New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30707	A. BUILDING: _____ B. WING _____	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HILL	103 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052

(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
S 000	Initial Comments A survey was conducted by the New Jersey Department of Health to add an additional 50 beds to the facility's license. The facility was found to be non-complaint with NJAC 8:39, Standards for Licensure of Long-Term Care Facilities. The facility's census was 57 of 77 licensed beds.	S 000		
S2110	8:39-31.1(a) Mandatory Physical Environment (a) No construction, renovation or addition shall be undertaken without first obtaining approval from the Department, Long-Term Care Licensing and Certification Program and/or the Department of Community Affairs, Health Care Plan Review Unit This REQUIREMENT is not met as evidenced by: Based on observations, documentation review, and interview on 07/16/2024 in the presence of the facility's Administrator and Maintenance Director, it was determined that the facility failed to meet the conditions of approval set fourth by Licensing for the addition of 50 licensed beds by occupying the beds prior to inspection approval.	S2110	No residents were affected by the deficient practice. All 7 residents occupying the following rooms [redacted] and [redacted] will be relocated to an alternate resident rooms [redacted] (beds), [redacted] and [redacted] All 7 resident room changes will be completed by	7/24/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/22/24

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GREEN HILL	103 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052

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S2110	Continued From page 1 This deficient practice was evidenced by the following: A review of the Licensing project approval letter dated 02/26/2024, revealed that the facility was prohibited from occupying the added beds until an on-site inspection was conducted for compliance. Observations during a tour of the facility beginning at 9:22 AM, revealed there were 7 resident rooms that were approved for 1 bed that were occupied by 2 residents. These rooms were identified as rooms NJ Ex Ord NJ Ex Ord NJ Ex Ord NJ Ex Ord NJ Ex Ord NJ Ex Ord and NJ Ex Ord In an interview at 12:20 PM, the facility's Administrator stated the residents were moved into the unapproved beds for quality of life concerns while their bedrooms were being altered with new furniture for the additional bed approval.	S2110	07/24/2024. All residents had the potential to be affected by the deficient practice. All resident rooms in similar situations will not be permitted to be occupied until the final Department of Health approval is obtained. An entire facility audit was conducted by the facility administrator on 7/19/24 to ensure that there were no other unapproved beds in use, none were found. Administrator will ensure that 7 resident rooms NJ Ex Ord NJ Ex Ord NJ Ex Ord NJ Ex Ord NJ Ex Ord NJ Ex Ord and NJ Ex Ord will remain vacant until final approval from DOH is achieved. The Administrator will ensure that this Plan of Correction has been fully implemented and the resident room status report will be audited 1x per month x 3 months. The findings of these quality monitoring audits will be reported to the Quality Assurance/Performance Improvement Committee quarterly until 100% consistent substantial compliance has been met.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
30707		7/26/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HILL	103 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052

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 S2110 Reg. # 8:39-31.1(a) LSC	Correction Completed 07/24/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
7/16/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315416	A. BUILDING **01, 02** B. WING _____	**07/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HILL	**103 PLEASANT VALLEY WAY** **WEST ORANGE, NJ 07052**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS A survey was conducted by the New Jersey Department of Health to add an additional 50 beds to the facility's license. The facility was found to be non-complaint with NFPA 101:2012 edition. The facility's census was 57 of 77 licensed beds.	K 000		
K 000	INITIAL COMMENTS A survey was conducted by the New Jersey Department of Health to add an additional 50 beds to the facility's license for the main building. This building was not observed during this survey.	K 000		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 07/16/2024 in the presence of the U.S. FOIA (b) (6) [redacted], it was determined that the facility failed to maintain a level walking surface at exit discharge in accordance with NFPA 101:2012 edition, Section 7.7 and 7.1.7. This deficient practice had the potential to affect any admitted resident and was evidenced by the following: An observation at 11:46 AM revealed a 2-foot by 2-foot depression in the concrete pad outside the North Side Exit off Mooring #1. The concrete was	K 271	On 7/17/2024 the North Side Exit discharge off Mooring #1 first floor was paved by the contracted concrete pavers. The pathway is now level and safe for full instant use in the event of emergency exiting. No resident was affected by this deficient practice. A review of all exit discharges was conducted on 7/17/2024 by the	7/17/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/22/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315416	A. BUILDING **01, 02** B. WING _____	**07/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HILL	**103 PLEASANT VALLEY WAY** **WEST ORANGE, NJ 07052**

