

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12a001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARBORCHASE OF PRINCETON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4331 S US ROUTE 1</b> <b>MONMOUTH JUNCTION, NJ 08852</b>		
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A 000	Initial Comments  Initial Comments: TYPE OF SURVEY: Complaint  COMPLAINT #: NJ00158875  CENSUS: 47  SAMPLE SIZE: 9  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			
A 269	8:36-3.1(a) Administration  (a) An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator. The administrator or a designated alternate shall be available at all times and shall be on-site at the facility on a full-time basis in facilities that have 60 or more licensed beds, and on a half-time basis in facilities that have fewer than 60 licensed beds, in accordance with the definition of "full-time" and "half-time" at N.J.A.C. 8:36-1.3.	A 269			

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

TITLE

(X6) DATE

11/22/22

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A 269	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00158875</p> <p>Based on observation, interview, and record review on 10/19/2022, 10/20/2022, and 10/24/2022, it was determined that the facility failed to employ an Executive Director or an alternate Executive Director to the facility in accordance with the state regulations. This deficient practice was evidenced by the following:</p> <p>On 10/19/2022 at 10:27 a.m., during surveyor entrance conference the surveyor interviewed the facility's Vice President of Operations (VP) who stated the facility's Executive Director (ED) resigned <span style="background-color: black; color: white;">NJ Ex Order 26.4b1</span> without notice.</p> <p>At 2:10 p.m., the surveyor interviewed the VP and inquired about the Alternate ED. The VP stated she did not know who the alternate ED was but would inquire.</p> <p>At 2:37 p.m., the VP stated she did not have an update.</p> <p>On 10/20/2022 at 11:32 a.m., the facility's VP approached the surveyor and stated the ED who resigned on <span style="background-color: black; color: white;">NJ Ex Order 26.4b1</span> was hired as a contracted ED by the facility. The VP was unable to provide the surveyor with the ED's contract.</p> <p>At 11:32 a.m., the surveyor interviewed the Director of Resident Care (DRC) and inquired about the alternate ED. The DRC stated she did not know who the alternate ED was.</p> <p>At 11:45 a.m., the surveyor received a document from the facility's VP dated 10/20/2022, which</p>	A 269		

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A 269	<p>Continued From page 2</p> <p>revealed that the ED who resigned on [NJ Ex Order 26.4b1] would remain the facility's ED. The surveyor also received a document dated [NJ Ex Order 26.4b1] that revealed, the DRC was the alternate ED.</p> <p>At 12:18 p.m., the surveyor interviewed the ED via telephone call. The ED confirmed she did resign on [NJ Ex Order 26.4b1] but would be the fulltime ED. The ED also confirmed she did not have an alternate ED.</p> <p>10/24/22 at 5: 06 p.m., the facility's VP confirmed that [NJ Ex Order 26.4b1] the facility did not have an ED. The VP also stated the alternate ED became the alternate ED on [NJ Ex Order 26.4b1].</p> <p>The surveyor reviewed the facility policy and procedure titled "8:36-3.1 Appointment of Executive Director" which revealed, "Procedure: ... An Executive Director shall be appointed by Harbor Chase and an alternate shall be designated in writing to act in the absence of the executive director ..."</p>	A 269		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00158875</p> <p>Based on interview and recorded review, it was determined that the Executive Director (ED) failed to implement and enforce the facility's policies and procedure titled, "STANDARD 2.10: THIRD PARTY-RESIDENT'S PRIVATE DUTY PERSONNEL POLICY" regarding the mandatory qualifications for the Private Duty Personnel (PDP) for 9 out of 9 PDPs reviewed. This deficient practice was evidenced by the following:</p> <p>On 10/19/2022 at 11:13 a.m., during the facility tour the surveyor interviewed the facility's Vice President of Operations (VP) who stated although the facility did not hire staff through nursing agencies, resident have privately hired PDPs through nursing agencies. The surveyor then asked the VP for the facility's PDP policy.</p> <p>On 10/20/2022 at 10:32 a.m., the surveyor interviewed the facility's VP and requested the facility PDP's records. The VP stated the facility did not have PDP records but provided the surveyor with a list of 9 PDPs. The VP was not able to produce PDP documentation related to the PDP's professional licenses, evidence of <b>NJ Ex Order 26.4b1</b> check and <b>NJ Ex Order 26.4b1</b> forms, medical certifications, evidence of a drug test, or evidence of <b>NJ Ex Order 26.4b1</b> screenings. The VP was also unable provide documentation that PDPs completed the required training on "Resident Abuse, Neglect and Reporting requirements" and</p>	A 310			

