

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>25254</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/03/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DELANEY AT THE GREEN, THE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>110/120 PARK AVENUE<br/>FLORHAM PARK, NJ 07932</b> |
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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 |
|--------------------|---|---------------|---|--------------------|
| H 000              | <p>Initials Comments</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations from 10/02/2023 to 10/03/2023 and The Delaney at the Green was found to be in compliance 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.</p> <p>The Delaney at the Green is a three-story Type 1-A constructed building with no basement that was built in 2021. The facility has a memory care unit on the first floor and assisted living units on the second and third floors. The facility is fully sprinklered with an addressable smoke detection inside resident rooms and corridor smoke detection. The facility has seven smoke compartments: three smoke compartments on the first floor, two on the second floor, and two on the third floor. The memory care unit is separated from independent living on the first floor by a two-hour fire separation.</p> | H 000         |   |                    |
| A 000              | <p>Initial Comments</p> <p>Initial Comments:<br/>Type of Survey: Initial/Pre-operational survey conducted on 10/2/2023 and 10/3/2023 for the newly constructed three story Assisted Living (AL) facility licensed for 102 beds which included 34 Memory Care units. The facility has 58 residential units in AL and 34 residential units in the Memory Care unit with a total of 92 residential units.</p> <p>Census: N/A</p>   | A 000         |   |                    |

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

TITLE

(X6) DATE

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| A 000              | Continued From page 1<br><br>The outbreak response plan was reviewed.<br><br>The facility is 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         |   |                    |