

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25258</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TC/CSL FAIR LAWN SENIOR LIVING, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>15-00 RIVER ROAD FAIR LAWN, NJ 07410</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
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: On 9/12 &amp; 9/13/2023 an Initial Inspection of New Construction building with 67 Residential Units in a three (3) story building, which included a Memory Care Unit, all common areas, activity areas, dining rooms, offices and mechanical rooms on the lower level, 1st., 2nd. and 3rd. floors. This inspection is for 74 Licensed Assisted Living Beds.</p> <p>Census: 0</p> <p>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. 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>The outbreak response plan was reviewed.</p>	A 000		
A1083	<p>8:36-16.1(b) Physical Plant</p> <p>(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.</p>	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>This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of facility provided documentation on 09/12/2023 and 09/13/2023, in the presence of facility management it was determined that the facility failed to provide elevator emergency communications for 1 of 2 elevators tested, in accordance with ASME/ANSI A17.3. This deficient practice was evidenced by the following:</p> <p>On 09/12/2023 at 10:01 AM, during the survey entrance conference a request was made to the Administrator (Admin), Regional Building Services Director (RBSD) and Maintenance Director (MD) to provide for a copy of the facility lay-out which identifies the various rooms in the facility. A review of the facility provided lay-out identified the facility is a three (3) story building with two (2) elevators for Residents, Visitors and Staff to use.</p> <p>On 09/12/2023 (day one of survey) starting at approximately 11:01 AM, in the presence of the facility's RBSD and MD a tour of the facility was conducted. At approximately 11:04, a test of elevator #1 emergency telephone was performed. When the surveyor tested the emergency communication phone it did not function properly. When the emergency communication phone rang and answered by the monitoring company, the surveyor asked the monitoring Operator "Can you tell me where I am." The elevator monitoring Operator asked the</p>	A1083		
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A1083	<p>Continued From page 2</p> <p>surveyor hold on for a minute. The Operator told the surveyor, no I can not, there is no pre-recorded message to identify which elevator and location of building.</p> <p>On 09/13/2023 (day two of survey) during a second tour of the facility at approximately 11:44 AM, the surveyor conducted a second test of elevator #1 emergency telephone communication. When the surveyor pressed the telephone button, the monitoring company Operator #1728 answered the phone. The surveyor asked Operator #1728, Can you tell me where I am. The monitoring Operator #1728 said, no I can not there is no communication recording to let me know where you are of which elevator you are in.</p> <p>The RBSD and MD confirmed the finding at the time of observation.</p> <p>On 09/13/2023 at approximately 12:30 PM, the surveyor informed the RBSD of the deficiency. NJAC 8:36 -16.1 (b), ASME/ANSI A17.3</p>	A1083		
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		

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A1097	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of facility provided documentation on 09/12/2023 and 09/13/2023, in the presence of Facility Management it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the Facility, as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems.</p> <p>This deficient practice was evidence by the following:</p> <p>Reference #1: Uniform Construction Code, Special detailed requirements based on use and occupancy section 407 group I-2, [F] 407.5 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>Reference #2: National Fire Protection Association (NFPA) 13 Standard for the Installation of Sprinkler Systems.</p> <p>During the survey entrance on 09/12/2023 at approximately 10:01 AM, On 09/12/2023 at 10:01 AM, during the survey entrance conference a request was made to the</p>	A1097		

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A1097	<p>Continued From page 4</p> <p>Administrator (Admin), Regional Building Services Director (RBSD) and Maintenance Director (MD) to provide the Department of Community Affairs (DCA) approved architectural plans for review and a copy of the facility lay out which identifies the various rooms and smoke compartments in the facility.</p> <p>A review of the facility provided lay-out identified the facility is a three (3) story building with a basement. There are two (2) smoke compartments on the 3rd. floor, two (2) smoke compartments on the 2nd. floor and two (2) smoke compartments on the 1st. floor. There are Residential sleeping rooms in each smoke compartment.</p> <p>Starting at 11:05 AM on 09/12/2023 (day one of survey) and continued on 09/13/2023 (day two of survey) in the presence of the facility RBSD and MD a tour of the facility was conducted. During the two (2) day tour the surveyor observed that the facility failed to provide fire sprinkler protection in the following location:</p> <ol style="list-style-type: none"> <li>1. On 09/12/2023 at approximately 12:05 PM, the surveyor observed inside the third (3rd.) floor approximately 12" deep by 6'-6" wide electrical closet (near Residential unit #319) no evidence of fire sprinkler coverage, At this time the surveyor asked the RBSD if there was a sprinkler inside the electrical closet. The RBSD looked inside, up and around the electrical closet and said, no.</li> <li>2. On 09/12/2023 at approximately 12:10 PM, the surveyor observed inside the third (3rd.) floor approximately 12" deep by 6'-6" wide electrical closet (near Resident dining room) no evidence of fire sprinkler coverage.</li> </ol>	A1097		
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A1097	<p>Continued From page 5</p> <p>A review of the facility provided lay-out identified that there are five (5) Residential sleeping units in the smoke compartment.</p> <p>3. On 09/12/2023 at approximately 1:35 PM, the surveyor observed inside the second (2nd.) floor approximately 12" deep by 6'-6" wide electrical closet (near Residential unit #220) no evidence of fire sprinkler coverage, At this time the surveyor asked the RBSD if there was a sprinkler inside the electrical closet. The RBSD looked inside, up and around the electrical closet and said, no.</p> <p>4. On 09/12/2023 at approximately 1:41 PM, the surveyor observed inside the second (2nd.) floor approximately 12" deep by 6'-6" wide electrical closet (near Residential unit #219) no evidence of fire sprinkler coverage. The RBSD looked inside the closet and confirmed that there was no evidence of a fire sprinkler inside.</p> <p>A review of the facility provided lay-out identified that there are eight (8) Residential sleeping units in the smoke compartment.</p> <p>5. On 09/13/2023 at approximately 11:00 AM, the surveyor observed inside the first (1st.) floor approximately 10" deep by 7' wide electrical closet (near the elevators) no evidence of fire sprinkler coverage.</p> <p>6. On 09/13/2023 at approximately 11:05 AM, the surveyor observed inside the first (1st.) floor approximately 11" deep by 7' wide electrical closet (near the Residents dining room) no evidence of fire sprinkler coverage.</p>	A1097		

