

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

PRINTED: 02/08/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315462</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/18/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>TALLWOODS CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>18 BUTLER BOULEVARD BAYVILLE, NJ 08721</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 291 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/18/2021 and Tallwoods Care Center 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>Tallwoods Care Center is a two (2) story, Type II Un-Protected building that was built in January 1999. The facility is divided into 12 smoke zones.</p> <p>Emergency Lighting CFR(s): NFPA 101</p> <p>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 on 11/18/2021 in the presence of facility management, it was determined that the facility failed provide a battery backup emergency light above the emergency generator's transfer switches, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 -</p>	K 291	<p>k291</p> <ol style="list-style-type: none"> <li>1. No residents were negatively affected by the generator room not having a backup battery light.</li> <li>2. A backup battery light for the generator room was placed above the generator for emergency use. Effective: 11/19/2021</li> </ol>	12/7/21

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

TITLE

(X6) DATE

Electronically Signed

12/07/2021

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 291	Continued From page 1 7.9, 19.2.9.1. This deficient practice was evidenced by the following:  During the building tour with the facility Maintenance Director (MD) at 12:05 PM, an inspection inside the Main Electrical room where the generators transfer switch was located was performed. The surveyor observed the Main Electrical room was not equipped with battery back-up emergency lighting independent of the building's electrical system and emergency generator.  This finding was verified by the facility's MD at the time of inspection.  The Administrator was notified of the finding at the Life Safety Code exit conference at 1:56 PM.  NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	3. Maintenance Director will check monthly to ensure that the battery light is functioning. 4. Administrator will review findings with QA quarterly.		
K 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101  Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8	K 341		12/7/21	

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K 341	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, in the presence of facility management, it was determined that the facility failed to provide notification by audible and visible signals in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p> <p>The deficient practice was evidenced by the following:</p> <p>On 11/18/2021 during the building tour with the facility Maintenance Director (MD) at 11:15 AM, the surveyor observed that the outside enclosed courtyard did not have any occupant notification devices (horn/strobe tied into the fire alarm system).</p> <p>The findings were verified and confirmed by the Maintenance Director during the observations.</p> <p>The Administrator was notified of the finding at the Life Safety Code exit conference at 1:56 PM.</p> <p>NJAC 8:39-31.2(a)</p>	K 341	<p>k341</p> <ol style="list-style-type: none"> <li>None of the residents that use the back courtyard were negatively affected by not having a audible and visible signals fire alarm system.</li> <li>All residents staff and visitors have the potential to be affected</li> <li>Maintenance Director installed a audible and visible fire alarm signal in the back courtyard. Maintenance Director/designee will monitor the fire alarm system monthly at the back courtyard and report his findings to the administrator.</li> <li>Administrator will report findings to the QA quarterly.</li> </ol>		