

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55a006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING HILLS MATAWAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 FRENEAU AVENUE MATAWAN, NJ 07747</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 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00170604</p> <p>CENSUS: 61</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 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		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55a006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING HILLS MATAWAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 FRENEAU AVENUE MATAWAN, NJ 07747</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 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint: NJ00170604</p> <p>Based on observation, interview, and record review of facility documents it was determined that the Executive Director (ED) failed to implement and enforce the Policy and Procedure titled, "Medication Labeling and Storage" in regards to secured storage of medications for 1 of 2 Medication Rooms, Medication Room #1. This deficient practice was evidenced by the following:</p> <p>On 2/27/2024 at 9:40 a.m., the surveyor observed keys on top of the medication cart, left unattended. In addition, the surveyor observed the treatment cart was unlocked.</p> <p>At 9:45 a.m., the surveyor interviewed the Certified Medication Aide (CMA) who stated she left the keys on top of the medication cart by mistake.</p> <p>At 10:06 a.m., the surveyor interviewed the CMA who stated she didn't know why the treatment cart was unlocked.</p> <p>At 12:22 a.m., the surveyor interviewed the Director of Nursing who stated the current process was the medication cart should be locked, the keys should be with the CMA, and the door to Medication Room #1 should be locked.</p> <p>Surveyor review of the Policy and Procedure titled, "Medication Labeling and Storage" which</p>	A 310			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55a006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING HILLS MATAWAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 FRENEAU AVENUE MATAWAN, NJ 07747</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 310	Continued From page 2  revealed ... 4. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others.  On 3/04/2024, the surveyor did a revisit and verified the facility implemented the removal plan.	A 310		
A 975	8:36-11.7(a)(1) Pharmaceutical Services  (a) The administrator shall provide an appropriate and safe medication storage area, either in a common area or in the resident's unit, for the storage of medications that are not self-administered by the residents. The storage area requirement may be satisfied through the use of a locked medication cart.  1. The storage area shall be kept locked when not in use.  This REQUIREMENT is not met as evidenced by: Complaint: NJ00170604  Based on observation, interview, and record review of facility documents it was determined the facility failed to ensure all medications that were not self-administered by residents were stored in a safe storage area and kept locked when not in	A 975		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55a006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING HILLS MATAWAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 FRENEAU AVENUE</b> <b>MATAWAN, NJ 07747</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 975	<p>Continued From page 3</p> <p>use and unattended for 1 of 2 Medication Rooms, Medication Room #1. This evidence was based on the following:</p> <p>On 2/27/2024 at 9:40 a.m., the surveyor observed an open door to Medication Room #1, without the presence of any facility staff, and identified bingo cards (a drug delivery system used to package unit doses) containing medication marked "DC" [discontinued] across the top of the card on the counter in a plastic bin.</p> <p>At 10:06 a.m., the surveyor interviewed the Certified Medication Aide (CMA) who stated when a medication is discontinued, DC is written on the bingo card and the Nurse sends it back to the pharamcy.</p> <p>At 12:22 a.m., the surveyor interviewed the Director of Nursing who stated the discontinued medication should be taken off the cart and put in a locked cabinet in a brown paper bag marked returns. The DON further stated the door to the Medication Room should be locked.</p> <p>Surveyor review of the Policy and Procedure titled, "Destruction of Unused Drugs" which revealed ... 2. Unused, unwanted, and non-returnable medications should be removed from their storage area and secured until destroyed.</p> <p>On 3/04/2024, the surveyor did a revisit and verified the facility implemented the removal plan.</p>	A 975			
A 979	<p>8:36-11.7(a)(3) Pharmaceutical Services</p> <p>(a) The administrator shall provide an appropriate and safe medication storage area, either in a</p>	A 979			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55a006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING HILLS MATAWAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 FRENEAU AVENUE MATAWAN, NJ 07747</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 979	<p>Continued From page 4</p> <p>common area or in the resident's unit, for the storage of medications that are not self-administered by the residents. The storage area requirement may be satisfied through the use of a locked medication cart.</p> <p>3. The key to the storage area shall be kept on the person of the employee on duty who is responsible for resident supervision.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint: NJ00170604</p> <p>Based on observation, interview, and record review of facility documents it was determined the facility failed to ensure the keys to the medication cart were kept on the person responsible for administering the medication at all times. This evidence was based on the following:</p> <p>On 2/27/2024 at 9:40 a.m., the surveyor observed an open door to Medication Room #1 without the presence of any facility staff. The surveyor identified keys to the medication cart unattended on top of the medication cart.</p> <p>At 9:45 a.m., the surveyor interviewed the Certified Medication Aide (CMA) who stated she left the keys on top of the medication cart by mistake.</p> <p>At 12:22 a.m., the surveyor interviewed the Director of Nursing who stated the current process is the medication cart should be locked, the keys should be with the CMA, and the door to the Medication Room #1 should be locked.</p>	A 979		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55a006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING HILLS MATAWAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 FRENEAU AVENUE</b> <b>MATAWAN, NJ 07747</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 979	<p>Continued From page 5</p> <p>Surveyor review of the Policy and Procedure titled, "Medication Labeling and Storage" which revealed ... 4. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others.</p> <p>On 3/04/2024, the surveyor did a revisit and verified the facility implemented the removal plan.</p>	A 979			