

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>60A007</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>06/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARE ONE AT PARSIPPANY ASSISTED LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>200 MAZDABROOK ROAD</b><br><b>PARSIPPANY TROY HILL, NJ 07054</b> |
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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:<br/>Type of Survey: Complaint</p> <p>Complaint #: NJ 00174402</p> <p>Census: 89</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

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| A 310              | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Complaint #: NJ 00174402</p> <p>Based on interview, record review, and review of facility policy and procedure it was determined that the facility failed to ensure the implementation of its policy and procedure titled, "Accident/Incident Reporting" to ensure that [REDACTED] incidents were documented in the resident's Medical Record (MR) for 1 of 3 residents, Resident #2 as evidenced by the following:</p> <p>On 6/27/24 at 10:30 a.m., the surveyor reviewed the closed MR of Resident #2 which revealed the resident moved into the facility on [REDACTED] in [REDACTED] of [REDACTED] and NJ ex order 26.4b1 with [REDACTED] NJ ex order 26.4b1</p> <p>During review of the MR, the surveyor observed that on [REDACTED] at 1:26 p.m., the Director of Wellness (DOW) documented that the resident [REDACTED] NJ ex order 26.4b1 [REDACTED] NJ ex order 26.4b1. The surveyor did not observe documentation in the Resident #2's MR regarding the [REDACTED] NJ ex order 26.4b1 on [REDACTED] NJ ex order 26.4b1 which resulted in an [REDACTED] to resident's [REDACTED] NJ ex order 26.4b1 and to resident being [REDACTED] NJ ex order 26.4b1</p> <p>At 11:30 a.m., the surveyor interviewed the DOW/RN, in the presence of the Executive Director, regarding the resident's [REDACTED] NJ ex order 26.4b1 on [REDACTED] NJ ex order 26.4b1. The DOW stated that she documented the [REDACTED] NJ ex order 26.4b1 on the Incident Report form, However, surveyor's</p> | A 310         |   |                    |

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| A 310              | Continued From page 2<br><br>review of the Incident Report form revealed a statement that incident reports were "Not part of the Medical Record. - Do not Copy."<br><br>The surveyor reviewed the facility policy and procedure titled, "Accident/Incident Reporting" which revealed, "Any accident/incident that occurs must be reported to the registered professional nurse, and appropriate documentation in the nurse's notes must be completed on the shift that the accident or incident occurred." This policy was not followed.<br><br>Reference: 8:36-15.6(b), A1073  | A 310         |   |                    |
| A1073              | 8:36-15.6(b) Resident Records<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint #: NJ 00174402<br><br>Based on interview and record review it was determined that the facility failed to implement and ensure documentation of a fall incident in the resident's medical record (MR) for 1 of 3 residents reviewed, Resident #2, as evidenced by the following: | A1073         |   |                    |

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| A1073              | <p>Continued From page 3</p> <p>On 6/27/24 at 10:30 a.m., the surveyor reviewed the [redacted] of Resident #2 which revealed the resident moved into the facility [redacted] of [redacted] and [redacted] with diagnosis which included [redacted]. According to the "Resident Assessment" dated [redacted] the resident [redacted].</p> <p>1. Review of Resident #2's MR revealed that on [redacted] at 12:02 a.m., the resident [redacted]. The MR revealed a Licensed Practical Nurse (LPN) documented in the "Progress Notes" (PN) that the resident [redacted]. According to the PN, the resident informed the nurse that he/she was attempting to reposition [redacted]. The incident report dated [redacted] at 7:01 p.m., confirmed that the resident was [redacted] by a Certified Nursing Assistant. The LPN documented that there was [redacted]. The LPN documented that all responsible parties were notified, including the the resident's family, physician, and hospice staff. However, there was no documentation to confirm that the Registered Nurse (RN) was notified.</p> <p>2. Further review of the resident's MR revealed that on [redacted] at 1:26 p.m., the resident [redacted]. The Director of Wellness (DOW) documented that the resident [redacted]. There was no documentation of an assessment to indicate the details of the [redacted] nor the status of the resident when found.</p> <p>At 11:30 a.m., the surveyor interviewed the DOW/RN regarding the resident's [redacted] and [redacted]. The DOW/RN stated that the LPN [redacted].</p> | A1073         |   |                    |

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| A1073              | <p>Continued From page 4</p> <p>notified her via telephone on the evening of [redacted] of the resident's fall. During the interview, the DOW/RN stated that an incident report was completed for the [redacted]. Surveyor made the DOW aware that the Incident Report form was not part of the resident's MR as confirmed by surveyor review of the incident report that included a statement: "Not part of the Medical Record."</p> <p>In addition, surveyor's review of the facility policy and procedure titled, "Accident/Incident Reporting" which revealed, "Any accident/incident that occurs must be reported to the registered professional nurse, and appropriate documentation in the nurse's notes must be completed on the shift that the accident or incident occurred."</p> | A1073         |   |                    |

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| {A 000}            | <p>Initial Comments</p> <p>Initial Comments:<br/>Type of Survey: Complaint</p> <p>Complaint #: NJ 00174402</p> <p>Census: 89</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}       |   |                    |

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

TITLE

(X6) DATE

09/05/24

Redacted  
accepted  
9/11/24  
M

**A 310**

- 1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
  - Resident #2 was **NJ ex order 26.4b1**
  - Resident #2 had **NJ ex order 26.4b1**
  
- 2. How the facility will identify other residents having the potential to be affected by the same deficient practice.**
  - All residents can potentially be affected by this practice.
  
- 3. What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur.**
  - The Regional Director of Clinical Services provided an in-service re-education to the Director of Wellness on the policy and procedure for Accident/Incident Reporting and the importance of documentation post fall incidents, in the medical record.
  - The Director of Wellness provided in-service re-education to the RNs and LPNs on proper documentations of incidents/accidents in the medical record.
  - The Director of Wellness and Executive Director (Administrator) conducted an audit of all incident/accident reports in the last 30 days to ensure all accident/incidents were reported to the registered professional nurse, and the appropriate documentation in the nurse's notes were completed on the shift the accident or incident occurred.
  - On 6/27/2024 the director of wellness had conducted an in service to the nursing staff with proper documentations of incidents. And the team are re-educated on completion of incident report and progress notes when incident occurs and reported to Registered Professional Nurse.
  
- 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change**
  - Director of Wellness or designee will review/audit 100% of all incident/accident reports daily on an on-going basis to ensure compliance with documentation including root cause analysis and interventions in the medical record.
  - The Director of Wellness or designee will present results of the audits weekly to the Administrator and QAPI committee x 4 weeks, then monthly x 3 months, then quarterly x 3 quarters.

- The QAPI committee meets monthly and will evaluate the audits and determine the need for continued audits and/or reporting.

**5. Date Completed**

- September 20 2024

*accepted  
9/20/24  
JA*

**A1073**

- 1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
  - Resident #2 was **NJ ex order 26.4b1**
  - Resident #2 had **NJ ex order 26.4b1**
- 2. How the facility will identify other residents having the potential to be affected by the same deficient practice.**
  - All residents can potentially be affected by this practice.
- 3. What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur.**
  - The Director of Wellness conducted in-service re-education to the RNs and LPNs on the policy and procedure titled, "Accident/Incident Reporting. In-service education included but was not limited to notifying the registered nurse of any accident/incident that occurs; as well as appropriate documentation in the nurses notes on the shift that the accident or incident occurred.
  - The Director of Wellness and Executive Director (Administrator) conducted an audit of all accidents/incidents in the last 30 days to ensure appropriate documentation was in the nurse's notes as part of the medical record.
  - On 6/27/2024 the director of wellness had conducted an in service to the nursing staff with proper documentations of incidents. And the team are re-educated on completion of incident report and progress notes when incident occurs and reported to Registered Professional Nurse.
- 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systemic change.**
  - Director of Wellness or designee will review/audit 100% of all incident/accident reports daily on an on-going basis to ensure compliance with documentation in the nurses notes, on the shift the accident or incident occurred.



Plan of Correction  
CareOne Parsippany Assisted Living  
Date of Survey: 06/27/2024  
Complaint #: NJ 00174402



- The Director of Wellness or designee will present results of the audits weekly to the Administrator and QAPI committee x 4 weeks, then monthly x 3 months, then quarterly x 3 quarters.
- The QAPI committee meets monthly and will evaluate the audits and determine the need for continued audits and/or reporting.

**5. Date Completed**

- September 20, 2024

*accepted  
9/17/24  
[Signature]*

**STATE FORM: REVISIT REPORT**

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>60A007 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | DATE OF REVISIT<br>6/27/2024   |
| NAME OF FACILITY<br>CARE ONE AT PARSIPPANY ASSISTED LIVING   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>200 MAZDABROOK ROAD<br>PARSIPPANY TROY HILL, NJ 07054 |

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<br>Y4            | DATE<br>Y5 | ITEM<br>Y4          | DATE<br>Y5 | ITEM<br>Y4      | DATE<br>Y5 |
|-----------------------|------------|---------------------|------------|-----------------|------------|
| ID Prefix A0310       | Correction | ID Prefix A1073     | Correction | ID Prefix _____ | Correction |
| Reg. # 8:36-3.4(a)(1) | Completed  | Reg. # 8:36-15.6(b) | Completed  | Reg. # _____    | Completed  |
| LSC _____             | 09/20/2024 | LSC _____           | 09/20/2024 | 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 <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE   | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/>       | REVIEWED BY (INITIALS) | DATE   | TITLE                 | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON<br>6/27/2024      |                        | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> |                       |      |