

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING OAK ASSISTED LIVING AT VOORHEE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>396 SO. WHITE HORSE PIKE BERLIN, NJ 08009</b>
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(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: Complaint</p> <p>COMPLAINT #: NJ00140762</p> <p>CENSUS: 73</p> <p>SAMPLE SIZE: 3</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		
A 407	<p>8:36-4.1(a)(25) Resident Rights</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>25. The right to keep and use his or her personal property, unless this would be unsafe, impractical, or an infringement on the rights of other residents. The facility shall take precautions to ensure that the resident's personal possessions are secure from theft, loss, and misplacement;</p>	A 407		

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

TITLE

(X6) DATE

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A 407	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00140762</p> <p>Based on interview and review of pertinent documents it was determined that the facility failed to ensure that the residents' personal property which included a <b>NJ Ex Order 26.4b1</b> [REDACTED] was allowed to remain secured in working order in the residents' private apartment for 1 of 3 residents reviewed for resident rights, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 11/10/20 at 10:00 a.m., the surveyor interviewed the Executive Director (ED) who stated that Resident #2 had a recording device in his/her apartment and that the facility unplugged the <b>NJ Ex Order 26.4b</b> on <b>NJ Ex Order 20.4b1</b>. The ED further stated that the facility has incorporated a new policy for recording devices and no longer allowed recording devices such as "Nanny Cams" in the resident's apartment.</p> <p>The ED further stated that letters would be sent to the families to inform them of the new policy in regards to the recording devices and provided a copy of the policy for surveyor review.</p> <p>The surveyor reviewed the policy titled, "Recording Devices" effective 11/1/20 which indicated that "...the recording (video and/ or audio) of, photographing of, or otherwise capturing on an audio/video device of any Resident by anyone other than an authorized member of staff is Strictly Prohibited...Further, the</p>	A 407		

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A 407	<p>Continued From page 2</p> <p>use of cameras (including, but not limited to handheld devices, fixed or mounted devices, cellular or tablet-style devices, webcam devices, etc)...In-room cameras, (otherwise known as "Nanny Cams"...are not permitted."</p> <p>On 11/10/20 at 10:40 a.m., the surveyor reviewed the medical records (MRs) of Resident #2 which revealed that the resident moved into the facility on [redacted] with diagnoses which included [redacted] and [redacted]. The MRs revealed that Resident #2 resided in the memory care neighborhood and was on [redacted] services.</p> <p>The surveyor reviewed the general service plan (GSP) for Resident #2, which indicated that the resident received assistance which included [redacted], [redacted], [redacted], [redacted] and [redacted]. According to the GSP the resident was [redacted], [redacted], a [redacted] and [redacted].</p> <p>Later that day the surveyor interviewed the ED who stated that Resident #2 had a recording device in his/her room since admission and that the [redacted] was unplugged by the facility on [redacted]. The ED provided a copy of an email that was sent to the Power of Attorney (POA) on [redacted] which indicated that the [redacted] was going to be unplugged that day. The ED further stated that the [redacted] was not removed out of the residents' apartment but that the [redacted] was unplugged which stopped the recording device.</p> <p>The ED stated that in the memory care neighborhood that other residents may wander into other residents apartments and that it was a health insurance portability accountability act (HIPAA) violation to have other memory impaired residents on recorded devices without their</p>	A 407		

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A 407	<p>Continued From page 3</p> <p>knowledge.</p> <p>The ED further stated that Resident #2's door would remain locked when the resident was not in his/her apartment to prevent other residents from <small>NJ Ex Order 28.4b1</small> into Resident #2's apartment.</p> <p>The facility failed to allow the resident to retain personal property of choice which included a recording device in working order in his/her apartment.</p>	A 407		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A008 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/30/2021 <span style="float: right;">Y3</span>
NAME OF FACILITY SPRING OAK ASSISTED LIVING AT VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009	

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 A0407	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(25)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/30/2021	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 <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 11/10/2020		<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		