

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 082436	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2021
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NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING AT FELLOWSHIP VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 9000 FELLOWSHIP ROAD BASKING RIDGE, NJ 07920
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(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Phase II-B of the Renovation Project: An inspection of the 27 Residential Units and the common areas on the 1st floor. This inspection does not change the 81 licensed Assisted Living beds.</p> <p>Census: 0</p> <p>Sample Size: N/A</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1083	<p>8:36-16.1(b) Physical Plant</p> <p>(b) New buildings and alterations, renovations and additions to existing buildings for assisted living residences shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group I-2 of the subcode.</p>	A1083		

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

TITLE

(X6) DATE

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A1083	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to clearly identify the exit access route with illuminated exit signs, provide an unobstructed path of egress, and failed to provide a fully fire sprinklered smoke compartment where Residential/Sleeping Units were contained. This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Uniform Construction Code 5:23: International Building Code</p> <ol style="list-style-type: none"> 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." 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 listed viewing distance for the sign, whichever is less, from the nearest visible exit sign." Section 1006, Means of Egress Illumination: "1006.1 Illumination required. The means of egress, including the exit discharge, shall be illuminated at all times in the building space served by the means of egress is occupied." 	A1083		

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A1083	<p>Continued From page 2</p> <p>4. Special detailed requirements based on use and occupancy; "Section 407, Group I-2, [F] 407.5 Automatic sprinkler system: "Smoke compartments containing patient sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with section 903.3.1.1 The smoke compartments shall be equipped with quick-response or residential sprinklers in accordance with Section 903.3.2"</p> <p>On 5/16/21, at 9:04 a.m., in the presence of the facility's Vice President of Health and Medical Services and Director of Building Projects (DBP), the surveyor conducted the entrance conference of the survey, and requested a copy for review of the facility layout which identified the various rooms in the newly renovated area of the facility and the Department of Community Affairs (DCA) approved plans.</p> <p>The surveyor, accompanied by the DBP, started the tour of the newly renovated area of the building at 10:05 a.m. At 11:20 a.m. the surveyor observed at the end of the access corridor, next to Residential Unit 101-01, that there was no illuminated exit sign to identify the egress route. The surveyor observed that there was a printed sign on the wall that read, "Emergency Exit Only," with an arrow which pointed to the left.</p> <p>The surveyor inspected the area to the left, as the sign indicated was the "Emergency Exit," and then was forced to turn right. At that time the surveyor observed a plywood door that did failed to have an illuminated exit sign above the door. That door also had a printed sign which also read, "Emergency Exit Only," additionally, there was another hand written sign on the door which read, "Push."</p>	A1083		

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A1083	<p>Continued From page 3</p> <p>The surveyor opened the door and observed the following on the other side of the door:</p> <ol style="list-style-type: none"> a. There was an area that was under Construction/Renovation. b. There were two (2) Contractors that were working with two (2) ladders and fire sprinkler pipes and sprinkler heads were blocking the corridor floor. c. There was no drop ceiling and the corridor walls in the construction/renovated area were open and there were electrical wires which hung down from the open ceiling. d. There was temporary construction lighting in the access corridor. <p>At that time the surveyor interviewed the DBP and asked what were the Contractors doing. The DBP stated that the Contractors were working on the fire sprinkler system.</p> <p>The surveyor continued through the Construction/Renovation area to reach an exit discharge and observed that the other side of the Construction/Renovated area failed to have one (1) illuminated exit sign to clearly identify the access route. Additionally, the surveyor observed a plastic barrier which extended from the floor to the metal decking ceiling, and the outside wall to the outside wall and blocked access to the exit.</p> <p>Later, during a second tour, the surveyor observed that the facility removed the plastic barrier, which then exposed that there was a plywood door located on the other side of the plastic barrier. This plywood door had a barrel bolt lock installed that was in the locked position.</p> <p>Later at approximately 3:00 p.m., the surveyor</p>	A1083		

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A1083	<p>Continued From page 4</p> <p>reviewed the DCA approved drawing "Project #5128-14 Plan A 0.2 Smoke Compartments" which identified that Residential Units, #101-08, #101-06, #101-04, #101-02, #101-01 and #101-03 and the Construction/Renovation areas were located within the same 7,180 square feet smoke compartment.</p> <p>The facility failed to clearly identify the exit access route with illuminated exit signs, failed to maintain clear and unobstructed exit access and provide a fully sprinkler smoke compartment with six (6) Residential/Sleeping Units in the compartment.</p> <p>Resident and Fire Safety hazards.</p>	A1083		