

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 158224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
NAME OF PROVIDER OR SUPPLIER GENERATIONS PLUS		STREET ADDRESS, CITY, STATE, ZIP CODE 7905 BROWNING ROAD, SUITE 220-222 PENNSAUKEN, NJ 08109		
(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
M 000	Initial Comments Type of Survey: Expansion (Requested additional 90 slots to existing 100) Census: 0 Sample Size: 0 The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services. 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 the provisions of New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	M 000		
M 597	8:43F-14.1(a) Physical Plan Requirements Construction standards for freestanding facilities for new buildings and alterations, renovations, and additions to existing buildings for freestanding adult health services facilities shall comply with N.J.A.C. 5:23-3.2 of the New Jersey Uniform Construction Code; the New Jersey Uniform Fire Code, N.J.A.C. 5:70; and with N.J.A.C. 5:23-7, the Barrier-Free Subcode of the New Jersey Uniform Construction Code. This REQUIREMENT is not met as evidenced by: Based on observation on 11/08/2023 in the	M 597		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 158224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
NAME OF PROVIDER OR SUPPLIER GENERATIONS PLUS		STREET ADDRESS, CITY, STATE, ZIP CODE 7905 BROWNING ROAD, SUITE 220-222 PENNSAUKEN, NJ 08109		
(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
M 597	Continued From page 1 presence of facility management, it was determined that the facility failed to ensure that 3 of 6 electrical outlets located next to a water source (with-in 6 feet) was equipped with Ground-Fault Circuit Interrupter (GFCI) protection, as required by the New Jersey Uniform Construction Code 5:23. This deficient practice was evidenced by the following: Reference: NFPA 70, National Electrical Code 210.8 Ground-Fault Circuit-Interrupter Protection for Personal, Ground-fault circuit-interruption for personal shall be provided as required in 210.8 (A) through (C). The ground-fault circuit-interrupter shall be installed in readily accessible location. (B) Other than Dwelling Units. All 125-volt, single phase, 15- and 20- ampere receptacles installed in locations specified in 210.8 (B) (1) through (8) shall have ground-fault circuit-interrupter protection for personal. (5) Sinks-- where receptacles are installed within 1.8 M (6 feet) of the outside of a sink. On 11/08/2023 during the survey entrance at approximately 9:42 a.m., a request was made to the Administrator to provide a copy of the facility lay-out which identifies the expanded Medical Day Care that is to be inspected. Starting at approximately 10:00 a.m., a tour of the building was conducted. During the tour of the facility, the surveyor observed and tested six (6) electrical outlets in wet (with-in 6 feet of a sink) locations with the following results, 1. At approximately 11:02 a.m., in the New	M 597		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 158224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2023
NAME OF PROVIDER OR SUPPLIER GENERATIONS PLUS		STREET ADDRESS, CITY, STATE, ZIP CODE 7905 BROWNING ROAD, SUITE 220-222 PENNSAUKEN, NJ 08109		
(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
M 597	Continued From page 2 Kitchen area, one (1) Duplex Electrical wall outlet located 3'- 7" to the left of the sink when tested with a GFCI tester to de-energize, the Duplex electrical outlet did not de-energize as required by code. Participant safety hazard. 2. At approximately 11:12 a.m., in the Activity/Dining counter area, one (1) Duplex Electrical wall outlet located 4'- 9" to the left of the sink when tested with a GFCI tester to de-energize, the Duplex electrical outlet did not de-energize as required by code. Participant safety hazard. 3. At approximately 11:132 a.m., in the Activity/ Dining counter area, one (1) Duplex Electrical wall outlet located 2'- 3" to the right of the sink when tested with a GFCI tester to de-energize, the Duplex electrical outlet did not de-energize as required by code. Participant safety hazard. During the survey exit, the surveyor toured with the Administrator to show and identify the electrical outlets that did not de-energize as required by code. At approximately 12:53 p.m., during the survey exit, the surveyor informed the Administrator of the deficiency. NJAC 8:43 F. NFPA 70: -210.8 Participant safety hazard.	M 597		