

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL08000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/17/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOOLWICH GARDENS ASSISTED LIVING LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1150 AUBURN ROAD WOOLWICH TOWNSHIP, NJ 08085</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) COMPLETE DATE
A 000	Initial Comments  Initial Comments: TYPE OF SURVEY: Initial inspection of 66 residential units (40 Assisted Living and 26 Memory Impaired Residential units) in a single story New Construction building, This inspection would be for 80 licensed beds.  Census: 0  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.	A 000		
A1083	8:36-16.1(b) Physical Plant  (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.  This REQUIREMENT is not met as evidenced by: Based on observation and interview on 05/16/2023 and 05/17/2023, it was determined that the facility failed to provide the annunciator panel for the emergency generator in a location that could be observed by an operating staff, in their regular work station, 24 hours a day, in accordance with the New Jersey Uniform	A1083		

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

TITLE

(X6) DATE

05/22/23

New Jersey Department of Health

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A1083	<p>Continued From page 1</p> <p>Construction Code, N.J.A.C. 5:23, for use group I-2 (health care) occupancy. The evidence included the following:</p> <p>On 05/16/2023 during the entrance conference at 9:27 a.m., the surveyor interviewed both the facility's General Contractor (GC) and Maintenance Staff (MS) and asked if the facility had an emergency generator and where is the location of the annunciator panel for the emergency generator. The GC stated, yes there is an emergency generator, and that the annunciator panel was located in the electrical room.</p> <p>Starting at approximately 10:42 AM on 05/16/2023 (day one of survey) and continued on 05/17/2023 (day two of survey) in the presence of the GC and MS a tour of the facility was performed.</p> <p>On 05/16/2023 at approximately 12:28 PM, an inspection inside an electrical room, where the <b>NU-EX Order 2023</b> emergency generator's transfer switch is located was performed.</p> <p>The surveyor observed no evidence of a generator annunciator panel. At this time the surveyor made a request to the MS, "Do you have a generator annunciator panel". The MS pointed to the transfer switch.</p> <p>On 05/17/2023 (day two of the survey) the surveyor and MS continued and finished the building tour. The surveyor observed no evidence of an emergency generator annunciator panel along the two day tour of the building.</p> <p>On 05/17/2023 (day two of survey) at approximately 10:25 AM during a second tour on</p>	A1083		

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A1083	<p>Continued From page 2</p> <p>the facility with the MS an inspection inside a janitors room located next to the electrical room was conducted.</p> <p>The surveyor observed inside the locked room a generator annunciator panel housing that was installed in the wall. There was no evidence of an annunciator panel in the room.</p> <p>Later during an interview with the GC was conducted. The GC told the surveyor that the prior construction company may have the generator annunciator.</p> <p>Reference:</p> <p>1) New Jersey Uniform Code 5:23 emergency power Chapter 27 Electrical Section 2702 emergency and standby power systems, 2702.1 Installation. Emergency and standby power systems shall be installed in accordance with ICC Electrical Code, NFPA 110 and NFPA 111.</p> <p>A remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station.</p> <p>2) Statutory Requirements:</p> <p>The statutory provisions in N.J.S.A. 26:2H-12.79 require every licensed Nursing Home and Assisted Living facility to be equipped with an electrical transfer switch and wiring by June 1, 2017. The facilities must also have either a signed contract to have a generator delivered to the facility in the event of a power outage, or have an on-site generator installed at the facility within three years of June 1, 2016 in the event of a power outage.</p> <p>3) Annunciator Panels:</p> <p>Annunciator panel requirements, NFPA 70 (National Electrical Code) and NFPA 110</p>	A1083		

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A1083	Continued From page 3  (Standard for Emergency and Standby Power Systems). NFPA 99: 6.4.1.1.17 Alarm Annunciator. A remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personal at a regular work station (see 700.12 NFPA 70, National Electrical Code). The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source.	A1083		

**WOOLWICH GARDENS ASSISTED LIVING**  
**1150 AUBURN ROAD, WOOLWICH, NEW JERSEY 08085**  
**856-254-3200**

**PLAN OF CORRECTION FOR INITIAL INSPECTION FROM DEPARTMENT OF HEALTH**

On May 16 and May 17, 2023, the state of New Jersey Department of Health arrived at Woolwich Gardens Assisted Living to complete initial site survey for licensing. During the survey the inspector found that the facilities generator annunciator panel had not been installed.

No residents are currently residing at Woolwich Gardens due to not having the initial state license. No residents or staff were affected.

On May 20, 2023 the annunciator panel was properly installed in the common area of Woolwich Gardens Assisted Living facility. The generator was run ensuring that components were functioning correctly.

The annunciator panel is located in an open area that is visible to staff, residents and any visitors to the facility and will be monitored by staff and Director of Maintenance on a daily routine.

If you have any questions or need further information, please reach me directly at 609-202-0499 (cell) or Woolwich Gardens 856-254-3200.

Sincerely,

**NJ Ex Order 26.4(b)(1)**

NJ Ex Order 26.4(b)(1)

NJCADA, BS  
Chief Operations Officer

*Accepted*  
*5/25/23*

**NJ Ex Order 26.4(b)(1)**

*by*

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL08000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/25/2023
NAME OF FACILITY WOOLWICH GARDENS ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 AUBURN ROAD WOOLWICH TOWNSHIP, NJ 08085	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A1083	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-16.1(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/20/2023	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	
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 5/17/2023		<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			