New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		19A004	B. WING		10/01/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CHELSEA	AT SPARTA, THE		AYETTE ROAD , NJ 07871			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
A 000	Initial Comments		A 000			
	residential units in a t	this inspection would be				
	all of the standards in Administrative Code & Licensure of Assisted	3:36, Standards for Living Residences, onal Care Homes and				
A1083	8:36-16.1(b) Physical	Plant	A1083			
	and additions to exist living residences shall	l alterations, renovations ing buildings for assisted I conform with the New truction Code, N.J.A.C.				
	by: Based on observation management on 9/30 determined that the far emergency generator location that can be of operating staff at a reto maintain the one-h	is not met as evidenced as and interview with facility /2020 and 10/1/2020, it was acility failed to provide an annunciator panel in a bserved 24 hours a day by gular workstation and failed our fire rated construction booms in accordance with				

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

TITLE (X6) DATE

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			B. WING			
		19A004	B. WING		10/0	1/2020
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
CHELSEA	AT SPARTA, THE	513 LAFA SPARTA, I	YETTE ROAD NJ 07871			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
A1083	Continued From page	: 1	A1083			
A1083	the New Jersey Unifor NJAC 5:23, for use groccupancy.  The evidence include On 9/30/2020 (day or survey entrance at 9: interviewed the facility Services Director (RE facility have an emerge "Where is the location generator's annuncial responded and said,"  On 10/1/2020 (day to a.m., the surveyor recand observe the generator basement. At this surveyor that the generator basement. At this surveyor that the generator basement. The surveyor and the administrative offices the corridor glass win administrative area at led into the business door-knob handles. The generator's annur inside this business of be able to observe the the corridor when the	rm Construction Code, roup I-2 (health care)  s the following,  ne of survey) during the 50 a.m., the surveyor y's Administrator, Building (BD) and Regional Building (BD) and asked, "Does the gency generator?" and nof the emergency for panel?" The BSD (Yes, in the basement."  The survey) at 9:15 quested the RBSD to go erator's annunciator panel in the generator annunciator panel ent and was in the erator annunciator panel ent and was in the great instead. The surveyor and visualize the  RBSD toured the company of the surveyor observed dow door leading into the moderation of the surveyor observed that inciator panel was located ffice where staff would not be annunciator panel from doors are in the locked	A1083			
	function (Reference # At 10:32 a.m. on 10/1 inspection conducted					

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19A004		B. WING	B. WING		10/01/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE			
CHELSEA	AT SPARTA, THE		NYETTE ROAD NJ 07871				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
A1083	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		A1083				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		19A004	B. WING		10/01/2020		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CHELSEA	CHELSEA AT SPARTA, THE  513 LAFAYETTE ROAD  SPARTA, NJ 07871						
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE		
A1083	shall be constructed of component material requirements of Section 715.3.3 and the fire possible Table 715.3Fire does shall be installed in accordance of this section 3) NFPA 80 Standard opening Protectives 26.1.4.2 Self-Closing 16.1.4.2.1 "Self-Closing and freely and shall be	nd fire shutter assemblies of any material or assembly als that conforms to the test on 715.3.1, 715.3.2 or rotection rating indicating in por assemblies and shutters ecordance with the tion and NFPA 80."  If for Fire Doors and Other 2010 Edition,	A1083	DEFICIENCY)			