

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL25284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2021
NAME OF PROVIDER OR SUPPLIER SUNRISE OF FRANKLIN LAKES		STREET ADDRESS, CITY, STATE, ZIP CODE 728 FRANKLIN AVENUE FRANKLIN LAKES, NJ 07417		
(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:</p> <p>TYPE OF SURVEY: Initial inspection of 88 residential units in a two story New Construction building, this inspection would be for 110 licensed 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> <p>Type of Survey: Initial Survey/Inspection of this newly established 110-bed Assisted Facility located in Sussex County.</p>	A 000		
A1083	8:36-16.1(b) Physical Plant	A1083		
	(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.			

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

TITLE

(X6) DATE

10/25/21

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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 review of facility provided documentation on 09/29/2021 and 09/30/2021, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of a newly constructed two-story building 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 the National Fire Protection Association (NFPA) 13, Installation of Sprinkler Systems.</p> <p>This deficient practice was evidence by the following:</p> <p>Reference: Uniform Construction Code, special detailed requirements based on use and occupancy section 407 group I-2, [F] 407.5 states, "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."</p> <p>During the survey entrance at 9:20 a.m. on 09/29/2021 (day one of the survey), the surveyor requested the facility's Executive Director (ED), General Contractor's Project Manager (GCPM) and the Maintenance Coordinator (MC), to provide a copy of the facility lay out which identified the various rooms in the facility and the Department of Community Affairs (DCA) approved architectural plans for review.</p> <p>On 09/30/2021 (day two of the survey) at 10:20</p>	A1083		

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A1083	<p>Continued From page 2</p> <p>a.m., in the presence of the ED, GCPM and MC, the surveyor conducted a tour of the building. During the tour, the surveyor observed that the facility failed to provide proper fire sprinkler protection in the following locations:</p> <ol style="list-style-type: none"> 1. At 10:37 a.m., the surveyor inspected inside the closet located under the first-floor spiral staircase. There was no evidence of fire sprinkler coverage inside the 5'-9" by 5'-5" closet. The surveyor asked the GCPM if a fire sprinkler was present inside the closet. The GCPM looked up and around and confirmed that "No" there was not a sprinkler inside the closet. The GCPM told the surveyor that the closet had been added. 2. At 10:41 a.m., the surveyor inspected inside the closet next to the left of the private dining room and identified that there was no fire sprinkler coverage inside the 5'-6" deep by 4'-9" wide closet. The surveyor asked the GCPM if he saw a fire sprinkler inside the closet. The GCPM looked up and around inside the closet and confirmed that "No" there was not a sprinkler inside the closet. <p>Later, a review of the facility provided DCA-approved architectural plans, Project # 5046-19 with release date 08/28/2019, Fire Sprinkler plan FP- 1.1A, page 6 of 9, First Floor Part A, identified that there was to be a pendant type-fire sprinkler inside the storage closet next to the private dining room.</p> <p>Further review of facility provided lay-out revealed that there was a Residential Sleeping Unit inside the smoke compartment area. However, there was no evidence of a closet located under the spiral staircase.</p> <p>This deficient practice is a fire safety hazard.</p>	A1083		

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