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A 310	<p>Continued From page 4</p> <p>"Fire Safety". The VP was unable to provide the surveyor with a sign in and out log for PDPs [A document that allows the facility to monitor the names, dates, and times of PDPs coming in and out of the facility].</p> <p>On 10/20/2022 at 12:18 p.m., the surveyor interviewed the facility's ED via telephone call regarding the facility's PDP policy. The ED stated the facility did not obtain the required documentation, such as, the PDP's professional licenses, evidence of <b>NJ Ex Order 26.4b1</b> check and <b>NJ Ex Order 26.4b1</b> forms, medical certifications, evidence of a drug test, or evidence of <b>NJ Ex Order 26.4b1</b> and sign in and out log, as stated in the facility PDP policy. The ED also stated the PDPs did sign in or out of the facility.</p> <p>On 10/20/2022 at 12:25 p.m., the surveyor interviewed the facility's PDP, PDP #1, who stated she did not receive training related to resident abuse, neglect, or fire safety upon hire. PDP #1 stated she did not sign in or out for duty while at the facility. PDP #1 also stated she did not provide the facility with her professional license, evidence of a <b>NJ Ex Order 26.4b1</b> check, a medical certification, evidence of a drug test or evidence of <b>NJ Ex Order 26.4b1</b> upon being hired privately approximately <b>NJ Ex Order 26.4b1</b>.</p> <p>On 10/24/2022 at 12:32 p.m., the surveyor interviewed the facility Business Office (BOM) Manager who stated he managed the facility's PDPs but was not aware of the facility's PDP policy. The BOM was unable to provide the surveyor with the PDP hire dates or the required documentation stated in the facility's PDP policy.</p> <p>The surveyor reviewed the facility policy and procedure titled "STANDARD 2.10: THIRD</p>	A 310		

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A 310	<p>Continued From page 5</p> <p>PARTY-RESIDENT'S PRIVATE DUTY PERSONNEL POLICY" which revealed, "Protocol: ... Private duty personnel are individuals paid either by residents or their families to act as a companion, sitter, nurse, nurse aide, or other individual that may be supplementing a community staff position... Regardless of whether the individual is affiliated with an agency or is an independent contractor, the individual must meet the following qualifications:</p> <p>Professional license, state certification or registration (depending on duties)</p> <p>Evidence of criminal history check and abuse forms completed. These may be performed independently or by Human Resources Department at a \$30.00 charge.</p> <p>The resident will be notified if there are any concerns when the results are received.</p> <p>Medical certification showing good health and free of communicable disease (just prior to beginning services).</p> <p>Evidence of Drug Test immediately prior to beginning services, performed independently or by the Human Resources Department at a \$40.00 charge.</p> <p>Evidence of a TB screening by Mantoux test or chest x-ray within the last year.</p> <p>Completion of training on "Resident Abuse, Neglect and Reporting requirements" and "Fire Safety". These in-services will provide by designated staff of the Community ....</p>	A 310		

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A 310	Continued From page 6  Signing In and Signing Out  PDPs will sign in for all duty hours. Personnel must sign in and out upon entering or when leaving the building. Residents should not give PDPs keys to the buildings. In the Health Care Center, you must notify the licensed nurse in charge when arriving or leaving the building ..."	A 310		
A 517	8:36-5.6(b)(1-7) General Requirements  (b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:  1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment;  2. Emergency plans and procedures;  3. The infection prevention and control program;  4. Resident rights;  5. Abuse and neglect;  6. Pain management;  7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.	A 517		

