

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

PRINTED: 11/29/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315465</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANHATTANVIEW NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 HUDSON AVENUE UNION CITY, NJ 07087</b>		
(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	
E 000	Initial Comments	E 000			
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/02/22 and 03/03/22, was found to be in noncompliance 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 Occupancy</p> <p>This facility is a 5-story building, that was built in 2000, It is composed of Type I fire resistant construction. The facility is divided into 10- smoke zones. The generator does approximately 40% of the building.</p> <p>The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions.</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

03/16/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1	K 000			
K 353 SS=E	<p>The facility has 127 certified beds. At the time of the survey the census was 120.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on surveyor observation on 03/03/22, in the presence of the Maintenance Director, it was determined that the facility failed to maintain all parts of their automatic sprinkler system in optimal condition as per section 5.2.1.1.1 of National Fire Prevention Association (NFPA) 25.</p> <p>This deficient practice was evidenced for 4 of 8 fire sprinkler heads in the facility kitchen and was observed by the following:</p> <p>At 11:41 AM, the surveyor observed in the facility</p>	K 353	<p>1.The identified sprinkler head which had paint will be replaced, the sprinkler heads that were missing escutcheon plates along with bad ceiling cuts, will be replaced with the proper plates and cuts.</p> <p>2.All residents in the facility have the potential to be affected by the deficient practice of not maintaining the sprinkler heads in the proper manner.</p> <p>3. The Maintenance Director was in serviced on the requirement of having the sprinkler heads free of paint, and of every</p>	4/5/22	

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K 353	<p>Continued From page 2</p> <p>kitchen, that 1 of 8 fire sprinkler heads were observed to have paint on the sprinkler spray head and 3 of 8 fire sprinkler heads were observed to have missing escutcheon plates, along with bad ceiling tile cuts, that would leave gaps around the sprinkler head into the void above the ceiling tile.</p> <p>When interviewed at that time, the Maintenance Director stated and agreed that paint should not be on the fire sprinkler heads in the facility and the fire sprinkler heads must have escutcheon plates installed with no penetrations around the drop ceiling tile that would allow for the passage of heat and smoke into the space above which would delay the activation of the fire sprinkler system and smoke detectors.</p> <p>The Administrator was informed of the deficiency at the life safety code exit conference on 03/03/22.</p> <p>NJAC 8:39 - 31.1(c), 31.2(e) NFPA 13, 25</p>	K 353	<p>sprinkler head have a plate and the proper cut out.</p> <p>4. The Maintenance Director will audit the sprinkler heads weekly for two months, the finding will be reported to the QAPI committee on a quarterly basis for 3 months.</p>		