

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/10/2021
NAME OF PROVIDER OR SUPPLIER GEORGETOWN COMMONS AT THE PINES AT WHITIN		STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759		
(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: Census: 68</p> <p>Sample Size: 5</p> <p>TYPE OF SURVEY: Standard Survey of 96 residential units</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.</p> <p>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 577	<p>8:36-5.11(a)(2) General Requirements</p> <p>(a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public:</p> <p>2. A copy of the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the past 12 months;</p> <p>This REQUIREMENT is not met as evidenced</p>	A 577		

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

TITLE

(X6) DATE

08/23/21

New Jersey Department of Health

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A 577	Continued From page 1 by: Based on observation, interview and policy review it was determined that the facility failed to post a notice that a copy of the last annual licensure inspection survey report and the list of deficiencies from any complaint investigation during the last 12 months was available in the facility during normal business hours. This deficient practice had the potential to affect all residents. Findings included: On 08/09/2021 at 3:30 PM, the surveyor observed that the annual licensure inspection availability notice was not posted. On 08/10/2021 at 4:00 PM, the Assisted Living Manager confirmed with the surveyor that a notice was not posted to direct residents and visitors of the last annual licensure inspection survey. A review of the facility policy, titled, "Notices," undated, revealed in part, "The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public: b. A copy of the last annual licensure inspection survey report and the list of deficiencies from the valid complaint investigation during the past 12 months."	A 577			
A 581	8:36-5.11(a)(4) General Requirements (a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents	A 581			

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A 581	Continued From page 2 and the public: 4. Business hours of the facility; This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review it was determined that the facility failed to post a notice of the business hours of the facility. This deficient practice had the potential to affect all residents. Findings included: On 08/09/2021 at 3:30 PM, the surveyor observed that a notice of the facility's business hours was not posted. On 08/04/2021 at 4:00 PM, the Assisted Living Manager confirmed with the surveyor that there was no posting of normal business hours for residents and visitors. A review of the facility policy, titled, "Notices," undated, revealed in part, "The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public: d. Business hours of the facility."	A 581			
A 587	8:36-5.11(a)(7) General Requirements (a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public:	A 587			

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A 587	<p>Continued From page 3</p> <p>7. The names of, and a means to formally contact, the owner and/or members of the governing authority.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy, an observation, and an interview, it was determined that the facility failed to post the names of, and a means to formally contact, the owner and/or members of the governing authority. This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p> <p>On 08/09/2021 at 3:30 PM, the Surveyor observed that the names of, and means to formally contact, the owner and/or members of the governing authority were not posted.</p> <p>On 08/10/2021 at 4:00 PM, the Assisted Living Manager confirmed with the surveyor that the owner contact or members of the governing authority was not posted.</p> <p>The facility policy, titled, "Notices," undated, revealed in part, "The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public: g. The names of, and a means to formally contact, the owner and/or members of the governing authority."</p>	A 587		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/25/2021
NAME OF FACILITY GEORGETOWN COMMONS AT THE PINES AT WHITING	STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759	

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 A0577	Correction	ID Prefix A0581	Correction	ID Prefix A0587	Correction
Reg. # 8:36-5.11(a)(2)	Completed	Reg. # 8:36-5.11(a)(4)	Completed	Reg. # 8:36-5.11(a)(7)	Completed
LSC	08/23/2021	LSC	08/23/2021	LSC	08/23/2021
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	<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 8/10/2021	<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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