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A 517	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00158875</p> <p>Based on interview and record review, it was determined that the facility failed to provide documented evidence that 2 of 5 employees, Employee #'s 2 and 3 received the required in-service training on Abuse and Neglect. These in-services were to be provided upon hire and annually thereafter. This deficient practice was evidence by the following:</p> <p>On 10/24/2022 at 3:50 p.m., the surveyor reviewed the employee personnel files and observed that the following employee files did not have documented evidence that the employees received the required in-services listed above:</p> <p>1. Employee #2 was hired on [NJ Ex Order 26.4b] as an AL [Assisted Living] Care Partner. Upon review of the employee file there was no documented evidence that the employee completed the required Abuse and Neglect in-service training</p>	A 517		



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A 517	Continued From page 8  upon hire.  2. Employee #3 was hired on <span style="background-color: black; color: yellow;">NJ Ex Order 26.4b1</span> as an AL Care Partner. Upon review of the employee file there was no documented evidence that the employee received the required upon hire.  On 10/4/2022 at 5:06 p.m., the surveyor interviewed the Vice President of Operations (VP) who stated the required abuse and neglect in-service was not completed in its entirety by Employee #2 and that there was no documented evidence that Employee #3 received the abuse and neglect in-service. The VP also stated the abuse and neglect in-service training should have been completed by Employee #2 and Employee #3.  The surveyor reviewed the facility policy and procedure titled "STANDARD 1.15: ASSOCIATE ORIENTATION AND TRAINING" which revealed, "Protocol: ... All associates will receive the following training: ... State required/specific training ... Prior to resident contact, training as required by state specific guidelines."	A 517		
A 565	8:36-5.10(a)(3) General Requirements  (a) The facility shall notify the Department immediately by telephone at 609-633-9034 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following:  3. All suspected cases of resident abuse, neglect, or misappropriation of resident property, including, but not limited to, those which have been reported to the State of New Jersey Office of the Ombudsman for the	A 565		

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A 565	<p>Continued From page 9</p> <p>Institutionalized Elderly for residents over 60 years of age;</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00158875</p> <p>Based on interview and record review, it was determined that the facility failed to notify the New Jersey Department of Health (DOH) of incidences of alleged <b>NJ Ex Order 26.4b1</b> that occurred at the facility on <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> at the facility which involved 2 or 9 residents reviewed for <b>NJ Ex Order 26.4b1</b>, Resident #2, and Resident #5. This deficient practice was evidence by the following:</p> <p>On 10/24/2022 at 11:06 a.m., during the entrance conference, the surveyor interviewed the Vice President of Operations (VP) and asked if there were any <b>NJ Ex Order 26.4b1</b> investigations conducted during the last 6 months. The VP stated she did not know but would inquire.</p> <p>At 12:29 p.m., The VP provided the surveyor with a copy of a witness statement dated <b>NJ Ex Order 26.4b1</b>. According to the witness statement, <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> allegedly occurred at the facility with Resident #5 and a resident hired Private Duty Personnel (PDP). The VP also provided the surveyor with an investigation dated <b>NJ Ex Order 26.4b1</b> which included a resident interview summary for a facility conducted interview with Resident #2. According</p>	A 565		

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A 565	<p>Continued From page 10</p> <p>to the resident interview summary, <b>NJ Ex Order 26.4b1</b> allegedly occurred at the facility with Resident #2 and an AL [Assisted Living] Care Partner.</p> <p>1. The surveyor reviewed resident #5's medical record, which indicated that the resident was admitted to the facility in [REDACTED] with diagnoses that included <b>EX Order 26 § 4b1</b> [REDACTED]. According to the "Resident Personal Service Plan and Assisted Living Evaluation (RPPA)", dated [REDACTED], Resident #5 was <b>NJ Ex Order 26.4b1</b> [REDACTED] and required <b>NJ Ex Order 26.4b1</b> [REDACTED]. The RPPA also stated Resident #5 was receiving [REDACTED] services and required assistance with <b>EX Order 26 § 4b1</b> [REDACTED].</p> <p>The resident was not able to be interviewed due to [REDACTED] at the time of this survey, however, the allegation was that while <b>NJ Ex Order 26.4b1</b> [REDACTED] Resident #5, a staff member, PDP #1, <b>NJ Ex Order 26.4b1</b> [REDACTED], <b>NJ Ex Order 26.4b1</b> [REDACTED] "as she <b>NJ Ex Order 26.4b1</b> [REDACTED]. In addition, the witness statement alleged PDP #1, <b>NJ Ex Order 26.4b1</b> [REDACTED] Resident #5's [REDACTED] while <b>NJ Ex Order 26.4b1</b> [REDACTED] Resident #5 as <b>NJ Ex Order 26.4b1</b> [REDACTED].</p> <p>2. The surveyor reviewed Resident #2's medical record, which indicated that the resident was admitted to the facility in [REDACTED] with diagnoses that included [REDACTED]. According to the "Resident Personal Service Plan and Assisted Living Evaluation (RPPA)", dated [REDACTED] Resident #2 was <b>NJ Ex Order 26.4b1</b> [REDACTED] to [REDACTED], <b>NJ Ex Order 26.4b1</b> [REDACTED]. The RPPA also stated Resident #5 required assistance with <b>EX Order 26 § 4b1</b> [REDACTED].</p>	A 565		

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A 565	<p>Continued From page 11</p> <p>According to the resident interview summary, the resident alleged the facility's AL Care Partner attempted to [REDACTED] the resident's [REDACTED] in attempt to provide the resident with [REDACTED] care after the resident [REDACTED] the care.</p> <p>On 10/24/22 at 11:55 a.m., the surveyor interviewed Resident #2 who had [REDACTED] related to care, safety, privacy, or resident rights.</p> <p>On 10/24/2022, at 5:06 p.m., the surveyor interviewed the facility's VP and asked if the two incidents of alleged [REDACTED] were reported to DOH. The VP stated the alleged incidents of [REDACTED] were not reported to DOH but that the incidents should have been reported.</p> <p>A post-survey telephone interview was conducted on 11/1/2022 at 11:45 a.m., with the facility's Executive Director (ED) who stated the two incidents of alleged [REDACTED] were not reported to DOH due to the lack of opportunity but that she should have been reported the incidents to DOH.</p> <p>The surveyor reviewed the facility policy and procedure titled "STANDARD R1.16: ABUSE, NEGLECT AND EXPLOITATION-DEFINITION/INVESTIGATION/REPORTING/PROHIBITION" which revealed, "Policy: ... Definitions: a) "Abuse" means any willful act or threatened act which causes or is likely to cause significant impairment to a vulnerable adult's physical, mental or emotional health ... Parties Potentially Involved: ... c) One or more resident(s) and staff ... External Reporting/Notification: ... c) Report to the State appropriate Agency and/or State specific Abuse Hotline and follow the State specific protocol as</p>	A 565		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12a001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARBORCHASE OF PRINCETON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4331 S US ROUTE 1</b> <b>MONMOUTH JUNCTION, NJ 08852</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 565	Continued From page 12 defined in the regulations ..."	A 565			

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 12a001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/12/2022
NAME OF FACILITY HARBORCHASE OF PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S US ROUTE 1 MONMOUTH JUNCTION, NJ 08852	

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 A0269	Correction	ID Prefix A0310	Correction	ID Prefix A0517	Correction
Reg. # 8:36-3.1(a)	Completed	Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.6(b)(1-7)	Completed
LSC	10/26/2022	LSC	12/19/2022	LSC	12/19/2022
ID Prefix A0565	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-5.10(a)(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/19/2022	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE		DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/24/2022		<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			