

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/12/2023
NAME OF PROVIDER OR SUPPLIER CHELSEA AT TOMS RIVER, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 SILVERTON ROAD TOMS RIVER, NJ 08753		
(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
H5750	<p>8:43E-13.4(b) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall complete all sections of the Universal Transfer Form, to the best of the licensed healthcare facility or program's ability.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00155421, NJ00168614</p> <p>Based on interview and record review it was determined that the facility failed to document a Do Not Resuscitate (DNR) order on a "New Jersey Universal Transfer Form (NJUTF)" (a document utilized to communicate pertinent medical information between two medical facilities when a resident is being transferred from one facility to another facility), for 1 out of 3 resident reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>According to Surveyor review of the "Resident Information Sheet" form, Resident #2 moved into the facility on <small>NJ Ex Order 26.4b1</small>, moved out of the facility on <small>NJ Ex Order 26.4b1</small>, and had diagnoses which included NJ Ex Order 26.4b1</p> <p>Further review of Resident #2's NJUTF revealed that the facility's Registered Nurse did not check the box to indicate the resident's code status, "DNR," to ensure that the receiving facility was informed that Resident #2 had a Do Not</p>	H5750		

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

TITLE

(X6) DATE

04/15/24

New Jersey Department of Health

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H5750	Continued From page 1 Resuscitate order (a legal document that means a person has decided not to have cardiopulmonary resuscitation (CPR) attempted on them if their heart or breathing stops). Surveyor review of the facility's policy titled, "Transfers," with a revised date of September 1, 2012 revealed the following: Under Policy: "Resident transfers will be accomplished in a timely manner based upon the needs of the resident." Under the heading "Procedure: ...2. An emergency envelope, which will include the New Jersey Universal Transfer Form (HS-74) will accompany a resident on all inter-facility transfers. A completed copy of the sent UTF will be kept in the Resident's Record ..." During the same interview at indicated above at 2:37 p.m., the RN stated that Resident #2's NJUTF should have been completed in its entirety.	H5750		
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00155421, NJ00168614 CENSUS: 109 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	A 000		

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A 000	Continued From page 2 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; This REQUIREMENT is not met as evidenced by: Complaint#: NJ00155421, NJ00168614 Based on interview and record review it was determined that the Executive Director (ED) failed to ensure the implementation and enforcement of the facility's policy and procedures, titled "Weight Loss/Weight Gain Protocol" for a resident with NJ Exec Order 26.4b1 . The ED also failed to ensure the implementation and enforcement of	A 310		

STATE FORM 6899 300B11 If continuation sheet 4 of 7

New Jersey Department of Health

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A 310	<p>Continued From page 4</p> <p>Surveyor review of the facility's policy titled, "Weight Loss/Weight Gain Protocol," with a revised date of March 16, 2018 revealed the following: Under Policy: "Resident's weight will be recorded at the time of admission, readmission and periodically except for residents residing in the Memory care Unit, who will be weighed on a weekly basis." Under the heading "Procedure: "1. Any resident with a significant weight change (gain or loss) of 5% of their total body weight within 30 days, or 10% of their body weight within 180 days, will have weights recorded until weight becomes stable..."</p> <p>At 2:37 p.m., the Surveyor followed up with the Registered Nurse (RN) regarding Resident #2's [NJ Exec Order] logs. The RN stated that the weekly [NJ Exec Order] logs should have been completed and retained. The Surveyor did not receive documented evidence, during the survey of Resident #2's [NJ Exec Order] logs.</p> <p>2. At 1:15 p.m., the Surveyor reviewed Resident #2's MR, which included a document titled, "New Jersey Universal Transfer Form (NJUTF) (a document that is utilized to communicate between two medical facilities when a resident is being transferred from one facility to another facility).</p> <p>Surveyor review of the NJUTF dated [NJ Exec Order] revealed that the facility's Licensed Practical Nurse (LPN) did not complete the NJUTF in its entirety prior to transferring Resident #2 [NJ Exec Order]. The box which indicated the code status of "NJ Ex Order 26.4b1" was not checked as Resident #2's preference. By not checking the box or leaving it blank, in the event Resident #2's [NJ Exec Order] or [NJ Exec Order] stopped, the receiving facility would have to perform</p>	A 310		

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A 310	Continued From page 5 NJ Exec Order 26.4b1 the resident's NJ Exec Order 26.4b1 . Surveyor review of the facility's policy titled, "Transfers," with a revised date of September 1, 2012 revealed the following: Under Policy: "Resident transfers will be accomplished in a timely manner based upon the needs of the resident." Under the heading "Procedure: ...2. An emergency envelope, which will include the New Jersey Universal Transfer Form (HS-74) will accompany a resident on all inter-facility transfers. A completed copy of the sent UTF will be kept in the Resident's Record ..." During the same interview at indicated above at 2:37 p.m., the RN stated that Resident #2's NJUTF should have been completed in its entirety.	A 310		
A1057	8:36-15.4 Resident Records All records shall be maintained for a period of 10 years after the discharge of a resident from the assisted living residence, comprehensive personal care home or assisted living program. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00155421, NJ00168614 Based on interview and record review it was determined that the facility failed to ensure that medical records were maintained for a after discharge from the facility for 1 out of 3 residents reviewed, Resident #2. This deficient practice	A1057		

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A1057	<p>Continued From page 6</p> <p>was evidenced by the following:</p> <p>According to Surveyor review of the "Resident Information Sheet" form, Resident #2 moved into the facility on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 and had diagnoses which included NJ Ex Order 26.4b1</p> <p>Resident #2</p> <p>At 1:34 p.m., the surveyor interviewed the ED and requested access to Resident #2's closed medical records, including a log of Resident #2's weights. The ED stated that the facility recently changed their charting system and would have to retrieve Resident #2's MR from the basement.</p> <p>At 2:25 p.m., the surveyor received additional pertinent documents that were requested for Resident #2, however, Resident #2's NJ Ex Order 26.4b1 logs were not included. The ED stated that she and the facility's staff would continue to search for Resident #2's NJ Ex Order 26.4b1 log.</p> <p>At 2:37 p.m., the Surveyor followed up with the Registered Nurse (RN) regarding Resident #2's NJ Ex Order 26.4b1 logs. The RN stated that the weekly NJ Ex Order 26.4b1 logs should have been completed and retained. The Surveyor did not receive documented evidence, during the survey of Resident #2's NJ Ex Order 26.4b1 logs.</p>	A1057		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A114	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/15/2024
NAME OF FACILITY CHELSEA AT TOMS RIVER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1657 SILVERTON ROAD TOMS RIVER, NJ 08753	

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 H5750	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-13.4(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/31/2023	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 12/12/2023		<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 A1057	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-15.4	Completed	Reg. #	Completed
LSC	01/15/2024	LSC	01/15/2024	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	
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 12/12/2023		<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			