(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) COMPLETION DATE
K 271	Continued From page 1 eroded and posed a trip hazard in the path of egress for evacuation. In an interview at the time, the U.S. FO confirmed the observation. The facility's U.S. FOIA (b) (6) was informed of the deficient practice during the Life Safety Code Exit at 12:20 PM. NJAC 8:39-31.2(e)	K 271	Maintenance Director to ensure that there were no additional areas of potential concerns similar to what was noted by life safety surveyors, none was found. The Maintenance Director/Designee will conduct audits of all exit discharges 1x per month. The findings of this quality monitoring will be reported to the Quality Assurance/Performance Improvement Committee quarterly x 2 until consistent 100% compliance has been met and the audit frequency will be reduced by annually.	
K 281 SS=D	Illumination of Means of Egress CFR(s): NFPA 101 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 07/16/2024 in the presence of the U.S. FOIA (b) (6) [redacted]), it was determined that the facility failed to provide exit discharge lighting in accordance with NFPA 101:2012 edition, Section 7.8 and 19.2.8. This deficient practice had the potential to affect any admitted residents and was evidenced by the following: An observation at 11:58 AM revealed that there was no exit discharge lighting installed outside the Stair #1 Mooring #1 exit discharge.	K 281	On 7/17/2024 the exit discharge lighting for Stair #1 on Mooring 1 was installed and tested by the electrician. No resident was affected by this deficient practice. On 7/17/2024 The Director of Maintenance and the electrician inspected all exit discharges to ascertain if similar noncompliance concerns were noted, no other areas of concern identified. All exit	7/18/24

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	315416	A. BUILDING **01, 02** B. WING _____	**07/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HILL	**103 PLEASANT VALLEY WAY** **WEST ORANGE, NJ 07052**

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K 281	Continued From page 2 In an interview at the time, the U.S. FOIA (b) (6) confirmed the observation and stated he had the light to install. The facility's U.S. FOIA (b) (6) was informed of the deficient practice during the Life Safety Code Exit at 12:20 PM. NJAC 8:39-31.2(e)	K 281	discharges from the facility are now equipped with the required double lighting fixture mechanism. The Maintenance Director/Designee will conduct a facility wide audit to all exit discharges for fully functioning lighting 1x per month. The findings of these quality monitoring will be reported to the Quality Assurance/Performance Improvement Committee quarterly x 2 until consistent 100% compliance has been met and the audit frequency will be reduced by annually.	
K 521 SS=E	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 07/16/2024 in the presence of the U.S. FOIA (b) (6) and U.S. FOIA (b) (6)), it was determined the facility failed to ensure all residents bathroom exhaust fans were maintained in operational condition in accordance with NFPA 101:2012 edition, Section 19.2.1,9.2. This deficient practice had the potential to affect any admitted residents and was evidenced by the	K 521	On 7/17/2024 the Heating, ventilation, and air conditioning (HVAC) service technician was on site and repaired exhaust mushrooms located on rooftop of the facility by replacing belts and motor. All exhaust throughout the building was tested and was noted to be fully functional on 7/19/2024.	7/19/24

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	315416	A. BUILDING **01, 02** B. WING _____	**07/16/2024**

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K 521	Continued From page 3 following: Observations during a facility tour beginning at 9:15 AM revealed resident room bathrooms did not have windows and the exhaust fans did not operate. In an interview at 10:04 AM, the U.S. FOIA (b) (6) confirmed the observations. The U.S. FOIA (b) (6) stated that all resident room exhaust fans were on a single vent system and the belt may have broken from the heat. The U.S. FOIA (b) (6) was informed of the deficient practice at 12:20 PM during the Life Safety Code exit conference. N.J.A.C 8:39-31.2(e)	K 521	No resident was affected by this deficient practice. An entire facility audit was conducted on 7/19/2024 to ensure that there were no other nonfunctioning exhaust systems in the building. None were found. The maintenance director/Designee will conduct audits to all bathroom exhaust for full functionality 1x per month. The findings of these quality audits will be reported to the Quality Assurance/Performance Improvement Committee quarterly x 2 and biannually until 100% consistent compliance has been met.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315416 (Y1)	A. Building 01 - MAIN BUILDING 01 B. Wing (Y2)	7/26/2024 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HILL	103 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 Reg. # NFPA 101 LSC K0271	Correction Completed 07/17/2024	ID Prefix Reg. # NFPA 101 LSC K0281	Correction Completed 07/18/2024	ID Prefix Reg. # NFPA 101 LSC K0521	Correction Completed 07/19/2024
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
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FOLLOWUP TO SURVEY COMPLETED ON	
7/16/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO