

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 07A022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/21/2023
NAME OF PROVIDER OR SUPPLIER SPRING HILLS LIVINGSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 346 E CEDAR STREET LIVINGSTON, NJ 07039		
(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 CENSUS: 0 SAMPLE SIZE: 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. 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 observation and interview on 04/19/2023 and 04/21/2023, it was determined	A1083		

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

TITLE

(X6) DATE

04/24/23

New Jersey Department of Health

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A1083	<p>Continued From page 1</p> <p>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 Construction Code, N.J.A.C. 5:23, for use group I-2 (health care) occupancy. The evidence included the following:</p> <p>On 04/19/2023 during the entrance conference at 9:15 a.m., the surveyor interviewed both the facility's Executive Director (ED) and Corporate Director of Environmental Services (CDES) and asked if the facility had an emergency generator and the location of the annunciator panel for the emergency generator. The CDES stated that the annunciator panel was located at the Nurses Station/ Wellness and downs stairs (garage level).</p> <p>On 04/21/2023 (day two of the survey) in the presence of the CDES at approximately 9:32 AM, a tour of the first floor Nurses Station/ Wellness area was performed.</p> <p>At approximately 9:47 AM the surveyor observed no evidence of an emergency generator annunciator panel.</p> <p>Later at approximately 10:52 AM an inspection insine the Main Electrical room on the garage level was performed. The surveyor observed no evidence of an emergency generator annunciator panel.</p> <p>At this time the surveyor made a request to the CDES, "Do you have a emergency generator annunciator panel. The CDES said to the surveyor, Let me ask.</p> <p>At approximately 11:07 AM, the CDES returned and told the surveyor, "The facility does not have a generator annunciator panel,"</p>	A1083		

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A1083	<p>Continued From page 2</p> <p>Reference: 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>	A1083		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 07A022	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/26/2023
NAME OF FACILITY SPRING HILLS LIVINGSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 346 E CEDAR STREET LIVINGSTON, NJ 07039	

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	04/24/2023	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 4/21/2023		<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			