

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

PRINTED: 04/18/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CANTERBURY AT CEDAR GROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>398 POMPTON AVENUE CEDAR GROVE, NJ 07009</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	INITIAL COMMENTS	K 000			
K 211 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 06/03/21 and Canterbury at Cedar Grove 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.</p> <p>Canterbury at Cedar Grove is a four story building that was built in 70's. It is composed of Type II construction. The facility is divided into 8 smoke zones.</p> <p>Means of Egress - General CFR(s): NFPA 101</p> <p>Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 6/03/21, it was determined that the facility failed to ensure</p>	K 211	<p>Element#1 The rusted step identified as the first one</p>	7/30/21	

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

TITLE

(X6) DATE

Electronically Signed

06/30/2021

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 211	<p>Continued From page 1</p> <p>that that 1 of 3 exit discharge paths located on the [REDACTED] floor was free of impediments and suitable for use during an emergency evacuation.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 1:20 PM the surveyor observed, in the presence of the facility's Maintenance Director, the exit discharge path located in the service corridor by the laundry with an exterior metal staircase. The staircase had 1 of 13 metal steps that was completely rusted. The rusted step was the first one located at the bottom of the staircase and the beginning of the exit discharge path. This finding was verified by the facility's Maintenance Director in an interview during the observation.</p> <p>The surveyor informed the facility's Administrator of this finding during the Life Safety Code survey exit conference at 2:00 PM.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 7.7</p>	K 211	<p>located at the bottom of the staircase and the beginning of the exit discharge path was replace by the Maintenance Director on 7/5/2021.</p> <p>Element#2 All residents have the ability to be affected.</p> <p>Element#3 The Director of Maintenance will add monitoring of the 3 exit discharge paths located on the [REDACTED] floor to his Monthly Door Magnet/Door Holder/Exit Sign/Pull Station/Wanderguard Inspection monitoring to ensure they are free of impediments and suitable for use during an emergency evacuation. If an issue is identified, it will be corrected immediately and reported to the Administrator, 7/5/21 and on-going.</p> <p>Element#4 The Director of Maintenance will notify the QAPI Committee Meeting if there are any issues identified during monitoring monthly x3 months then quarterly x2. Trends and concerns identified will be corrected and monitored for on-going compliance. Trends and concerns identified will be corrected and monitored for compliance.</p>		
K 523 SS=D	<p>HVAC - Suspended Unit Heaters CFR(s): NFPA 101</p> <p>Suspended Unit Heaters Suspended unit heaters are permitted provided the following are met:</p>	K 523		7/1/21	

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K 523	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>* Not located in means of egress or in patient rooms.</li> <li>* Located high enough to be out of reach of people in the area.</li> <li>* Has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure.</li> </ul> <p>18.5.2.3(1), 19.5.2.3(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 6/03/21, it was determined that the facility failed to ensure that suspended unit heaters were not located in a means of egress.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 1:15 PM the surveyor observed, in the presence of the facility's Maintenance Director, a suspended unit heater in 1 of 1 the exits vestibules of the kitchen leading directly to the outside of the building. The heater was suspended from the ceiling. This finding was verified by the Maintenance Director in an interview during the observation. Also, the Maintenance Director stated that the heater was connected and provided heat to this area during the cold season(s).</p> <p>This surveyor informed the facility's Maintenance Director of this finding during the Life Safety Code survey exit conference at 2:00 PM.</p> <p>NJAC 8:39-31.29(e) NFPA 101:2012 - 19.5.2.3(1)</p>	K 523	<p>Element#1 The suspended unit heater located in a means of egress was removed on 6/3/21 by the Director of Maintenance. The Director of Maintenance inspected the Center and determined there were no other suspended unit heaters in a means of egress or in patient rooms, 6/3/21.</p> <p>Element#2 All residents have the ability to be affected.</p> <p>Element#3 When changes to the physical plant occur, the Director of Maintenance will ensure the change is in accordance with life safety requirements, 7/1/21 and on-going.</p> <p>Element#4 The Director of Maintenance will notify the QAPI Committee Meeting quarterly if there are any changes in the physical plant and how the change meets life safety requirements monthly x3 and quarterly x2. Trends and concerns identified will be corrected and monitored for on-going compliance.</p>		

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