

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OR SUPPLIER MADISON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 625 STATE HIGHWAY 34 MATAWAN, NJ 07747		
(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 324 SS=D	<p>LIFE SAFETY CODE 101:2012</p> <p>This facility is not in substantial compliance with the Minimum Life Safety Code requirements as survey using CMS-2786R.</p> <p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p>	K 324		10/30/20	

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

TITLE

(X6) DATE

Electronically Signed

10/16/2020

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.

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OR SUPPLIER MADISON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 625 STATE HIGHWAY 34 MATAWAN, NJ 07747		
(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 324	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 09/25/20 in the presence of the facility Maintenance Director and Regional Plant Operations Director, it was determined that the facility failed to ensure that 5 of 11 exhaust hood grease baffles were in the proper position to protect against grease and fire from entering above the exhaust hood system as per NFPA 96.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 10:52 a.m., the surveyor observed 5 of 11 exhaust hood grease baffles over the main cooking area that had bent frames and not in the intended positions leaving gaps at the following locations :</p> <p>Left-side;</p> <p># 1 to # 2 (falling out of the track))over the convection oven # 2 to # 3 OK</p> <p>Right-side;</p> <p># 1 to # 2 OK # 2 to # 3 OK # 3 to # 4 (2" gap) # 4 to # 5 (1" gap) # 5 to # 6 (2" gap) over the 6-burner cooking stove # 6 to # 7 (bent-frame 1" gap) # 7 to # 8 OK</p>	K 324	<p>1. The grease baffles were adjusted to be placed in the proper position to help prevent flames and flammable debris from entering the exhaust duct.</p> <p>2. All residents had the potential of being affected by this deficient practice.</p> <p>3. The grease baffles are currently in working order but some are in need of replacement in the near future. The purchase of new grease baffles will be made to ensure that they are able to be installed correctly and their integrity is intact.</p> <p>4. This will be reported at our monthly QAPI. Maintenance director or designee will inspect the baffles weekly x 4 weeks, then monthly x 2 months. We will reassess the frequency of inspecting after.</p>		

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OR SUPPLIER MADISON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 625 STATE HIGHWAY 34 MATAWAN, NJ 07747		
(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 324	<p>Continued From page 2</p> <p>An interview was conducted with the Maintenance Director who stated and acknowledged that 5 of 11 grease baffles over the main cooking area must be in the correct position to prevent grease and fire from entering the hood above the grease baffles.</p> <p>The Grease baffles are the first layer of protection in a commercial kitchens grease management and exhaust ventilation system. Their purpose is to prevent flames and flammable debris from entering the exhaust duct and to capture grease-laden vapors produced from cooking equipment. If this grease was not captured, it would build up in the ventilation system and become a major fire hazard.</p> <p>19.3.2.5.3* (10) Procedures for the use, Inspection, Testing, and Maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the Manufacturers instructions and are followed.</p> <p>NJAC 8:39-31.2(e) NFPA 96, 19.3.2.5.3*(10)</p>	K 324			