

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

PRINTED: 06/07/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315462	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2016
NAME OF PROVIDER OR SUPPLIER TALLWOODS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721	
(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 K 066 SS=D	<p>INITIAL COMMENTS</p> <p>LIFE SAFETY CODE 101:2000 (FULL)</p> <p>THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS-2786R.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review on 8/10/16 in the presence of facility management, it was determined that the facility failed to dispose of cigarette refuse in a safe and sanitary manner in accordance with facility policy. This deficient practice was evidenced by the following:</p>	K 000 K 066	<p>K066</p> <p>1) Life safety code standard. The employee smoking area was cleaned and cigarette butts properly disposed of. No residents were negatively affected.</p>	8/25/16

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

TITLE

(X6) DATE

Electronically Signed

09/02/2016

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 066	<p>Continued From page 1</p> <p>At 10 a.m. the surveyor observed there were more than 50 cigarette butts along the grounds at the staff smoking area. Ash trays were provided in the area for proper disposal.</p> <p>A review of the facility's smoking policy revealed that procedure 4.(b.) stated the following:</p> <p>"All cigarettes and cigarette butts must be properly extinguished and placed in the ash trays or containers provided."</p> <p>NJAC 8:39 - 31.2(e)</p>	K 066	<p>2) All smoking areas were checked to ensure that there was not a presence of cigarette butts on floor.</p> <p>3) All staff in-serviced that cigarette butts must be extinguished and placed in the proper receptacles.</p> <p>4) Housekeeping Director or designee will make rounds weekly to smoking areas to ensure that cigarette butts are properly discarded. Administrator and Safety committee members will make random checks to the smoking areas to ensure that the staff are disposing their cigarette butts properly.</p>	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1</p> <p>This STANDARD is not met as evidenced by: Based on observations on 8/10/16 in the presence of facility management, it was determined that the facility failed to ensure that electrical appliances were used in safe manner in accordance with NFPA 70, National Electrical Code.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:38 a.m., the surveyor observed a water filled fish tank stored on top of a television in resident room 258. The television was plugged-in and "on" at the time of observation.</p>	K 147	<p>Date of Completion, 8/25/16 and ongoing</p> <p>K147</p> <p>1) Life Safety code standard. Fish tank was removed from on top of television and placed in an appropriate place. No residents were negatively affected.</p> <p>2) An audit was performed of all residents□ rooms to ensure there was nothing that contained liquid in close proximity of any electrical devices. All electrical devices were checked to ensure that they are used in a safe manner.</p> <p>3) In service given to staff to make sure</p>	8/25/16

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K 147	Continued From page 2 NJAC 8:39-31.2(e) NFPA 70	K 147	<p>that anything containing liquid is not placed in close proximity of any electrical devices.</p> <p>4) Maintenance Director or designee will make rounds of resident rooms on a weekly basis to ensure that there is no presence of anything containing liquid in close proximity to any electrical device. Maintenance staff will report to the administrator and Safety committee their findings on a monthly basis.</p> <p>Date of Completion, 8/25/16 and ongoing</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315462	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT Y2 9/12/2016 Y3
NAME OF FACILITY TALLWOODS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721

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
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0066	08/25/2016	LSC K0147	08/25/2016
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE
FOLLOWUP TO SURVEY COMPLETED ON 8/16/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	