

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/04/2024
NAME OF PROVIDER OR SUPPLIER CHESTNUT HILL RESIDENCES BY COMPLETE CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 338 CHESTNUT STREET PASSAIC, NJ 07055		
(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
H 000	<p>Initials Comments</p> <p>TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00172057</p> <p>CENSUS: 102</p> <p>SAMPLE SIZE: 4</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>	H 000		
H5795	<p>8:43E-13.5 UNIVERSL TRANSFR FORM:P&P REGARDG USE OF FORM</p> <p>A licensed healthcare facility or program shall develop and implement written policies and procedures addressing the required use of the Universal Transfer Form by a licensed healthcare facility or program's staff, method of transportation, procedures for security of the resident and all personal belongings or other items that accompany or immediately follow a transferred resident.</p>	H5795		

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

TITLE

(X6) DATE

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H5795	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00172057</p> <p>Based on observation, interview, and record review of facility documents it was determined that the facility failed to ensure that a policy and procedure that addresses the utilization and completion of a Universal Transfer Form (UTF), was developed and implemented for 1 of 4 residents reviewed, Resident #2.</p> <p>On 3/21/2024 at 12:05 p.m., the surveyor reviewed Resident #2's the medical records (MR) which indicated the resident moved into the facility on ^{NJ Ex Order 26.4b1} with diagnoses that include NJ Ex Order 26.4b1. A further review of the MR revealed on ^{NJ Ex Order 26.4b1}, Resident #2 ^{NJ Ex Order 26.4b1}.</p> <p>At 12:43 p.m., the surveyor interviewed the Regional Nurse who stated the facility does not have a UTF policy, but it's something that is discussed during orientation.</p> <p>The facility failed to develop and implement a policy and procedure on the use of a UTF.</p>	H5795			
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00172057</p> <p>CENSUS: 102</p>	A 000			

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A 000	Continued From page 2 SAMPLE SIZE: 4 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 389	8:36-4.1(a)(16) Resident Rights (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: 16. The right to be free from physical and mental abuse and/or neglect; This REQUIREMENT is not met as evidenced by: Complaint: NJ00172057 Based on interview, medical record review, and review of other pertinent facility documents, it was determined that the facility failed to ensure each	A 389		

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A 389	<p>Continued From page 3</p> <p>resident's right to be free from abuse was enforced when 2 of 4 residents reviewed for abuse experienced NJ Exec Order 26.4b1, Resident #2. This deficient practice was evidenced by the following:</p> <p>On NJ Ex Order 26.4b1 at 4:08 p.m., The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH, via email which revealed on NJ Ex Order 26.4b1 at 8:00 a.m., Resident #2 and Resident #3 NJ Ex Order 26.4b1 but a Home Health Aide (HHA) NJ Ex Order 26.4b1 and both residents NJ Ex Order 26.4b1. The report further stated the HHA NJ Ex Order 26.4b1 between both residents. A further review of the documents sent with the NJ Ex Order 26.4b1 revealed Resident #2 NJ Ex Order 26.4b1 at 10:42 a.m.</p> <p>On 3/21/2024 at 12:05 p.m., the surveyor reviewed Resident #2's the medical records (MR) which indicated the resident NJ Ex Order 26.4b1 the facility on NJ Ex Order 26.4b1 with diagnoses that include NJ Ex Order 26.4b1 in Resident #2 or Resident #3's Progress Notes.</p> <p>At 11:11 a.m., the surveyor interviewed Resident #2 who stated on NJ Ex Order 26.4b1, Resident #3 NJ Ex Order 26.4b1. The resident further stated that he/she informed the Administrator of the incident that day.</p> <p>At 11:47 a.m., the surveyor interviewed Resident #3 who stated Resident #2 NJ Ex Order 26.4b1 him/her</p>	A 389		

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A 389	<p>Continued From page 4</p> <p>NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 The resident also NJ Ex Order 26.4b1 with Resident #2.</p> <p>At 12:19 p.m., the surveyor interviewed the Administrator who stated that Resident #2 and Resident #3 NJ Ex Order 26.4b1 and the NJ Ex Order 26.4b1</p> <p>At 4:20 p.m. the surveyor interviewed the Administrator who stated that she did not become aware of the NJ Ex Order 26.4b1 until NJ Ex Order 26.4b1 at approximately 10:15 a.m., during clinical rounds.</p> <p>At 5:29 p.m., the surveyor interviewed Resident #2 who showed the surveyor a picture taken on NJ Ex Order 26.4b1 during his/her NJ Ex Order 26.4b1</p> <p>On 4/03/2024, the surveyor reviewed Resident #2's NJ Ex Order 26.4b1 which stated that he/she NJ Ex Order 26.4b1."</p> <p>Surveyor review of the facility policy and procedure titled, "Resident Rights" which states, "...1. c. be free from abuse, neglect, misappropriation of property, and exploitation...."</p> <p>On 4/04/2024, the surveyor conducted a revisit and verified that the facility revised the Abuse policy and procedure and implemented the removal plan to correct the identified deficient practice</p>	A 389		

