

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

PRINTED: 07/01/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAREPOINT HEALTH - BAYONNE HOSPITAL CENTER TCU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>29 EAST 29TH STREET BAYONNE, NJ 07002</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
F 000	<p><b>INITIAL COMMENTS</b></p> <p>Survey Date: 01/16/2024</p> <p>Survey Census: 2</p> <p>Sample Size: 2</p> <p>An Initial Medicare certification survey was conducted by the New Jersey Department of Health. The facility was found to be in substantial compliance with 42 CFR 483 subpart B for long term care facilities.</p>	F 000			

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

TITLE

(X6) DATE

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	INITIAL COMMENTS  An Initial Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 01/16/2024. Carepoint Health Bayonne Hospital Center TCU 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 Occupancies.  Carepoint Health-Bayonne Hospital Center TCU is wing on the third (3rd.) floor of a Hospital in a six-story Type II Protected building built in 1954. The TCU is Licensed for seventeen (17) beds. The facility has a 450 KW Diesel Emergency Generator that supplies emergency power to the building.	K 000			
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101  Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as	K 351			

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

TITLE

(X6) DATE

02/05/2025

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 351	<p>Continued From page 1</p> <p>required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of facility provided documentation, in the presence of facility management, it was determined that the Facility failed to install sprinklers, as required by CMS regulation §483.90(a) physical environment, to all areas in accordance with the requirements of NFPA 101 2012 Edition, Section 19.3.5.1, 9.7, 9.7.1.1 and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems 2012 Edition.</p> <p>The deficient practice is evidenced by the following,</p> <p>On 01/16/2024 during the survey entrance at approximately 11:42 AM, a request was made to the <b>US FOIA (b) (6)</b> and <b>US FOIA (b) (6)</b> <b>US FOIA (b) (6)</b> to provide 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 six-story (6) building with the TCU in the "A Building" on the 3rd. floor. There are three (3) exit stairwells (East, Center and West) that resident, staff and visitors would use in the event of an emergency to exit the building. There are common areas and 13 resident sleeping rooms on the 3rd. floor TCU.</p> <p>Starting at approximately 12:09 PM in the presence of the facility's <b>US FOIA (b) (6)</b> a tour of the facility was conducted.</p>	K 351			

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K 351	<p>Continued From page 2</p> <p>Along the tour of the facility the surveyor observed the following locations that failed to provide proper fire sprinkler coverage:</p> <p>1) At approximately 12:43 PM, the surveyor observed inside the "East" stairwell no evidence of fire sprinkler coverage inside the 3rd. floor approximately 8' by 7'-6" landing. The surveyor observed this stairwell has 5 floors with fire sprinkler coverage on the 5th. floor landing. Code requires fire sprinkler coverage in stairwells at the top landing , bottom landing and every other floor in between.</p> <p>2) At approximately 12:57 PM, the surveyor observed inside the "West" stairwell no evidence of fire sprinkler coverage inside the 3rd. floor approximately 8' by 8'-6" landing. The surveyor observed this stairwell has 4 floors with no fire sprinkler coverage on the 4th., 3rd. and 2nd. floor landings. Code requires fire sprinkler coverage in stairwells at the top landing , bottom landing and every other floor in between.</p> <p>3) At approximately 1:00 PM, the surveyor observed inside the "Center" stairwell no evidence of fire sprinkler coverage inside the 3rd. floor approximately 8' by 7'-6" landing. The surveyor observed this stairwell has 6 floors with no fire sprinkler coverage on the 6th., 5th., 4th., 3rd. and 2nd. floor landings. Code requires fire sprinkler coverage in stairwells at the top landing , bottom landing and every other floor in between.</p> <p>3) At approximately 1:05 PM, the surveyor observed no fire sprinkler coverage coverage</p>	K 351			

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K 351	<p>Continued From page 3</p> <p>inside the ten (10) feet by twenty-two (22") electrical closet.</p> <p>At this time the surveyor asked the [US FOIA (b)] "Do you see any fire sprinklers in the electrical closet." The [US FOIA (b)] looked up and around and said, no.</p> <p>The [US FOIA (b)] confirmed the findings at the times of observations.</p> <p>The [US FOIA (b) (6)] was informed of the deficiency during the survey exit on 01/16/2024 at approximately 2:15 PM.</p> <p>Fire Safety Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13</p>	K 351			



• ACT AND HUMAN SERVICES

CARE &amp; MEDICAID SERVICES

DEFICIENCIES  
SECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:(X2) MULTIPLE CONSTRUCTION  
A. BUILDING

NJ4061001

B. WING

01/16/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

29 EAST 29TH STREET

CAREPOINT HEALTH • BAYONNE HOSPITAL CENTER TCU

BAYONNE, NJ 07002

(X4) ID  
PREFIX  
TAGSUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)ID  
PREFIX  
TAGPROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)(X5)  
COMPLETION  
DATE

F 000 INITIAL COMMENTS

F 000 REVISED POC

02/05/25

Survey Date: 01/16/2024

Survey Census: 2

Sample Size: 2

An Initial Medicare certification survey was conducted by the New Jersey Department of Health. The facility was found to be in substantial compliance with 42 CFR 483 subpart B for long term care facilities.

