STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55a006	A. BUILDING: _____ B. WING _____	C 05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS MATAWAN	40 FRENEAU AVENUE MATAWAN, NJ 07747

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00172694, NJ00172687 CENSUS: 65 SAMPLE SIZE: 3 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 369	8:36-4.1(a)(8) 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: 8. The right to receive pain management as needed, in accordance with N.J.A.C. 8:43E-6; This REQUIREMENT is not met as evidenced by:	A 369		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 369	Continued From page 1 Based on interview, record review, and review of pertinent facility documents it was determined that the facility Certified Medication Aide (CMA) and Physical Therapist (PT) failed to inform the Director of Wellness (DOW), who is a Registered Nurse, that a resident experienced NJ Ex Or, for 1 out of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 4/5/2024 the Department of Health (DOH) received a Facility Reportable Event (FRE) a document used by facilities to report events to the DOH was received via e-mail. The FRE indicated Resident #2 was transferred to the hospital with diagnosis of a NJ Ex Order 26.4b1. On 4/9/2024 the surveyor reviewed the medical records (MR) of Resident #2, who was admitted to the facility in NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1. According to the facility's document titled, "...Resident Evaluation and Level of Care" dated, NJ Ex Order 26.4b1, revealed that Resident #2 was NJ Ex Orde and required assistance with NJ Ex Order 26.4b1, and NJ Ex Order 26.4, and had a NJ Ex Order 26.4b1. Resident #2 had a care plan for NJ Ex Or. Continued surveyor review of Resident #2's MR revealed NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 notes. According to the NJ Ex notes dated NJ Ex Order 26.4b1 indicated "NJ Ex Or with NJ Ex Order 26.4b1: NJ Ex Order ; location NJ Ex Order 26.4b1 Description/Type: NJ Ex Order 26.4b1." continued review of the PT notes indicated on NJ Ex Order 26.4b1, "NJ Ex Or with NJ Ex Order 26.4b1: NJ Ex Order .. NJ Ex Order 26 ... NJ Ex Order 26.4b1 ... NJ Ex Order 26.4b1 again reported to nursing." After review of NJ Ex Order 26.4 notes the surveyor interviewed the DOW who stated she was	A 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 369	Continued From page 2	A 369		

unaware that the [NJ Ex] reported to the CMA on [NJ Ex Order 26.4b1] and [NJ Ex Order 26.4b1] that Resident #2 had [NJ Ex O] [redacted]; a [NJ Ex Order 26.4] [redacted]. At this time the surveyor requested an interview with the [NJ Ex Order 26.4b] [redacted] and the NJ Ex Order 26.4b1.

On 4/9/2024 at 3:15 p.m., the surveyor interviewed the [NJ Ex] who stated that on [NJ Ex Order 26.4b1] during the [NJ Ex Order 26.4] session Resident #2 had no [NJ Ex Orde] or [NJ Ex Order 26.4b1] of [NJ Ex Or]. The [NJ Ex] further stated on [NJ Ex Order 26.4b1] the resident had [NJ Ex Order 26.4b1] on NJ Ex Order 26.4b1 and she [NJ Ex Or] reported Resident #2's [NJ Ex Or] that the CMA, and not to the Registered Nurse (RN). On [NJ Ex Order 26.4b1] the [NJ Ex] stated that she reported the resident's [NJ Ex Or] again to the CMA but did not tell the RN of the residents change in condition, and that Resident #2 had experienced NJ Ex Order 26.4b1 [redacted].

On 4/10/2024 at 2:35 p.m., the surveyor interviewed the CMA via telephone who stated that she was informed by the [NJ Ex] on [NJ Ex Order 26.4b1] that Resident #2 had [NJ Ex Or], however, when she saw Resident #2, he/she did not NJ Ex Order 26.4b1. In addition, the CMA stated that Resident #2 did not have a physician's order for NJ Ex Order 26.4b1. The CMA stated that she did not inform the DOW that the [NJ Ex] informed her of Resident #2's [NJ Ex Or]. The CMA stated that on [NJ Ex Order 26.4b1] the [NJ Ex] informed her again of Resident #2's [NJ Ex Or] and again she did not notify the RN.

The CMA and the PT failed to notify the DOW when Resident #2 experienced [NJ Ex Or] on a [NJ Ex Order 26.4] [redacted] so that the DOW could assess the medical needs of Resident #2 and inform the Doctor.

On 5/3/2024 the surveyor performed a revisit to the facility to confirm that the removal plan was

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A 369	Continued From page 3 implemented. The surveyor reviewed staff education and training which included [NJ Ex Or] management, RN notification. The removal plan was implemented. Refer to 8:36-7.5(c)	A 369		
A 779	8:36-7.5(c) Resident Assessments and Care Plans (c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility pertinent documents it was determined that the Certified Medication Aide (CMA) and the Physical Therapist (PT) facility failed to notify the Registered Nurse (RN) when a resident experienced [NJ Ex Order 26.4b1] to determine the nursing and medical needs for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 4/5/2024 the Department of Health (DOH) received a Facility Reportable Event (FRE) a document used by facilities to report events to the DOH was received via e-mail. The FRE indicated Resident #2 was transferred to the hospital with	A 779		

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A 779	Continued From page 4	A 779		

diagnosis of a NJ Ex Order 26.4b1.

On 4/9/2024 the surveyor reviewed the medical records (MR) of Resident #2 who was admitted NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1. Resident #2 was assessed as a NJ Ex Order 26 and had a care plan for NJ Ex Or.

