

## Module 1 – Pool & Spa Inspection Master Analysis (Reference Edition)

COMPLETE MODULE (M1.1–M1.7 restored and updated)

### M1.1 Scope & Purpose (Reference)

This module is a reference-only analysis of Health Department inspection history for the FSAM Outdoor Pool, Indoor Pool, and Indoor Spa from 2024–2025. It is designed as a stable export for later final writing. Aquatic safety responsibility is treated as collective and non-delegable.

### M1.2 Chronological Inspection Index (2024–2025)

Condensed index of key inspections and enforcement events.

Date	Facility	Inspection Type	Key Findings	Outcome	Notes
12/30/2024	Indoor Pool	Full	Excessive chlorine FC>15	CLOSED	Over-chlorination
12/30/2024	Indoor Spa	Full	High chlorine/pH, FC>10	CLOSED	Chemical instability
12/31/2024	Indoor Pool & Spa	Reinspection	Near limits	Reopened	Marginal compliance
7/24/2025	Outdoor Pool	Full	Low chlorine	CLOSED	Under-chlorination
7/30/2025	Indoor Pool	Full	Low chlorine	CLOSED	Repeat failure
7/30/2025	Indoor Spa	Full	Low chlorine	CLOSED	Repeat failure
12/29/2025	Indoor Pool	Full	FC 13.6 / pH 8.0	No closure	Item 81 OUT
12/29/2025	Indoor Spa	Full	FC 9.8 / pH 7.8	Operational	Item 81 IN

### M1.3 High-Level Patterns (Reference Notes)

- Chemical instability in both high and low directions.
- Repeat non-conformances within short timeframes.
- Inspections function as snapshots, not continuous assurance.
- No documented root-cause analysis or redesign after closures.

### **M1.4 Major Events & Closures (Reference Notes)**

- 12/30/2024: Indoor Pool and Spa closed (over-chlorination).
- 7/24–7/30/2025: Repeat closures for low chlorine.
- 12/29/2025: Indoor Pool high chlorine without closure.

### **M1.5 How This Module Is Used (Reference)**

Use this module as the factual and analytical backbone for final writing. M1.2–M1.4 establish chronology and patterns; M1.6 provides governance findings.

### **M1.6 Governance Finding – Failure to Prevent Re-Occurrence**

The lack of effective corrective action is demonstrated by repeated closures and recurring chemical non-conformances between December 2024 and December 2025. Identical failures recurred within days or months, indicating absence of preventive controls.

Candlewood (CPO) and PMA local staff permitted operation without stable chemical control. Where unsafe conditions cannot be promptly and reliably corrected, best practices, basic safety principles, Health Department standards under NJAC 8:26, and fundamental duties of care require continued closure until compliance is demonstrated.

There is no evidence of consequences, accountability, or structural change following violations. Failures were treated as routine interruptions rather than safety events, leaving residents—particularly seniors—exposed to preventable risk.

Note: it is expressed that the HD inspections represent snapshots of just 2-3 days results out of 365 and random. If we can thereby extrapolate the results a common instance of irresponsibility, it becomes even more egregious.

### **M1.7 Statistical Extrapolation of Risk**

It must be noted that Health Department inspections represent "snapshots" of performance, occurring on fewer than 1% of operational days. When critical failures—such as chemical instability and closures—are identified during these random, infrequent windows, it is statistically improbable that these are isolated incidents.

Rather, these results serve as a diagnostic indicator of a systemic, day-to-day failure in pool chemistry management. If the facility is found out of compliance during a scheduled or random inspection, it must be inferred that residents are being exposed to unmonitored and unsafe conditions during the vast majority of the 365-day calendar. To treat these as "one-off" events is a failure of oversight; they are symptomatic of a continuous breach of safety standards.