POC acceptable  
2/17/2025

NJ Exec Order 26.4b1

02/06/2025

NJ Exec Order 26.4b1

NJ Exec Order 26.4b1

025

NJ Exec Order 26.4b1

Any deficiency

...er safeguard

correcting provider... if the plan of correction is not...  
...stated above are disclosable 90 days

...wing 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

...udyS 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.

TITLE

(X6) DATE

Administrative


02/07/2025

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

PRINTED: 01/29/2024

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NJ4061001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - TCU UNIT  B. WING _____		(X3) DATE SURVEY COMPLETED  01/16/2024
NAME OF PROVIDER OR SUPPLIER  CAREPOINT HEALTH - BAYONNE HOSPITAL CENTER TCU			STREET ADDRESS, CITY, STATE, ZIP CODE 29 EAST 29TH STREET BAYONNE, NJ 07002		
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K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101  Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as	K 351	Element #1&#2 POC:  1. All residents have the potential to be affected by this alleged deficient practice. 2. We have not identified any other common areas or closets to be affected by this alleged deficient practice.	02/05/25	

LABORATORY

**NJ Exec Order 26.4b1**

TITLE Adm., rev.02/06/2025

(X6) DATE

Administrative

02/07/2024

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRNJ: 6 CH119/2Q74  
FORM APPROVED  
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES "ID PLAN OF CORRECTION"		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NJ4061001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - TCU UNIT  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/16/2024</b>
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K 351	<p>Continued From page 1</p> <p>required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of facility provided documentation, in the presence of facility management, it was determined that the Facility failed to install sprinklers, as required by CMS regulation §483.90(a) physical environment, to all areas in accordance with the requirements of NFPA 1012012 Edition, Section 19.3.5.1, 9.7, 9.7.1.1 and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems 2012 Edition.</p> <p>The deficient practice is evidenced by the following,</p> <p>On 01/16/2024 during the survey entrance at approximately 11:42 AM, a request was made to the <b>US FOIA (b) (6)</b> and <b>US FOIA (b) (6)</b> <b>US FOIA (b) (6)</b> to provide 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 Jay-out identified the facility is a six-story (6) building with the TCU in the "A Building" on the 3rd. floor. There are three (3) exit stairwells (East, Center and West) that resident, staff and visitors would use in the event of an emergency to exit the building. There are common areas and 13 resident sleeping rooms on the 3rd. floor TCU.</p> <p>Starting at approximately 12:09 PM in the presence of the facility's <b>US FOIA (b) (6)</b> a tour of the facility was conducted.</p>	K 351	This page is intentionally left blank.		



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NJ Exec Order 26.4b1

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K 351	Continued From page 3 inside the ten (10) feet by twenty-two (22") electrical closet. At this time the surveyor asked the [US FOIA (b) (6)] "Do you see any fire sprinklers in the electrical closet." The [US FOIA (b) (6)] looked up and around and said, no.  The [US FOIA (b) (6)] confirmed the findings at the times of observations.  The [US FOIA (b) (6)] was informed of the deficiency during the survey exit on 01/16/2024 at approximately 2:15 PM.  Fire Safety Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13	K 351	REVISED POC:  1. All residents have the potential to be affected by this alleged deficient practice. 2. We have not identified any other common areas or closets to be affected by this alleged deficient practice. 3. A fire rated door was installed to contain any fire within the electrical closet should a fire occur. 4. Director of Plant Operations or designee will inspect all doors on a routine basis and report any findings or irregularities to the QAPI team for their review and feedback. This will be done in accordance with local, State, Federal and LSC rules and regulations.	02/05/25	

NJ Exec Order 28.4b1

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315532	MULTIPLE CONSTRUCTION A. Building 01 - TCU UNIT B. Wing	DATE OF REVISIT 3/13/2025
NAME OF FACILITY CAREPOINT HEALTH - BAYONNE HOSPITAL CENTER TCU		STREET ADDRESS, CITY, STATE, ZIP CODE 29 EAST 29TH STREET BAYONNE, NJ 07002

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0351	02/05/2025	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	
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 1/16/2024		<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			