

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL14003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/19/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE OF MOUNTAIN LAKES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>23 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046</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	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Initial</p> <p>CENSUS: 0</p> <p>SAMPLE SIZE: 0</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> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 1/18 and 1/19/2022, it was determined that the facility</p>	A1083		

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

TITLE

(X6) DATE

01/27/22

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A1083	<p>Continued From page 1</p> <p>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 1/18/2022 during the entrance conference at 9:58 a.m., the surveyor interviewed both the facility's Executive Director (ED) and Maintenance Coordinator (MC) and asked if the facility had an emergency generator and the location of the annunciator panel for the emergency generator. The MC stated that the annunciator panel was located near the Maintenance Office.</p> <p>On 1/19/2022, day two of the survey, during surveyor tour of the building, at 11:54 AM, the MC entered a code on a security door in order to access the service corridor area. The surveyor then inspected inside the service corridor and identified that the annunciator panel for the emergency generator was located in that area, near the Maintenance Office in the secured service corridor, and not readily observed by operating staff 24 hours a day</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</p>	A1083		

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A1083	Continued From page 2  observed by operating personnel at a regular work station.	A1083		



## Plan of Correction

Name of Community:	Sunrise of Mountain Lakes
Address of Community:	23 Bloomfield Ave. Mountain Lakes NJ 07046
License number:	Pre-open Inspection
Inspection date(s):	1/18/22 & 1/19/22
Name/Title of Legal Entity Representative Signing the Plan of Correction:	Germaine Dignan – Executive Director CALA

Signature of Sunrise Representative: Germaine Dignan

Date of Submission: 1/27/2022

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A1083 8:36-16.1(b)	1/22/2022	<ol style="list-style-type: none"><li><b>Corrective Action for the Affected Residents:</b> There were no residents affected by this alleged deficiency. There are no residents currently residing in the community. On 1/22/22 the Electrical Contractor T&amp;R Electric relocated the generator annunciator panel at Sunrise of Mountain Lakes from the back service hallway to the second floor outside office of the Assisted Living Coordinator's Office (Room 202).</li><li><b>Corrective Action for other residents:</b> There are currently no residents residing in the community.</li><li><b>Systemic Correction to Prevent Recurrence:</b> All additional items were inspected during the survey of 1/18/22 and 1/19/22 and all were found to be in compliance with the NJ Uniform Construction Code.</li><li><b>Monitoring Plan:</b> The community Executive Director and Maintenance Coordinator shall ensure that any future construction in the community will be in compliance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3.</li></ol>

<b>Regulation</b>	<b>Target Date by Which Correction will be completed</b>	<b>Plan of Correction</b>

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# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL14003	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 2/2/2022
NAME OF FACILITY SUNRISE OF MOUNTAIN LAKES		STREET ADDRESS, CITY, STATE, ZIP CODE 23 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046

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
ID Prefix A1083	Correction	ID Prefix _____	Correction
Reg. # 8:36-16.1(b)	Completed	Reg. # _____	Completed
LSC _____	01/22/2022	LSC _____	LSC _____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	LSC _____	LSC _____	LSC _____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	LSC _____	LSC _____	LSC _____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	LSC _____	LSC _____	LSC _____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	LSC _____	LSC _____	LSC _____

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE
FOLLOWUP TO SURVEY COMPLETED ON 1/19/2022		<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	