

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/01/2022
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NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VINELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 SOUTH MAIN ROAD VINELAND, NJ 08360
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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: Complaint Type: Standard with Complaint</p> <p>Complaint #: NJ 00157375, NJ 00156858</p> <p>Census: 83</p> <p>Sample size: 7</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		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced</p>	A1073		

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

TITLE

(X6) DATE

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A1073	<p>Continued From page 1</p> <p>by: Based on interview and record review, it was determined that the facility failed to provide documented evidence that the Medical Doctor (MD) and Responsible Party (RP) were notified of a change in condition for 1 of 7 residents sampled, Resident #6. In addition, the facility failed to consistently document in the medical record of 1 of 7 residents reviewed, Resident #6. This deficient practice was evidenced by the following:</p> <p>On 8/31/2022, the surveyor reviewed the medical record of Resident #6 who had diagnoses which included Ex Order 26. 4B1. The surveyor reviewed the "Resident Notes" (RN) dated NJ Ex Order 26.4b1 which revealed Resident #6 had NJ Ex Order 26.4b1 and had been diagnosed with Ex Order 26. 4B1 on NJ Ex Order 26.4b1. There was no documentation of the resident having been diagnosed with Ex Order 26. 4B1 on NJ Ex Order 26.4b1 prior to the RN NJ Ex Order 26.4b1. There was no documented evidence that the MD and family had been notified of Resident #6's new diagnosis of Ex Order 26. 4B1.</p> <p>On 9/1/2022 at 10:43 a.m., the surveyor interviewed the facility's Director of Nursing (DON) who stated she notified the MD and family about the resident's diagnosis of Ex Order 26. 4B1 but did not document the communication in the resident's medical record. The DON stated she documented the communication to the MD in a personal notebook that she only has access to. The DON also stated documentation of the resident's new diagnosis of Ex Order 26. 4B1 and assessment of symptoms were documented on the line listing used for Ex Order 26. 4B1 NJ Ex Order 26.4b1 and had not been entered into the resident's medical record.</p>	A1073		
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A1073	Continued From page 2 On 9/2/22, the surveyor reviewed a document titled, "Documentation 8:36-7.2" which revealed, "Policy Nursing documentation in the resident record will be entered in a timely manner and contain all required information. Procedure 1. Documentation in the resident record is required for any change of condition, incident, accident, or any occurrence outside of normal and expected routines. 2. All information documented in the resident record shall be dated and signed with name and title of the persona making the entry."	A1073		
A1097	8:36-16.6 Physical Plant All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23. This REQUIREMENT is not met as evidenced by: Based on observation, and interview, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the facility as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems.	A1097		

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A1097	<p>Continued From page 3</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference #1: Uniform Construction Code, Special detailed requirements based on use and occupancy section 407 group I-2, [F] 407.5 Automatic sprinkler system. Smoke compartments containing patient sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with Section 903.3.1.1. The smoke compartment shall be equipped with approved quick-response or residential sprinklers in accordance with section 903.3.2.</p> <p>Reference #2: National Fire Protection Association (NFPA) 13 Standard for the Installation of Sprinkler Systems. Installation Requirements: -8.8.4.1.1 Unobstructed Construction. -8.8.4.1.1.1 Under unobstructed construction, the distance between the sprinkler deflector and the ceiling shall be a minimum on 1 inch (25.4 mm) and a maximum of 12 inches (305 mm) throughout the area of coverage of the sprinkler.</p> <p>On 9/1/2022 at 10:30 a.m. during a tour conducted at the facility in the presence of the Maintenance Director (MD), the surveyor entered the main dining room and the surveyor requested the two doors labeled "Water Main Closet" and "Sprinkler Room" to be opened. The MD did so for the water main closet and both the surveyor and the MD inspected and observed no sprinkler head present on the sprinkler supply in the room. In an interview the surveyor asked if there was ever a sprinkler in the space, and if the MD saw one himself. The MD stated he in fact had never known one to be in this space and confirmed he did not see one either.</p>	A1097		

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A1097	<p>Continued From page 4</p> <p>At 10:35 the surveyor observed the Sprinkler Main room after being unlocked by the MD. During inspection and observation there was no visible sprinkler head located in this area. In an interview with the MD, he confirmed that he did not see a sprinkler head in this space and that there was not one there at any previous time.</p> <p>Fire Safety Hazard</p>	A1097		