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A1097	Continued From page 6  On 09/13/2023 at approximately 12:30 PM, the surveyor informed the RBSD of the deficiency. Fire Safety Hazard. NJAC 5:23.	A1097		
A1113	8:36-16.10(a)(1) Physical Plant  (a) Each residential unit shall contain, at a minimum, a small refrigerator, a wall cabinet for food storage, a small bar-type sink, and a counter with work space and electrical outlets suitable for small cooking appliances, for example, a microwave, a two-burner cooktop, or a toaster-oven.  1. Upon entering the assisted living facility, the resident and the resident's family or representative shall be asked if they wish to have a cooking appliance. If so, the appliance shall be provided by the facility, in accordance with facility policies. If the resident and resident's family or representative wish to provide their own cooking appliance, it shall meet the facility's safety standards.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility provided documentation on 09/12/2023 and 09/14/2023 in the presence of facility management, it was determined that the facility failed to provide a small refrigerator inside of 3 of 67 Residential units (apartments) as required by regulation for an assisted living facility. This deficient practice was evidenced by the following:	A1113		

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A1113	<p>Continued From page 7</p> <p>On 09/12/2023 at 10:01 AM, during the survey entrance conference a request was made to the Administrator (Admin), Regional Building Services Director (RBSD) and Maintenance Director (MD) how many residential units were to be inspected asked for a copy of the facility lay-out which identifies the various rooms in the facility. The RBSD told the surveyor that there were 67 resident apartments and for a total of 74 licensed beds. The surveyor also made a request to the Admin. if the facility had any waivers. The Admin said, no waivers.</p> <p>A review of the facility provided lay-out identified the following Residential units, The first (1st.) floor had 18 Residential units. The second (2nd.) floor had 26 Residential units. The third (3rd.) floor had 23 Residential units.</p> <p>Starting at 11:05 AM on 09/12/2023 (day one of survey) and continued on 09/13/2023 in the presence of the facility RBSD and MD a tour of the facility was conducted. During the two (2) day tour the surveyor inspected 67 Residential units and observed 3 Residential units that failed to provide a refrigerator inside the Residential units in the following locations:</p> <p>On 09/12/2023: 1) Residential unit #319. 2) Residential unit #322. 3) Residential unit #321.</p> <p>On 09/13/2023 starting at approximately 9:43 AM, a second tour of the facility was conducted. During this second tour, the surveyor observed no evidence of a small refrigerator inside the same three (3) Residential units, #319, #322 and</p>	A1113		

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A1113	Continued From page 8  #321.  The facility failed to provide each residential unit with a refrigerator as per regulation.  On 09/13/2023 at approximately 12:30 PM, the surveyor informed the RBSD of the deficiency.	A1113		
A1169	8:36-16.15(a) Physical Plant  (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.  This REQUIREMENT is not met as evidenced by: Based on observation and interview on 09/12/2023 and 09/13/2023 in the presence of facility management, it was determined that the facility failed to provide a "Class K-Type" wet chemical portable fire extinguisher in the main kitchen, as required by NFPA 101, 2012 Edition, Section 19.3.5.12, 9.7.4.1 and National Fire Protection Association (NFPA) 10, 2010 Edition, Sections 2-2.1.5, 3-7.1 and N.J.A.C. 5:70.  Reference #1 NFPA 10 Edition 2010 Standard for portable fire extinguishers reads, Chapter 2 Selection of Fire Extinguishers: - 2-2.1.5 Fire extinguishers and extinguishing agents for the protection of Class K hazards shall be selected from either a wet chemical or dry	A1169		

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A1169	<p>Continued From page 9</p> <p>chemical type.</p> <p>Chapter 3 Distribution of Fire Extinguishers, - 3-7 Fire Extinguisher Size and Placement for Class K Fires. - 3-7.1 Fire extinguishers shall be provided for hazards where there is a potential for fire involving combustible cooking media (vegetable or animal oils and fats).</p> <p>During the building tour on 09/13/2023 in the presence of the facility Regional Building Services Director (RBSD) and Maintenance Director (MD) at approximately 11:10 AM, an inspection inside the Main Kitchen was performed. The surveyor observed no evidence of a Class "K-Type" portable fire extinguisher in the kitchen. At this time the surveyor asked the MD, do you have a class K-Type fire extinguisher in the kitchen, The MD said, no.</p> <p>The RBSD and MD confirmed the finding at the time .</p> <p>On 09/13/2023 at approximately 12:30 PM, the surveyor informed the RBSD of the deficiency. NFPA 10</p>	A1169		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25258	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/3/2023
NAME OF FACILITY TC/CSL FAIR LAWN SENIOR LIVING, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 15-00 RIVER ROAD FAIR LAWN, NJ 07410

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 A1097	Correction	ID Prefix A1113	Correction
Reg. # 8:36-16.1(b)	Completed	Reg. # 8:36-16.6	Completed	Reg. # 8:36-16.10(a)(1)	Completed
LSC	09/19/2023	LSC	09/19/2023	LSC	09/18/2023
ID Prefix A1169	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-16.15(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/14/2023	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 9/13/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO