

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55A009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MATTISON CROSSING AT MANALAPAN AVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>93 MANALAPAN AVENUE</b> <b>FREEHOLD, NJ 07728</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 #: NJ00175484</p> <p>CENSUS: 153</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>	A 000			
A 735	<p>8:36-7.2(e)(1-5) Resident Assessments and Care Plans</p> <p>(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Orders for treatment or services, medications, and diet, if needed;</li> <li>2. The resident's needs and preferences for himself or herself;</li> <li>3. The specific goals of treatment or services,</li> </ol>	A 735			

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

TITLE

(X6) DATE

08/23/24

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A 735	<p>Continued From page 1</p> <p>if appropriate;</p> <p>4. The time intervals at which the resident's response to treatment will be reviewed; and</p> <p>5. The measures to be used to assess the effects of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00175484</p> <p>Based on interview and record review, it was determined that the facility failed to develop and implement a written health service plan (HSP) when a resident required treatments for altered skin integrity. There was no HSP developed to ensure goals, interventions and effects of treatments were evaluated and reassessed for efficacy for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 7/18/2024 the surveyor visited the facility and reviewed the medical records (MR) of Resident #2, who moved into the facility with diagnoses that <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor reviewed a prescription dated <b>NJ ex order 26.4b1</b> which revealed <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor continued to review the MR of Resident #2 <b>NJ ex order 26.4b1</b>. The surveyor</p>	A 735		

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A 735	<p>Continued From page 2</p> <p>observed the Medication Administration Record (MAR) for [NJ ex order 26.4b1] and observed that on [NJ ex order 26.4b1] and [NJ ex order 26.4b1] the treatment that was ordered on [NJ ex order 26.4b1] [NJ ex order 26.4b1], and the Certified Medication Aide (CMA) initials were circled.</p> <p>At 12:40 p.m. the surveyor interviewed the CMA who stated that she did not perform Resident #2's treatment when the resident did not want to wait for his/her treatment. The CMA further stated that she did not offer the treatment at a later time. In addition, the CMA stated that she did not inform the delegating Registered Nurse (RN) that Resident #2's treatment was omitted for the above dates.</p> <p>The surveyor reviewed Resident #2's progress notes (PNs) dated [NJ ex order 26.4b1] and did not observe any documentation that the RN had assessed Resident #2's [NJ ex order 26.4b1] [REDACTED].</p> <p>At 1:00 p.m., the surveyor interviewed the Executive Director who confirmed that Resident #2 [NJ ex order 26.4b1] [REDACTED].</p>	A 735		
A 943	<p>8:36-11.5(b)(4) Pharmaceutical Services</p> <p>(b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter.</p> <p>4. The certified medication aide shall contact the registered professional nurse for any</p>	A 943		

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A 943	<p>Continued From page 3</p> <p>questions or clarification regarding medication administration.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00175484</p> <p>Based on interview, and review of residents' medication administration records (MAR), it was determined the facility failed to ensure the Certified Medication Aide (CMA) consistently contacted the delegating Registered Professional Nurse (RN) when a resident, refused treatments for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 7/18/2024 the surveyor visited the facility and reviewed the medical records (MR) of Resident #2, who moved in the facility with diagnoses that <b>NJ ex order 26.4b1</b>. The surveyor observed the Medication Administration Record (MAR) for <b>NJ ex order 26.4b1</b> and observed that on <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b> the treatment was not performed, and the CMA initials were circled. The surveyor reviewed the prescription dated <b>NJ ex order 26.4b1</b>, which revealed <b>NJ ex order 26.4b1</b>."</p> <p>At 12:00 p.m., the surveyor interviewed the Executive Director (ED) who stated, that on <b>NJ ex order 26.4b1</b> Resident #2's family member took the resident to the <b>NJ ex order 26.4b1</b>. The ED further stated she received a call from the family member who stated it looked as though <b>NJ ex order 26.4b1</b> on Resident #2's <b>NJ ex order 26.4b1</b>. The ED stated that she investigated that day and discovered that Resident #2 did not receive</p>	A 943			

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A 943	Continued From page 4  treatments on the above dates. The ED stated that <b>NJ ex order 26.4b1</b> The ED further stated that the CMA <b>NJ ex order 26.4b1</b>  At 12:40 p.m., the surveyor interviewed the CMA who was responsible for Resident #2's treatment for the above missed treatments. The CMA stated that Resident #2's treatment was scheduled at 9:00 a.m. and the resident <b>NJ ex order 26.4b1</b> The CMA further stated she did not notify the RN of the <b>NJ ex order 26.4b1</b> , nor did she offer Resident #2 treatment at a later time.	A 943		
A 963	8:36-11.5(f) Pharmaceutical Services  (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ00175484  Based on interview and record review, it was determined that there was no documented evidence that medications were administered in accordance with prescriber's orders for 1 of 3 residents reviewed for medications, Resident #2. This deficient practice was evidenced by the following:	A 963		

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A 963	<p>Continued From page 5</p> <p>On 7/18/2024 the surveyor visited the facility and reviewed the medical records (MR) of Resident #2, who moved in with diagnoses that [REDACTED], and [REDACTED]. The surveyor observed the Medication Administration Record (MAR) for [REDACTED] and observed that on [REDACTED] and [REDACTED], and the CMA initials were circled. The surveyor reviewed the prescription dated [REDACTED], which revealed [REDACTED]."</p> <p>At 12:40 p.m. the surveyor interviewed the CMA who stated that she did not perform Resident #2's treatment because the resident did not want to wait for his/her treatment. The CMA further stated that she did not offer the treatment at a later time. In addition, the CMA stated that she did not inform the delegating Registered Nurse that Resident #2's treatment was omitted for the above dates.</p> <p>At 1:30 p.m., the surveyor interviewed the Director of Wellness (DOW) who stated that she [REDACTED] on [REDACTED] and the CMA should have notified the delegating Nurse when Resident #2's treatment was omitted on the above dates.</p>	A 963		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A009	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/27/2024
NAME OF FACILITY MATTISON CROSSING AT MANALAPAN AVE	STREET ADDRESS, CITY, STATE, ZIP CODE 93 MANALAPAN AVENUE FREEHOLD, NJ 07728	

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 A0735	Correction	ID Prefix A0943	Correction	ID Prefix A0963	Correction
Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-11.5(b)(4)	Completed	Reg. # 8:36-11.5(f)	Completed
LSC	09/02/2024	LSC	09/02/2024	LSC	09/02/2024
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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/26/2024		<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			