community. The re-inspection is scheduled for 9:00 AM, Monday, 1/31."</p> <p>NFPA 96 NJAC 8:39-31.2(e)</p>	K 324	<p>4. The Director of Building Services/Designee will maintain annual fire inspection log to ensure the Ansul wet chemical fire suppression system is maintained in good working order. Fire inspections will be reported to administration on a monthly via our Safety Committee and quarterly via our QAPI Committee.</p> <p>5. Corrective Action was completed by 2/9/2022.</p>		

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315439	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 3/7/2022
NAME OF FACILITY UNITED METHODIST COMMUNITIES AT BRISTOL GLEN	STREET ADDRESS, CITY, STATE, ZIP CODE 200 BRISTOL GLEN DRIVE NEWTON, NJ 07860	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # NFPA 101	Completed _____	Reg. # _____	Completed _____	Reg. # _____	Completed _____
LSC K0324	02/09/2022	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 1/21/2022		<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			