STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05C001	A. BUILDING: _____ B. WING _____	06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE SENIOR LIVING	85 HARRETON ROAD ALLENDALE, NJ 07401

(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: Renovation Project of Phase 1 of 18 Inspection Survey. CENSUS: 86 SAMPLE SIZE: N/A 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.	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 observations, interview and review of	A1083		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1083	Continued From page 1	A1083		

facility provided documentation on 06/28/2024, in the presence of Facility Management, it was determined that the facility failed to meet and provide the followin:
1) Provide proper fire sprinkler coverage to all areas 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 occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems.
2) Provide Ground Fault Circuit Interrupter (GFCI) electrical outlets with in wet locations as required.
3) Meet the requirements for smoke door tolerances.

This deficient practice was evidence by the following:

Reference #1: Uniform Construction Code, 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 compartment shall be equipped with approved quick-response or residential sprinklers in accordance with section 903.3.2.

Reference #2: National Fire Protection Association (NFPA) 13 Standard for the Installation of Sprinkler Systems.

Reference #3: National Fire Protection Association (NFPA) 101, "...9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1083	Continued From page 2 permitted to be continued in service... NFPA 70, 210.8 Ground-Fault Circuit-Interrupter Protection for Personal, Ground-fault circuit-interruption for personal shall be provided as required in 210.8 (A) through (C). The ground-fault circuit-interrupter shall be installed in readily accessible location... (B) Other than Dwelling Units. All 125-volt, single phase, 15- and 20- ampere receptacles installed in locations specified in 210.8 (B) (1) through (8) shall have ground-fault circuit-interrupter protection for personal. (5) Sinks-- where receptacles are installed within 1.8 M (6 feet) of the outside of a sink...." During the survey entrance on 06/28/2024, at approximately 9:40 AM, a request was made to the Administrator and Project Manager (PM) to provide the Department of Community Affairs (DCA) approved-architectural plans for review and a copy of the facility lay out which identifies the various rooms and areas that are part of Phase 1 renovation project that are to be inspected. A review of the facility provided lay out identified there are six (6) Resident apartments that were renovated and to be inspected as part of Phase 1 project. Starting at approximately 10:25 AM, an inspection of the six (6) Resident apartments and connecting common areas was performed. During the tour, the surveyor observed, measured, and recorded the following issues, 1) At approximately 11:18 AM, the surveyor observed, measured, and recorded inside Resident apartment #287, one Duplex Electrical	A1083		

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A1083	Continued From page 3 outlet located 46 inches to the left of the kitchen sink. When tested with a Ground Fault Circuit Interrupter tester to de-energize, the duplex electrical outlet did not de-energize as required by code. 2) At approximately 11:21 AM, an inspection inside Resident apartment #291 was performed. The surveyor observed inside the closet, next to the front door, that the Quick Response fire sprinkler had white paint covering the frangible glass head. The surveyor asked the PM, if it was paint covering the sprinkler head. The PM said, "yes." 3) At approximately 11:11 AM, the surveyor conducted a closure test of the corridor double smoke doors next to Resident apartment #280. When the doors were released from the magnetic hold open devices and allowed to self-close into their frame, the surveyor observed, measured, and recorded a 1/4 inch gap between the tow doors meeting edges. At approximately 12:25 PM on 06/28/2024, the Administrator was informed of the deficiency. Resident and Fire Safety Hazard. NJAC 5:23.	A1083		

New Jersey Department of Health

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[redacted]
NJ Exec Order 26.4b1

LABORATORY DIRECTOR'S [redacted] TITLE EXECUTIVE DIRECTOR (X6) DATE 7/19/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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New Jersey Department of Health

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ALLENDALE
SENIOR LIVING

July 18, 2024

Health Facility Survey & Field Operations
New Jersey Department of Health
NJ Exec Order 26.4b1
Trenton, NJ 08608
Attn: NJ Exec Order 26.4b1
RE: Allendale Senior Living - License #05C001 – Plan of Corrections

Please find a plan of corrections below for the deficiencies identified during the survey on June 28, 2024:

A1083-1) The deficient sprinkler head was located in a room that was not occupied by residents and therefore replacement of the head will not directly affect residents. We will have a fire watch in place while the sprinkler system is down for replacement of the sprinkler head. The sprinkler head will be replaced on Tuesday, July 23, 2024. To ensure the deficient practice will not recur, in accordance with the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems, we have engaged a design professional to design a code compliant automatic fire sprinkler system for all renovations that take place in the facility. During construction we will inspect the construction to ensure the renovations comply with the approved design. We will also inspect the installation of the system along with the design professional to ensure the system was installed per the design and in a code compliant manner. We will monitor the sprinkler system components throughout construction and following completion of construction to ensure the components remain in working condition. By monitoring the installation of the sprinkler system throughout construction and continuing after construction is completed, we will ensure that no other residents will be affected by the same deficient practice.

A1083-2) In accordance with the NFPA 70, National Electrical Code, we have replaced the non-Ground Fault Circuit Interrupter (GFCI) electrical outlets that were found in wet locations with compliant GFCI electrical outlets. These outlets were replaced on July 17, 2024. These outlets were located in rooms that were not occupied by residents and therefore the deficient practice did not affect any residents. Moving forward we will inspect all electrical outlets in the areas being renovated to ensure the outlets meet the requirements of NFPA 70, National Electrical Code to ensure that no resident will be affected by this deficient practice moving forward. We will consult with an electrical design professional as needed to confirm where GFCI outlets are required to meet the requirements of the National Electrical Code to ensure this deficient practice will not recur.

A1083-3) On Thursday, July 18, 2024 an astragal was installed on the corridor double smoke doors outside apartment #280. We inspected the installation to ensure it was installed in accordance with fire safety codes. To ensure no other residents would be affected by this deficient practice, we inspected all smoke doors in the facility to confirm that they were code compliant.

NJ Exec Order 26.4b1

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
05C001 Y1	A. Building B. Wing Y2	7/25/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE SENIOR LIVING	85 HARRETON ROAD ALLENDALE, NJ 07401

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 Reg. # 8:36-16.1(b) LSC	Correction Completed 07/25/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 6/28/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			