

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18001AL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2021
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NAME OF PROVIDER OR SUPPLIER DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807
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(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 88 residential units (56 Assisted Living and 32 Memory Care units) in a newly constructed three-story building with 97 total licensed Assisted Living beds. Census: 0 Sample Size: N/A 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.	A 000		
A1083	8:36-16.1(b) Physical Plant (b) New buildings and alterations, renovations and additions to existing buildings for assisted living residences shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group I-2 of the subcode. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide proper fire sprinkler coverage to all areas of the newly constructed three-story building, as required by the New Jersey Uniform Construction	A1083		

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

TITLE

(X6) DATE

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A1083	<p>Continued From page 1</p> <p>Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy, and the National Fire Protection Association (NFPA) 13, Installation of Sprinkler Systems. This deficient practice was evidenced by the following:</p> <p>Reference: Uniform Construction Code, Special detailed requirements based on use and occupancy section 407 group I-2, [F] 407.5 stipulates, "Automatic sprinkler system. Smoke compartments containing patient sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with Section 903.3.1.1. The smoke compartment shall be equipped with approved quick-response or residential sprinklers in accordance with section 903.3.2."</p> <p>On 5/25/2021 at 9:14 a.m., in the presence of the facility Executive Director (ED), the Corporate Senior Director of new development and the Director of Plant Operations (DPO), the surveyor conducted the entrance conference of the survey and requested a copy for review of the facility lay out which identified the various rooms in the facility and the Department of Community Affairs (DCA)-approved architectural plans.</p> <p>During the surveyor's tour of the building, and review of the DCA-approved plans, the surveyor observed that the facility did not provide proper fire sprinkler protection, the evidence was as follows:</p> <p>1. On 5/26/2021 at 10 a.m., day two of the survey, in the presence of the DPO and the Construction Supervisor (CS), the surveyor toured the building and at 11:16 a.m. inspected inside the 9'-9" by 9' Electrical Room, located on the Level 2 of the building, near elevator's #6 and</p>	A1083		
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A1083	<p>Continued From page 2</p> <p>#7. The surveyor observed that there was no fire sprinkler coverage inside this Electrical Room. The surveyor interviewed the DPO and the CS regarding the absence of a fire sprinkler inside the Electrical Room. The CS looked up and around the ceiling and confirmed that there was no fire sprinkler inside the Electrical Room.</p> <p>2. Later, the surveyor reviewed the facility provided DCA-approved architectural plans, "DCA Project # 5129-18 release date 10/29/2020," which revealed that the Project's Fire Sprinkler plan FP- 21 of 24, Building F, Level 2, identified that there was a fire sprinkler inside Electrical Room #6202, and that there were 19 Residential (sleeping) units within that smoke compartment.</p> <p>This deficient practice is a fire safety hazard.</p>	A1083		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18001AL Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/2/2021 Y3
NAME OF FACILITY DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807	

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 A1083	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-16.1(b)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	05/27/2021	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 5/26/2021		<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		



The Delaney of Bridgewater
901 Frontier Rd.
Bridgewater, NJ 08807

Plan of Correction for Initial Survey on 5/26/21
Submitted on 6/1/21 to Department of Health & Senior Services

Completion Date: 5/27/2021

Tag: A1083

1. After the missing sprinkler head was identified the community contacted a local fire sprinkler company on Thursday, May 26th. The company responded on Thursday, May 26th and installed the missing sprinkler head on level 2 in the electrical closet(located near elevator 6 & 7). The community called the local fire inspector out to inspect the added sprinkler head. The local fire inspector approved the sprinkler head and provided the inspection sticker. The work has been completed.
2. All the potential residents would have had the potential to be affected by the missing sprinkler head.
3. The deficient practice has been rectified and is a permanent fix.
4. The deficient practice has been completely rectified and inspected by the township to ensure it was done properly.

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Managed by  Life Care Services* 

