STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315356	A. BUILDING **01** B. WING _____	**05/20/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILLED NURSING AT FELLOWSHIP VILLAGE	**8000 FELLOWSHIP DRIVE** **BASKING RIDGE, NJ 07920**

(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 000	INITIAL COMMENTS TYPE OF SURVEY: Renovation Project: Inspection of the Phase III, Household 101 area of Renovation of existing building including the Living room, Sun Porch, Enclosed Courtyard, Spa, Linen and Trash Chute rooms, Residents Laundry, Resident Dining room, Private Dining room, Offices and Twenty Six (26) Resident rooms was performed. This insepction would also increase the 54 licensed beds up 13 additional beds for a total of 67 licensed beds. Census: 43 A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 5/20/2022 and Skilled Nursing at Fellowship Village 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. The above noted areas may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received.	K 000		
K 271 SS=E	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.	K 271		6/6/22

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

Electronically Signed | 06/06/2022

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 271	Continued From page 1 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 5/20/2022, it was determined that the facility failed to provide 1 of 3 exit discharges with a stable, hard packed walking surface to reach a public way in the case of fire or other emergency in accordance with National Fire Protection Association (NFPA) 101, 2012 Edition, Section 19.2, 19.2.1, 19.2.7, 7.7, 7.7.1, 7.7.3.2, 7.1.6, 7.1.6.2, 7.1.6.3, 7.1.10, 7.1.10.1. and the New Jersey Uniform Construction Code 5:23. This deficient practice was evidence by the following: Reference: New Jersey Uniform Construction Code 5:23: International Building Code, 1. Section 1002 Definitions, Means of egress: "A continuous and unobstructed path of vertical and horizontal egress travel from any occupied portion of a building or structure to a public way. A means of egress consists of three separate and distinct parts, the exit access, the exit and exit discharge." 2. Section 1011, Exit signs: "1011.1 Where required. Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. Access to exits shall be marked by readily visible exit signs in cases where the exit or the path of egress travel is not immediately visible to the occupants. Exit sign placement shall be such that no point in an exit access corridor is more than 100 feet or	K 271	Tag 0271-NFPA 101 Discharge from Exits (LSC 2012 Health Existing) 1)There were no residents impacted by this since there were no residents in household 101. A contractor was hired to install a concrete walkway from the dining room in household 101 to the public road at the rear of the building. 2)There were no other residents potentially impacted by this since the other households have stable walking surfaces in the areas of egress. 3)All new households will have a stable walking surface for the safety of the residents. The Vice-President of Construction, Senior Director of Plant Operations, and the Administrator will inspect these surfaces as part of their Preventative Maintenance Program to ensure they provide an appropriate stable and safe walking surface for our residents. 4)For all new households, the Vice-President of Construction, the Senior Director of Plant Operations and Administrator will inspect the walking surfaces to ensure they are safe for the residents. The Senior Director of Plant Operations will review this at our QAPI meetings.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILLED NURSING AT FELLOWSHIP VILLAGE	**8000 FELLOWSHIP DRIVE** **BASKING RIDGE, NJ 07920**

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K 271	Continued From page 2 listed viewing distance for the sign, whichever is less, from the nearest visible exit sign." During the survey entrance on 5/20/22 at 8:54 AM, the surveyor requested the facility's Vice President of Health and Medical Services (VPHMS) and Director of Building Projects (DBP) to provide a copy of the facility lay-out which identifies the areas to be inspected and the Department of Community Affairs (DCA) approved architecture plans for review. Starting at 10:18 AM in the presence of the VPHMS and DBP a tour of the first floor Household 101 renovated area was conducted. During the tour at 12:07 PM, an inspection outside a designated exit discharge door (an illuminated exit sign above the door) in the Residents dining room was performed. The surveyor observed an unleveled, various size stone and dirt walking surface to reach a public way. The exit discharge included approximately ninety seven (97) feet section of unleveled walking surface, with no hard path to reach a public way. A review of the facility provided DCA-approved plan, Project #5124-14 Electrical plan, E- 3.11 reflected that on the plan that the Resident dining room exit door had an illuminated exit sign to be located above the door which means it is a designated exit discharge door. The surveyor informed the VPHMS and DBP of the deficient practice at the Life Safety Code exit conference on 5/20/2022 at 1:50 PM. Fire Hazard.	K 271		

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K 271	Continued From page 3 NJAC 8:39-31.1(b) NFPA 101:2012 - 7.7 NFPA 101:2012- 19.2 Means of Egress Requirements	K 271		
K 351 SS=E	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 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) This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of facility provided documentation on 5/20/2022, in the presence of Facility Management it was determined the facility failed to provide proper fire sprinkler coverage to all areas of a Newly Renovated section 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	K 351	Tag 0351-NFPA 101 Sprinkler System-Installation 1)There were no residents impacted by this since there were no residents in household 101. A fire sprinkler company installed two sprinkler heads in the covered porch area of household 101.	6/6/22

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K 351	Continued From page 4 occupancy and the National Fire Protection Association (NFPA) 13, Installation of Sprinkler Systems. This deficient practice was evidence by the following: During the survey entrance on 5/20/22 at 8:54 AM, the surveyor requested the facility's Vice President of Health and Medical Services (VPHMS) and Director of Building Projects (DBP) to provide a copy of the facility lay-out which identifies the areas to be inspected, the Department of Community Affairs (DCA) approved architecture plans for review and to provide copies of the Certificate of Occupancy and Final Sub-Code Inspections for the following: Construction, Electrical, Plumbing, Fire Alarm and Detection system, and Fire Protection systems. Starting at 10:18 AM in the presence of the VPHMS and DBP a tour of the first floor Household 101 renovated area was conducted. At 10:21 AM, during an inspection of the outside enclosed center courtyard, the surveyor observed no evidence of fire sprinkler coverage under the twenty (20) feet wide by six (6) feet deep porch overhang. At this time the surveyor asked the DBP, if there was a sprinkler system for the overhang. The DBP looked and replied, "No." Later a review of the facility provide DCA-approved plan Project #5124-14 Final release August 3, 2015 Sprinkler new work was performed. This review identified in the enclosed	K 351	2)There were no other residents impacted by this since the other households have sprinkler heads in the covered porch areas as required by code. 3)All new households will have sprinkler heads installed as required by code. The Vice-President of Construction, the Senior Director of Plant Operations and the Administrator will inspect the areas to ensure that we are in compliance. 4)Results of these inspections will be reported at the QAPI meetings to ensure continued compliance.	

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K 351	Continued From page 5 courtyard, an approximately eight (8) feet by six (6) feet overhang adjacent to the sun room which had fire sprinkler coverage and the twenty (20) feet by six (6) feet overhang did not have sprinkler coverage. The surveyor informed the VPHMS and DBP of the deficient practice at the Life Safety Code exit conference on 5/20/2022 at 1:50 PM. Fire Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.	K 351		

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
315356 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	6/9/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILLED NURSING AT FELLOWSHIP VILLAGE	8000 FELLOWSHIP DRIVE BASKING RIDGE, NJ 07920

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. #	Completed
LSC K0271	06/06/2022	LSC K0351	06/06/2022	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/20/2022	☐ YES ☐ NO