On 4/9/2024 at 10:30 a.m., the surveyor interviewed the Director of Wellness (DOW), also known as the Registered Nurse (RN), who stated that Resident #2 NJ Ex Order 26.4b1 in a wheelchair, required NJ Ex Order 26.4b1, and at times with NJ Ex Order 26.4. The DOW stated that on NJ Ex Order 26.4b1 she was informed by the Wellness Nurse Supervisor (WNS) that Resident #2 was admitted to the hospital with diagnoses of NJ Ex Order 26, and NJ Ex Order 26.4b1.

At 12:50 p.m., the surveyor interviewed the WNS who stated that on NJ Ex Order 26.4, Resident #2's NJ Ex Order 26.4b1, he/she seemed NJ Ex Ord, and had a NJ Ex Order 26.4b1. The WNS further stated that Resident #2 had NJ Ex Order 26.4b1, there were NJ Ex Order 26.4b1, and the primary doctor was notified. The WNS stated that Resident #2 was given NJ Ex Order 26.4b1 and seemed a NJ Ex Order 26.4b1 towards the afternoon, and NJ Ex Order 26.4b1 were noticed. According to the WNS on NJ Ex Order 26.4b1 at approximately 10:00 p.m., he received a phone call from the doctor at the hospital and was informed that Resident #2 was diagnosed with a NJ Ex Order 26.4b1 and NJ Ex Order 26.4, The WNS stated that he reported this information to the DOW.

Further review of the MR on NJ Ex Order 26.4b1 revealed that Resident #2 was seen by the Nurse Practitioner (NP), who documented the resident's

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A 779	Continued From page 5 NJ Ex Or was NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1. According to the NP notes the findings were discussed with the facility Nurse and family via a phone call. During continued interview the DOW stated that on NJ Ex Order 26.4b1 the Administrator began an investigation, and a FRE was sent to the DOH, while the survey was being conducted by this surveyor, and that the investigation was ongoing. According to the DOW, if Resident #2 would have NJ Ex Order he/she would have needed NJ Ex Order 26.4b1 as he/she NJ Ex Order 26.4b1. The DOW stated that on NJ Ex Order 26.4b1, the CMA reported to the WNS that Resident #2 was NJ Ex Order 26.4b1. The DOW instructed the CMA to NJ Ex Order 26.4b1 and that she was going to inform the doctor. According to the DOW, Resident #2 NJ Ex Order 26.4b1 but had NJ Ex Order 26.4b1. The DOW then stated that the doctor instructed the staff to send the resident to the hospital for evaluation. Continued surveyor review of Resident #2's MR revealed NJ Ex Order 26.4b1 notes. According to the NJ Ex notes on NJ Ex Order 26.4b1, Resident #2 exhibited the following: "NJ Ex Ord with NJ Ex Order 26.4b1: NJ Ex Order 26.4b1 location NJ Ex Order 26; NJ Ex Ord Description/Type: NJ Ex Order 26.4b1." NJ Ex notes dated NJ Ex Order 26.4b1, indicated, "NJ Ex Ord with NJ Ex Order 26.4b1: NJ Ex Order NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 ... NJ Ex Order 26.4b1 again reported to nursing." After the surveyor reviewed the NJ Ex Order 26.4 notes the surveyor again interviewed the DOW who stated that she was unaware that the NJ Ex Order 26.4b1 reported to the CMA on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 that Resident #2 had NJ Ex Order 26.4b1. At this	A 779		

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A 779	Continued From page 6	A 779		

time the surveyor requested an interview with NJ Ex and NJ Ex Order 26.4b1.

On 4/9/24 at 3:10 p.m., the surveyor interviewed the NJ Ex who stated during his session on NJ Ex Ord and NJ Ex Order 26.4b1 the resident had NJ Ex Order 26.4b1 of NJ Ex Ord. The NJ Ex stated he worked with Resident #2's NJ Ex Order 26.4b1.

At 3:15 p.m., the surveyor interviewed the NJ Ex who stated on NJ Ex Order 26.4b1 the resident had NJ Ex Order 26.4b1 . The NJ Ex further stated that on NJ Ex Order 26.4b1 Resident #2 had NJ Ex Order 26.4b1 and she NJ Ex Ord reported the resident's pain to the CMA and not the RN. On NJ Ex Order 26.4b1 the NJ Ex stated she reported the residents' NJ Ex Ord again to the CMA but did not tell the RN of the residents change in condition and that Resident #2 had NJ Ex Order 26.4b1.

The surveyor reviewed the hospital records dated NJ Ex Order 26.4b1, which indicated that Resident #2 had an NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1.

On 4/10/2024 at 2:35 p.m., the surveyor interviewed the CMA via telephone who stated she was informed by the NJ Ex on NJ Ex Order 26.4b1 that Resident #2 had NJ Ex Ord however when she saw Resident #2, he/she NJ Ex Order 26.4b1. In addition, the CMA stated that the resident did not have a physician order for NJ Ex Order 26.4b1. The CMA stated she did not inform the RN that the NJ Ex informed her of Resident #2's NJ Ex Ord. The CMA stated that on NJ Ex Order 26.4b1 the NJ Ex informed her again of Resident #2's NJ Ex Ord and again she did not notify the RN.

The CMA and the PT failed to notify the RN when Resident #2 had NJ Ex Order 26.4b1 in order for the

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A 779	Continued From page 7 RN to assess the resident medical needs. On 5/3/2024 the surveyor performed a revisit to the facility to confirm that the removal plan was implemented. The surveyor reviewed staff education and training which included [redacted] management, RN notification. The removal plan was implemented.	A 779		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
55a006		6/3/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS MATAWAN	40 FRENEAU AVENUE MATAWAN, NJ 07747

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 A0369 Reg. # 8:36-4.1(a)(8) LSC	Correction Completed 04/10/2024	ID Prefix A0779 Reg. # 8:36-7.5(c) LSC	Correction Completed 04/10/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
5/3/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO