

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55A009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/13/2024
NAME OF PROVIDER OR SUPPLIER MATTISON CROSSING AT MANALAPAN AVE		STREET ADDRESS, CITY, STATE, ZIP CODE 93 MANALAPAN AVENUE FREEHOLD, NJ 07728		
(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 #: NJ0017425</p> <p>CENSUS: 149</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.</p>	H 000		
H5790	<p>8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ0017425</p> <p>Based on interview, and record review it was determined that the facility failed to retain a copy of the Universal Transfer Form (UTF) in the medical record for 1 of 3 residents reviewed who were NJ Exec Order 26.4b1,</p>	H5790		

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

TITLE

(X6) DATE

07/29/24

New Jersey Department of Health

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H5790	<p>Continued From page 1</p> <p>Resident #2. The deficient practice was evidenced by the following:</p> <p>On ^{NJ ex order 26.4b1} the surveyor reviewed Resident #2's medical record (MR) and observed a move in date of ^{NJ ex order 26.4b1} and diagnoses which included NJ ex order 26.4b1</p> <p>The surveyor also observed in the MR that on ^{NJ ex order 26.4b1}, Resident #2 was ^{NJ Exec Order 26.4b1} after he/she was ^{NJ Exec Order 26.4b1} in his/her room by the Licensed Practical Nurse (LPN) ^{NJ ex order 26.4b1}</p> <p>At 1:48 p.m., the surveyor conducted a telephone interview with the LPN who was on duty the evening of ^{NJ ex order 26.4b1}. The LPN stated that she entered Resident #2's room with the equipment needed to take vital signs and observed that Resident #2 ^{NJ ex order 26.4b1}. The LPN further stated that the decision ^{NJ ex order 26.4b1}</p> <p>Resident #2 ^{NJ ex order 26.4b1}. The LPN stated that she gave the UTF to ^{NJ Exec Order 26.4b1} and did not retain a copy in the resident's file.</p> <p>At 3 p.m., the surveyor interviewed the facility's Executive Director who stated that the UTF policy was under the policy titled, "Emergency Medical Plan". The surveyor reviewed the policy, without an effective date, which indicated: "...e. Resident confidential medical files include (copy of Admission Data Sheet, copy of insurance cards, copy of the living will and/or durable medical power of attorney and transfer sheet) along with a photocopy of the resident's MAR should be entrusted to EMS."</p>	H5790		

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A 000	Continued From page 2	A 000		
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ0017425 CENSUS: 149 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 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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A 310	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ0017425</p> <p>Based on interview, and review of pertinent facility documents, it was determined that the facility's Executive Director (ED) failed to implement and enforce the facility's policy and procedure titled, "Meal Checks" and failed to develop, implement, and enforce a Health Service Plan (HSP) policy and procedure 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>1. On NJ ex order 26.4b1, 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. The report included a state form titled, "Reportable Event Record/Report" which indicated on NJ ex order 26.4b1, Resident #2 NJ ex order 26.4b1 after he/she NJ ex order 26.4b1 at 7:40 p.m., in his/her room by the Licensed Practical Nurse (LPN) NJ ex order 26.4b1 NJ ex order 26.4b1. The report further indicated that Resident #2 was seen for NJ Exec Order 26.4b1 and put his/her NJ Exec Order 26.4b1 his/her room at approximately 11:00 a.m. and NJ Exec Order 26.4b1.</p> <p>On 6/13/2024 at 9:20 a.m., the surveyor</p>	A 310			

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A 310	<p>Continued From page 4</p> <p>interviewed the ED who stated that the "Meal Checks" policy took effect 5/1/2024. The surveyor reviewed the educational in-service sheets for the meal check policy and observed that staff members were educated on 5/30/2024; 30 days after the policy was in effect.</p> <p>The surveyor reviewed the facility policy titled, "Meal Checks", without an effective date, which indicated: "Procedure At breakfast, lunch, and supper at approximately 10 am-2 pm and 6 pm, the server/resident care aide will come to the dining room to determine if the resident is present. If they are present, she/he will check off by their name. If they are not present, do not assume the resident is okay. The following will occur:</p> <ol style="list-style-type: none"> 1. A call will be placed to reception to determine if the resident is out of the building. 2. If the resident is not signed out of the building, the Receptionist will first call the resident in their apartment on the telephone. If there is no answer, she/he will notify care associate to knock on the resident's door. 3. If there is no answer ...will use key to enter the apartment to determine if the resident's need assistance..." <p>At 9:50 a.m., the surveyor interviewed the Kitchen Supervisor (KS) who stated that Resident #2 [REDACTED] and there was no process to follow up on the resident. The KS stated she was in-serviced on the meal check-in policy on 5/30/2024.</p> <p>On 6/13/2024 at 10:15 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed a move-in date of [REDACTED] with diagnoses that included [REDACTED]</p>	A 310		

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A 310	Continued From page 5 NJ ex order 26.4b1 . Upon further review of Resident #2's MR, the surveyor reviewed NJ ex order 26.4b1 which revealed that Resident #2 was seen by an NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 services. Resident #2 was seen by a Nurse Practitioner for treatment of his/ her NJ Exec Order 26.4b1 to his/ her NJ Exec Order 26.4b1 . At 12:21 p.m., the surveyor interviewed the ED who indicated that Resident #2 did not have a current HSP, nor was there a policy to ensure goals, interventions, and effects of treatments were evaluated and reassessed for efficacy developed for Resident #2.	A 310		
A 563	8:36-5.10(a)(2) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;	A 563		

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A 563	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ0017425</p> <p>Based on interview, and record review it was determined that the Executive Director (ED) failed to report to the New Jersey Department of Health (NJDOH) within the required timeframe that a resident had a [REDACTED] with [REDACTED] and was [REDACTED] NJ Exec Order 26.4b1, for 1 of 3 residents reviewed, Resident #2. This deficient practice is evidenced by the following:</p> <p>The surveyor reviewed the Facility Reportable Event Record (FRE) which indicated that the facility did not report on [REDACTED] NJ ex order 26.4b1 that Resident #2 was [REDACTED] NJ Exec Order 26.4b1 in his/her apartment and was [REDACTED] NJ Exec Order 26.4b1. The facility reported the incident to NJDOH on [REDACTED] NJ ex order 26.4b1</p> <p>On 6/13/2024, the surveyor reviewed Resident #2's medical record (MR) and observed a move in date of [REDACTED] NJ ex order 26.4b1 with diagnoses which [REDACTED] NJ ex order 26.4b1</p> <p>Upon continued surveyor review of Resident #2's MR it was revealed that on [REDACTED] NJ ex order 26.4b1, Resident #2 was [REDACTED] NJ Exec Order 26.4b1 after he/she was [REDACTED] NJ Exec Order 26.4b1 in his/her room by the Licensed Practical Nurse (LPN) [REDACTED] NJ ex order 26.4b1</p> <p>At 12:58 p.m., the surveyor interviewed the Director of Nursing (DON) who stated that on [REDACTED] NJ ex order 26.4b1 she was informed by the LPN that she</p>	A 563		

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A 563	Continued From page 7 found Resident #2 [REDACTED] in front of his/her recliner and [REDACTED] NJ ex order 26.4b1 [REDACTED] The DON further stated she did not report the event to the ED. At 1:20 p.m., the surveyor interviewed the ED who stated that she was not notified Resident #2 [REDACTED] NJ ex order 26.4b1 [REDACTED] which occurred on [REDACTED] NJ ex order 26.4b1 until [REDACTED] when Resident # 2's [REDACTED] NJ Ex came into the facility to speak with her. At 1:36 p.m., the surveyor interviewed the Regional Nurse who indicated that there was not a policy on events that need to be reported to the NJDOH.	A 563		
A 735	8:36-7.2(e)(1-5) Resident Assessments and Care Plans (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: 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 4. The time intervals at which the resident's response to treatment will be reviewed; and 5. The measures to be used to assess the	A 735		

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A 735	<p>Continued From page 8</p> <p>effects of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ0017425</p> <p>Based on interview and record review it was determined that the facility's Registered Nurse (RN) failed to develop a Health Service Plan (HSP) for [REDACTED] for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 6/13/2024 at 10:15 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed a move-in date of [REDACTED] with diagnoses [REDACTED], [REDACTED]. Upon further review of Resident #2's MR, the surveyor reviewed [REDACTED] documentation which revealed that Resident #2 was seen by [REDACTED] services for [REDACTED]. Resident #2 was seen on [REDACTED] by a Nurse Practitioner (NP) for treatment of his/ her [REDACTED] to his/her [REDACTED].</p> <p>At 12:21 p.m., the surveyor interviewed the Executive Director (ED) who indicated that Resident #2 had received [REDACTED] services with a [REDACTED] NP who came into the facility to [REDACTED]. The ED stated that the NP sent a post visit note, however there was not a HSP developed by the facility's Registered Nurse.</p> <p>At 12:58 p.m., the surveyor interviewed the Director of Nursing (DON) who stated that she</p>	A 735		

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A 735	Continued From page 9 was unaware that Resident #2 required a HSP for his/her NJ Exec Order 26 The facility's RN failed to ensure there was a health service plan to ensure goals, interventions, and effects of treatments were evaluated and reassessed for efficacy developed for Resident #2.	A 735			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A009	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/22/2024
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 H5790	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-13.4(d)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/14/2024	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	
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 6/13/2024		<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			

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0563	Correction	ID Prefix A0735	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.10(a)(2)	Completed	Reg. # 8:36-7.2(e)(1-5)	Completed
LSC	06/14/2024	LSC	06/14/2024	LSC	06/30/2024
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	
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 6/13/2024		<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			