STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315251	A. BUILDING _____ B. WING _____	C 08/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTWYCK AT OAK TREE	**2048 OAK TREE ROAD EDISON, NJ 08820**

(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 This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) facilities.	E 000		
F 000	INITIAL COMMENTS Complaint #: NJ#00165697, NJ#00164229, NJ#00161169, NJ#00163308, NJ#00160898 Survey Date: 08/22/23 Survey Census: 99 Sample Size: 21 + 3 closed records A Recertification 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.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/23/2023

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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	315251	A. BUILDING **01** B. WING _____	**08/22/2023**

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HARTWYCK AT OAK TREE	**2048 OAK TREE ROAD** **EDISON, NJ 08820**

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K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 08/07/2023 and 08/08/2023 and 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. Hartwyck at Oak Tree is a three story building that was built in 1980's. It is composed of Type II construction. The facility is divided into 6- smoke zones. The generator does approximately 35% of the building (including Vent units).	K 000		
K 132 SS=E	Multiple Occupancies - Contiguous Non-Health CFR(s): NFPA 101 Multiple Occupancies - Contiguous Non-Health Care Occupancies Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.4.1, 19.1.3.4.1 This REQUIREMENT is not met as evidenced by:	K 132		8/29/23

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	315251	A. BUILDING **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTWYCK AT OAK TREE	**2048 OAK TREE ROAD** **EDISON, NJ 08820**

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K 132	Continued From page 1 Based on observation and interview on 08/07/2023 and 08/08/2023, in the presence of facility management, it was determined that the facility failed to provide two-hour fire resistance-rated elements and assemblies in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.1.3.4. between the Residential Health Care (use group I-1) section and Nursing facility(use group I-2). The deficient practice could affect all residents. This deficient practice was evidenced by the following: During the survey entrance on 08/07/2023 at approximately 9:48 AM, a request was made to the Administrator and Plant Operations Director (POD) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments. A review of the facility provided lay-out identified the Nursing facility is a three (3) story building that is connected to a Residential Health Care (RHC) section on the first floor. During the building tour on 08/08/2023 (day two of survey) at approximately 11:23 AM, the surveyor observed on the door that separates the Nursing section from the RHC section had a 90 minute fire rating label on the door. A closure test of the 90 minute fire rated door that separates the Nursing section and the RHC section was performed. When the fire rated door was released from the magnetic hold open device and allowed to self-close, the door did not positive latch as required to maintain the fire rated construction. This test was repeated two additional times with the same results.	K 132	a) All residents within the facility have the potential to be affected by this deficient Life Safety Code. b) The latch mechanism on the 90-minute fire rated door that separates the Nursing Section from the RHC section has been corrected to ensure positive latch when the door is released from the magnetic hold open device. This work was completed by Plant Operations on 8/23/23. c) The Plant Operations Director will audit the door daily for 2 weeks and then weekly thereafter to ensure the positive latch mechanism functions properly. The results of this audit will be submitted to the QAPI committee for review monthly.	

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HARTWYCK AT OAK TREE	**2048 OAK TREE ROAD** **EDISON, NJ 08820**

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K 132	Continued From page 2 The POD confirmed the finding at the time of the tests. On 08/08/2023 during the survey exit at approximately 12:40 AM, the surveyor informed the Administrator of the above concerns. NJAC 8:39-31.1(c) NJAC 8:39-31.2(e) NFPA 101, 2012 Edition, Section 19.1.3.4.	K 132		
K 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is	K 222		8/31/23

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HARTWYCK AT OAK TREE	**2048 OAK TREE ROAD** **EDISON, NJ 08820**

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K 222	Continued From page 3 protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 08/07/2023 and 08/08/2023, it was determined that the facility failed to provide 1 of 15 designated exit discharge	K 222	a) All residents residing in the facility have the potential to be affected by this deficient Life Safety Code. b) The internal set of doors that contain a	

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K 222	Continued From page 4 doors in the means of egress readily accessible and free of all obstructions or impediments to full instant use in the case of fire or other emergencies in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.2.2.2.5.1, 19.2.2.2.5.2 and 19.2.2.2.6. This deficient practice was evidenced by: On 08/07/2023 (day one of survey) during the survey entrance at approximately 9:48 AM, a request was made to the Administrator and Plant Operations Director (POD) to provide a copy of the facility lay-out which identifies the various rooms. A review of the facility provided lay-out identified the facility is a three-story building with fifteen (15) designated exit discharge doors (illuminated exit signs above doors) that Resident, Staff and Visitors would use in the event of an emergency to exit the building. Starting at approximately 10:11 AM on 08/07/2023 and continued on 08/08/2023 in the presence of the facility POD, a tour of the building was conducted. During the two (2) day building tour the of the facility the surveyor inspected fifteen (15) designated exit discharge doors with the following results: On 08/08/2023, at approximately at approximately 10:47 AM, the surveyor observed at the main entrance, one set of exit discharge doors (internal set of doors) revealed a thumb turn lock on the egress side of the doors. The thumb turn lock and fastening device on the door could restrict emergency use of the exit. The doors had a sign that read, "Push here in the event of an	K 222	thumb turn lock on the egress side of the doors have been modified by removing the thumb turn lock and fastening device that could restrict emergency use of the exit. This work was completed by the Plant Operations department on 8/29/23. c) The Plant Operations Director will audit the door daily for 2 weeks and then weekly thereafter to ensure that there are no restrictions to the emergency use of the exit. The results of this audit will be submitted to the QAPI committee for review monthly.	

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K 222	Continued From page 5 emergency." The thumb turn lock and fastening device on the door could restrict emergency use of the exit. The POD confirmed the findings at the times of observations. On 08/08/2023 during the survey exit at approximately 12:40 AM, the surveyor informed the Administrator of the above concerns. NJAC 8:39 -31.2 (e) NFPA 101 2012 - 7.2.1.6.1 (4).	K 222		
K 291 SS=E	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 08/07/2023 and 08/08/2023 in the presence of facility management, it was determined that the facility failed to provide a battery backup emergency light above the three (3) emergency generator's transfer switches location independent of the building's electrical system and emergency generator, in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following: On 08/07/2023 (day one of survey) during the survey entrance at approximately 9:48 AM, a	K 291	a) No residents have the potential to be affected by this deficient Life Safety Code. b) A battery backup emergency light above the three generator transfer switches was installed by AMEC Electric on 8/30/23. The backup emergency light functions independent of the generator and the main building power. c) The Plant Operations Director will audit the emergency generator lighting system weekly during weekly generator testing for proper function. The results of this audit will be submitted to the QAPI committee for review monthly.	8/31/23

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K 291	Continued From page 6 request was made to the Plant Operations Director (POD) of the facility had an Emergency Generator. The POD told the surveyor, "yes, we a 275 KW Diesel Generator." On 08/08/2023 (day two of survey) during the building tour at approximately 11:04 AM, an inspection inside the boiler room where the emergency generator and three (3) transfer switches was located, the surveyor observed no evidence of a battery back-up emergency light that was independent of the generator in the room. At this time, the surveyor asked the POD, do you have a battery back up emergency light in here? The POD stated, "no." The POD confirmed the finding at the time of observation. On 08/08/2023 during the survey exit at approximately 12:40 AM, the surveyor informed the Administrator of the above concerns. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291		
K 521 SS=D	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2	K 521		8/29/23

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K 521	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observations on 08/07/2023 and 08/08/2023, in the presence of facility management, it was determined that the facility failed to ensure that the facility's ventilation systems were being properly maintained for 2 of 6 resident bathroom exhaust systems as per the National Fire Protection Association (NFPA) 90 A. This deficient practice was evidenced by the following: On 08/07/2023 (day one of survey) during the survey entrance at approximately 9:48 AM, a request was made to the Administrator and Plant Operations Director (POD) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility. A review of the facility provided lay-out identified the facility is a three-story building with sixty (60) Resident sleeping rooms and common areas. Starting at approximately 10:11 AM on 08/07/2023 and continued on 08/08/2023 in the presence of the facility POD a tour of the building was conducted. During the two (2) day building tour the of the facility the surveyor inspected inside six (6) Resident sleeping rooms. This inspection identified that when the bathroom exhaust systems were tested (by placing a piece of single ply tissue paper across the grills to confirm ventilation is present), the exhaust did not function properly in 2 of 6 resident bathrooms in the following locations:	K 521	a) The bathroom ventilation motors in resident rooms #324 and #221 have been replaced on 8/23/23 by the Plant Operations department and are now functioning properly. b) All residents have the potential to be affected by this deficient Life Safety Code. An audit of all bathroom ventilation motors was performed by the Plant Operations department on 8/23/23 and found no further concerns noted. c) The Plant Operations Director will audit all bathroom ventilation systems weekly for 4 weeks and then monthly thereafter to confirm proper function. The results of this audit will be submitted to the QAPI committee for review monthly.	

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K 521	Continued From page 8 On 08/07/2023 at approximately 10:35 AM, inside Resident room #324 bathroom, when tested the exhaust system did not function properly. The surveyor could feel air blowing into the bathroom from the exhaust vent. At this time, the surveyor informed the POD that the exhaust system did not function properly. This bathroom had no window with an area that would open. This bathroom would rely on mechanical ventilation. On 08/07/2023 at approximately 11:21 AM, inside Resident room #221 bathroom, when tested the exhaust system did not function properly. This bathroom had no window with an area that would open. This bathroom would rely on mechanical ventilation. The POD confirmed the findings at the time. On 08/08/2023 during the survey exit at approximately 12:40 AM, the surveyor informed the Administrator of the above concerns. NFPA 90 A. NJAC 8:39- 31.2 (e).	K 521		
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)	K 911		8/31/23

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K 911	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on observation on 08/07/2023 and 08/08/2023, in the presence of facility management, it was determined that the facility failed to ensure that 3 of 14 electrical outlets located next to a water source (with-in 6 feet) was equipped with Ground-Fault Circuit Interrupter (GFCI) protection. This deficient practice was evidenced by the following: Reference: 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 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. On 08/07/2023 (day one of survey) during the	K 911	a) The 3 electrical outlets located in the 3rd floor Soiled Linen room, the 3rd floor Respiratory Room and the 2nd floor Rehab Office have been changed to a Ground-Fault Circuit Interrupter outlet by AMEC Electric on 8/30/23. b) An audit of all electrical outlets confirmed that there were no further concerns related to non- GFCI outlets within 6 feet of a water source. c) The Plant Operations Director will add Annual Electrical Inspection for GFCI locations to the preventative maintenance program schedule. The results of electrical inspections will be submitted to the QAPI committee upon receipt annually.	

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K 911	Continued From page 10 survey entrance at approximately 9:48 AM, a request was made to the Administrator and Plant Operations Director (POD) to provide a copy of the facility lay-out which identifies the various rooms. A review of the facility provided lay-out identified the facility is a three-story building with sixty (60) Resident sleeping rooms. Starting at approximately 10:11 AM on 08/07/2023 and continued on 08/08/2023 in the presence of the facility POD a tour of the building was conducted. During the two (2) day tour of the facility, the surveyor observed and tested fourteen (14) electrical outlets in wet (with-in 6 feet of a sink) locations that failed to de-energize when tested in the following locations, On 08/07/2023 at approximately 10:46 AM, inside the 3rd. floor Soiled Linen room, one Duplex electrical outlet located thirty (30) inches to the left of the sink when tested with a GFCI tester to de-energize, the Duplex electrical outlet did not de-energize as required by code. On 08/07/2023 at approximately 11:07 AM, inside the 3rd. floor Respiratory room one RED Quad electrical outlet located forty-five (45) inches to the right of the sink when tested with a GFCI tester to de-energize, the Duplex electrical outlet did not de-energize as required by code. On 08/07/2023 at approximately 11:18 AM, inside the 2nd. floor Rehab. Office one Duplex electrical outlet located forty-seven (47) inches to the right of the sink when tested with a GFCI tester to de-energize, the Duplex electrical outlet did not de-energize as required by code.	K 911		

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K 911	Continued From page 11 The POD confirmed the findings at the time of observations. On 08/08/2023 during the survey exit at approximately 12:40 AM, the surveyor informed the Administrator of the above concerns. NJAC 8:39 -31.2 (e) NFPA 99: -6.3.2.1, NFPA 70: -210.8	K 911		
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document	K 914	a) All residents have the potential to be	8/29/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315251	A. BUILDING **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTWYCK AT OAK TREE	**2048 OAK TREE ROAD** **EDISON, NJ 08820**

(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 914	Continued From page 12 review on 08/07/2023 and 08/08/2023, it was determined that the facility failed to ensure electrical outlet testing was conducted annually on the electrical system in accordance with NFPA 99 (2012 edition) Health Care Facilities Code section 6.3.4.1.3. This deficient practice had the potential to affect all residents. During the survey entrance on 08/07/2023 (day one of survey) at 9:48 AM, a request was made to the Administrator and Plant Operations Director (POD) to provide all mandatory inspections from 01/01/22 to 08/06/2023 for review later. On 08/07/2023 during the Documentation review of the Mandatory Inspections for 2022 and 2023, provided by the POD there was no evidence of an annual electrical performed for 2022. During an interview at approximately 10:20 AM, the POD provided an electrical inspection which had been conducted on May 11, 2023 and confirmed that the annual electrical outlet testing for 2022 was not completed on the electrical system. On 08/08/2023 during the survey exit at approximately 12:40 AM, the surveyor informed the Administrator of the above concerns. NJAC 8:39-31.2(e) NFPA 99	K 914	affected by this deficient Life Safety Code. b) An annual electrical outlet testing was completed on 5/11/23 by AMEC Electric. c) The Plant Operations Director will add Annual Electrical Inspection to the preventative maintenance program schedule to ensure that an inspection of all non-hospital grade receptacles is performed at intervals less than or equal to 12 months. The results of electrical inspections will be submitted to the QAPI committee upon receipt annually.	
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System	K 918		8/29/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315251	A. BUILDING **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTWYCK AT OAK TREE	**2048 OAK TREE ROAD** **EDISON, NJ 08820**

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K 918	Continued From page 13 Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 08/07/2023 and 08/08/2023 in the presence of the facility management, it was determined that the facility failed to ensure a remote manual stop	K 918	a) All residents have the potential to be affected by this deficient Life Safety Code. b) A remote manual stop for the emergency generator was installed by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315251	A. BUILDING **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTWYCK AT OAK TREE	**2048 OAK TREE ROAD** **EDISON, NJ 08820**

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K 918	Continued From page 14 station for 1 of 1 emergency generators was installed in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. This deficient practice was evidenced by the following: On 08/07/2023 (day one of survey) during the survey entrance at approximately 9:48 AM, a request was made to the Administrator and Plant Operations Director (POD) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility and if the facility had an Emergency Generator. The POD told the surveyor, "yes, we have one 275 KW Diesel Emergency Generator." On 08/08/2023 (day two of survey) during the building tour at approximately 11:04 AM, an inspection inside the boiler room where the 275 KW emergency generator was located was performed. The surveyor observed the emergency stop button was located on the control panel on the generator. At this time the surveyor asked the POD, Do you have a remote emergency stop button for the generator? The POD stated, "no." The POD confirmed the finding at the time of inspection. On 08/08/2023 during the survey exit at approximately 12:40 AM, the surveyor informed the Administrator of the above concerns. NJAC 8:39-31.2(e), 31.2(g)	K 918	AMEC Electric on 8/24/23. c) The Plant Operations Director will add Generator Emergency Manual Stop testing to the weekly generator testing schedule to confirm proper function. The results of the weekly generator testing will be submitted to the QAPI committee monthly for review.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315251	A. BUILDING **01** B. WING _____	**08/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTWYCK AT OAK TREE	**2048 OAK TREE ROAD** **EDISON, NJ 08820**

(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 918	Continued From page 15 NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1.	K 918		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315251 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	9/15/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTWYCK AT OAK TREE	2048 OAK TREE ROAD EDISON, NJ 08820

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. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0132	08/29/2023	LSC K0222	08/31/2023	LSC K0291	08/31/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0521	08/29/2023	LSC K0911	08/31/2023	LSC K0914	08/29/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0918	08/29/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
8/22/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO