

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05C001 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER ALLENDALE SENIOR LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401 | | |
| (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: Renovation Project of Phase 1 of 18 Inspection Survey.</p> <p>CENSUS: 86</p> <p>SAMPLE SIZE: N/A</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> | 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> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of</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>facility provided documentation on 06/28/2024, in the presence of Facility Management, it was determined that the facility failed to meet and provide the followin:</p> <p>1) 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>2) Provide Ground Fault Circuit Interrupter (GFCI) electrical outlets with in wet locations as required.</p> <p>3) Meet the requirements for smoke door tolerances.</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>Reference #3: National Fire Protection Association (NFPA) 101, "...9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be</p> | A1083 | | |

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| A1083 | <p>Continued From page 2</p> <p>permitted to be continued in service... NFPA 70, 210.8 Ground-Fault Circuit-Interrupter Protection for Personal, Ground-fault circuit-interruption for personal shall be provided as required in 210.8 (A) through (C). The ground-fault circuit-interrupter shall be installed in readily accessible location... (B) Other than Dwelling Units. All 125-volt, single phase, 15- and 20- ampere receptacles installed in locations specified in 210.8 (B) (1) through (8) shall have ground-fault circuit-interrupter protection for personal. (5) Sinks-- where receptacles are installed within 1.8 M (6 feet) of the outside of a sink...."</p> <p>During the survey entrance on 06/28/2024, at approximately 9:40 AM, a request was made to the Administrator and Project Manager (PM) 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 areas that are part of Phase 1 renovation project that are to be inspected. A review of the facility provided lay out identified there are six (6) Resident apartments that were renovated and to be inspected as part of Phase 1 project.</p> <p>Starting at approximately 10:25 AM, an inspection of the six (6) Resident apartments and connecting common areas was performed.</p> <p>During the tour, the surveyor observed, measured, and recorded the following issues,</p> <p>1) At approximately 11:18 AM, the surveyor observed, measured, and recorded inside Resident apartment #287, one Duplex Electrical</p> | A1083 | | |

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| A1083 | <p>Continued From page 3</p> <p>outlet located 46 inches to the left of the kitchen sink. When tested with a Ground Fault Circuit Interrupter tester to de-energize, the duplex electrical outlet did not de-energize as required by code.</p> <p>2) At approximately 11:21 AM, an inspection inside Resident apartment #291 was performed. The surveyor observed inside the closet, next to the front door, that the Quick Response fire sprinkler had white paint covering the frangible glass head. The surveyor asked the PM, if it was paint covering the sprinkler head. The PM said, "yes."</p> <p>3) At approximately 11:11 AM, the surveyor conducted a closure test of the corridor double smoke doors next to Resident apartment #280. When the doors were released from the magnetic hold open devices and allowed to self-close into their frame, the surveyor observed, measured, and recorded a 1/4 inch gap between the tow doors meeting edges.</p> <p>At approximately 12:25 PM on 06/28/2024, the Administrator was informed of the deficiency. Resident and Fire Safety Hazard. NJAC 5:23.</p> | A1083 | | |

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05C001 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 7/25/2024 |
| NAME OF FACILITY ALLENDALE SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401 | |

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 | Correction | ID Prefix | Correction |
| Reg. # 8:36-16.1(b) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 07/25/2024 | 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 | |
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| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| 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 6/28/2024 | | <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 | | | |