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A 401	Continued From page 5	A 401		
A 401	<p>8:36-4.1(a)(22) 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>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, medical record review, and review of other pertinent facility documents, it was determined that the facility failed to ensure a safe environment while providing care and services to a resident in the Assisted Living unit for 1 of 4 residents reviewed, Resident #2. This deficient practice is evidenced by the following:</p> <p>On 3/21/2024 at 12:05 p.m., the surveyor reviewed Resident #2's the medical records (MR) which indicated that the resident NJ Ex Order 26.4b1 with diagnoses that include NJ Ex Order 26.4b1</p> <p>A progress note dated NJ Ex Order 26.4b1 indicated that Resident #2 NJ Ex Order 26.4b1 at approximately 6:30 a.m. It further stated that once access was gained to residents' room, a Certified Medication Aide (CMA) observed Resident #2 NJ Ex Order 26.4b1</p>	A 401		

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A 401	<p>Continued From page 6</p> <p>At 11:00 a.m., the surveyor interviewed Resident #2 who stated the call bell light string use to be shorter and I was unable to reach it after [REDACTED]. The surveyor noted the call bell string currently extends to [REDACTED] on side of the bed used to [REDACTED] resident out of [REDACTED].</p> <p>At 12:19 p.m., the surveyor interviewed the Administrator who stated that there is one call light for two beds. The administrator further stated that the string was recently extended.</p> <p>At 2:05 p.m., The surveyor reviewed a document titled, "Chestnut Hill Residences by Complete Care Maintenance Daily Work Sheet" indicating the date, 3/08/2024, and work to be done: Call Bell String, without any specific indication of the work done.</p> <p>The surveyor reviewed the policy titled "Call Lights" which states: Procedure: 6. Always position call light conveniently for use and within reach of the resident."</p> <p>On 4/04/2024, the surveyor conducted a revisit and verified that the facility revised the Abuse policy and procedure and implemented the removal plan to correct the identified deficient practice</p>	A 401		
A1105	<p>8:36-16.8(c) Physical Plant</p> <p>(c) Residential units shall be lockable by the occupant(s). Egress from the unit shall be possible at all times and locking hardware shall enable occupant(s) to gain egress from within by means of a simple operation. All residential units shall be accessible by means of a master key or similar system which is available at all times in</p>	A1105		

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A1105	<p>Continued From page 7</p> <p>the facility, and available at all times for use by designated staff.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint: NJ00172057</p> <p>Based on observation, interview, and record review of facility documents, it was determined that the facility failed to provide a functional door lock that could be opened by the occupant of that apartment or designated staff for 1 of 4 residents reviewed, Resident #2. This deficient practice is evidenced by the following:</p> <p>On 3/21/2024 at 12:05 p.m., the surveyor reviewed Resident #2's the medical records (MR) which indicated that the resident NJ Ex Order 26.4b1 with diagnoses that included NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 indicated that Resident #2 NJ Ex Order 26.4b1 at approximately 6:30 a.m. It further stated that "once access was gained" to residents' room, a Certified Medication Aide (CMA) observed Resident #2 NJ Ex Order 26.4b1</p> <p>At 11:00 a.m., the surveyor interviewed Resident #2 who stated the Aides were pounding on the apartment door, the NJ Ex Order 26.4b1</p> <p>At 12:19 p.m., the surveyor interviewed the Administrator who stated, when the CMA attempted to open the Resident #2's door, but that the key got stuck in the lock and took a</p>	A1105		

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A1105	<p>Continued From page 8</p> <p>minute or two to access the room. The Administrator further stated that the lock to the apartment door was changed that morning.</p> <p>At 2:05 p.m., The surveyor reviewed a document titled, "Care Maintenance Daily Work Sheet" indicated that on [REDACTED], [REDACTED] indicated that on [REDACTED]; however, the reason the lock was changed was not specified.</p> <p>At 2:35 p.m., the surveyor interviewed the CMA who stated, she got [REDACTED] when she heard Resident #2 [REDACTED].</p> <p>At 5:23 p.m., the surveyor interviewed Resident #2 who stated he/she [REDACTED]. The resident further stated that the Aide told her/him that she used a card to pick the lock and stated she didn't have a key to the resident's apartment.</p> <p>A review of the policy titled, "Room Key/Locks (Assisted Living)" states, "...3. All residential units shall be accessible by mean of master key, which is readily available in the facility and available at all times to designated staff...."</p> <p>On 4/04/2024, the surveyor conducted a revisit and verified that the facility revised the Abuse policy and procedure and implemented the removal plan to correct the identified deficient practice.</p>	A1105		