

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 19A005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2025
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NAME OF PROVIDER OR SUPPLIER WESTWIND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 25 MAIN STREET FRANKLIN, NJ 07416
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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	<p>Initial Comments</p> <p>Initial Comments: COMPLAINT #: NJ139322 CENSUS: 36 SAMPLE SIZE: 5</p> <p>TYPE OF SURVEY: Standard, Life Safety Code, and Complaint Survey</p> <p>The facility is not in substantial compliance with all 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.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p> <p>A Life Safety Code Survey was conducted by the State Agency on 10/21/2025. The facility was not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.</p>	A 000		
A1097	<p>8:36-16.6 Physical Plant</p> <p>All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.</p>	A1097		

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

TITLE

(X6) DATE

11/19/25

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A1097	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure penetrations in the ceiling tiles around sprinkler pipes were sealed on 2 of 4 floors to prevent the spread of smoke and combustible particles from one smoke compartment to another in the event of a fire. This had the potential to affect all 36 residents who currently reside in the facility.</p> <p>Findings included:</p> <p>During an observation on 10/21/2025 at 12:31 PM, the 2nd floor bathroom had a ½ inch penetration around the sprinkler escutcheon plate which left an opening through the dropped ceiling to the ceiling above.</p> <p>Durin an observation on 10/21/20255 at 12:40 PM, the 1st floor janitor closet had a ½ inch penetration around the sprinkler head that penetrated the ceiling tile to the ceiling above. The escutcheon was missing around the sprinkler's head.</p> <p>During an interview on 10/21/2025 at 1:49 PM, the Executive Administrator (EA) stated she did not have a policy on inspecting, testing, and maintaining the sprinkler system. She stated the Director of House Services (DHS) and Director of Maintenance (DOM) were responsible for all life safety code regulations, including inspecting the</p>	A1097		

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A1097	<p>Continued From page 2</p> <p>ceiling tiles to ensure there were no penetrations in the ceiling tiles or around sprinkler heads.</p> <p>During an interview on 10/21/2025 at 1:58 PM, the DHS stated the ½ inch hole around the sprinkler head, in the 2nd floor bathroom, was from a sprinkler contractor that cut a hole around the sprinkler head when the sprinkler head was replaced. She stated the 1st floor janitor closet had a sprinkler head that was missing the escutcheon and had ½ inch hole around the sprinkler pipe from the roof leaking. She stated she and the DOM were responsible for ensuring there were no holes in the ceiling tiles around the sprinkler heads. She stated she expected the sprinkler system and building construction to be maintained per New Jersey Administrative Code (NJAC) and the life safety code (LSC).</p> <p>During an interview on 10/21/2025 at 2:23 PM, the EA stated she was not aware of the holes in the ceiling tile around the escutcheon plate, or of the missing escutcheon exposing a hole around a sprinkler's head. She stated the DHS and DOM were responsible for ensuring all life safety code regulations were followed and implemented per NJAC. She said she expected all penetrations in the ceiling to be sealed.</p> <p>During an interview on 10/21/2025 at 2:21 PM, the Chief Executive Officer (CEO) stated the hole in the ceiling tile around the sprinkler pipe that penetrated the ceiling, and the missing escutcheon were from repair work completed from water damage. The CEO stated he expected all penetrations in the ceiling to be sealed.</p>	A1097		

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A1169	Continued From page 3	A1169		
A1169	<p>8:36-16.15(a) Physical Plant</p> <p>(a) Fire extinguishers shall comply with National Fire Protection Association (NFPA) 10, Standards For Portable Fire Extinguishers, 2002 edition, incorporated herein by reference, as amended and supplemented. National Fire Protection Association publications are available from: NFPA, One Batterymarch Park, Quincy, MA, 02269-9101.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 23 fire extinguishers were visually examined monthly and failed to maintain documentation of the monthly inspection of the fire extinguishers on the tag which was attached to the fire extinguisher. This had the potential to affect all 36 residents who currently reside in the facility.</p> <p>Findings included:</p> <p>During an observation on 10/21/2025 at 12:51 PM, a Class "K -Type" portable fire extinguisher, located in the main kitchen, had a tag attached to the fire extinguisher and revealed no examination/inspection on the tag which was attached to the fire extinguisher.</p> <p>During an observation on 10/21/2025 at 1:00 PM, a "ABC-Type" portable fire extinguisher, located in the elevator room, had a tag attached to the fire extinguisher and revealed no examination/inspection on the tag which was attached to the fire extinguisher.</p>	A1169		

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A1169	<p>Continued From page 4</p> <p>During an interview on 10/21/2025 at 1:49 PM, the Executive Administrator (EA) stated she had no policy on inspecting, testing, and maintaining the fire extinguishers. She stated the Director of House Services (DHS) and Director of Maintenance (DOM) were responsible for all life safety code regulations, including ensuring all fire extinguishers were inspected monthly and the inspections of the fire extinguishers were documented on the tag attached to the fire extinguisher.</p> <p>During an interview on 10/21/2025 at 1:58 PM, the DHS stated the "K-Type" fire extinguisher was not inspected so there was no documentation of its inspection on the tag that was attached to the fire extinguisher. She stated the "ABC-Type" fire extinguisher in the elevator room had no documentation of inspection on the tag that was attached and was not inspected. She indicated the fire extinguishers had their annual inspection in July 2025 and a new tag was placed on the fire extinguisher. She indicated the "K-Type" fire extinguisher and "ABC-Type" fire extinguisher were not inspected in August 2025 and September 2025. She stated she expected all fire extinguishers to be inspected monthly and with the examination of the inspection recorded on the tag attached to the fire extinguishers.</p> <p>During an interview on 10/21/2025 at 2:23 PM, the EA stated the DHS and DOM were responsible for ensuring all life safety code regulations were followed and implemented per New Jersey Administrative Code (NJAC). She stated the two fire extinguishers that were not inspected monthly were probably just missed being inspected by the DHS and DOM when they completed their monthly inspections. She stated she expected all fire extinguishers to be</p>	A1169		

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A1169	Continued From page 5 inspected monthly and expected the documentation of the inspection recorded on the tag on the fire extinguishers.	A1169		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 19A005 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/6/2026 Y3
NAME OF FACILITY WESTWIND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 25 MAIN STREET FRANKLIN, NJ 07416	

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 A1097	Correction	ID Prefix A1169	Correction	ID Prefix	Correction
Reg. # 8:36-16.6	Completed	Reg. # 8:36-16.15(a)	Completed	Reg. #	Completed
LSC	11/19/2025	LSC	11/18/2025	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 10/21/2025		<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		