

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/05/2024
NAME OF PROVIDER OR SUPPLIER ATRIA CRANFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 10 JACKSON DRIVE CRANFORD, NJ 07016		
(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 #: NJ00132870, #NJ00141008</p> <p>CENSUS: 196</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 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

03/11/24

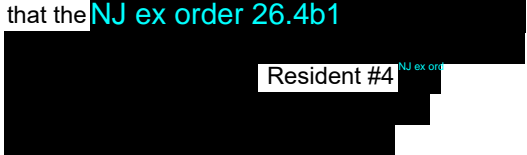
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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00141008</p> <p>Based on interview, and record review it was determined that the facility failed to report an injury of unknown origin to the New Jersey Department of Health (NJDOH) for a resident, and failed to ensure the implementation and enforcement of the facility policy titled, "Abuse Policy" for 1 of 4 residents reviewed, Resident #4. This deficient practice was evidenced by the following:</p> <p>On 2/5/24, the surveyor reviewed Resident #4's Medical Record (MR) and observed on the "Resident-Face Sheet," a move in date of NJ ex order 26.4b and NJ ex order 26.4b1</p> <p>Surveyor review of Resident #4's "Resident Notes," section of the MR revealed a note dated NJ ex order 26.4b at 7:40 a.m., written by a Licensed Practice Nurse (LPN), which indicted that Resident #4 NJ ex order 26.4b1</p> <p>According to surveyor continued review of the MR, the surveyor did not observe documented evidence that the facility followed-up with the hospital in regard to the NJ ex order 26.4b1.</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>The surveyor observed a document titled, "Resident Functional Needs Service Plan," dated [REDACTED], which indicated that Resident #4 [REDACTED] "..." [REDACTED] Resident [REDACTED] .. Staff [REDACTED] "</p> <p>Under "NJ ex order 26.4b1": "Resident [REDACTED] NJ ex order 26.4b1" included Under "Service: Under "Status Checks" included Under "Need:" Resident #4 [REDACTED] "..." Under "Service:" revealed [REDACTED]</p> <p>During surveyor interview on 2/5/24 at 2:30 p.m., the Administrator and the Assistant Administrator stated that they were not aware of the incident with Resident #4 or if the incident was reported to the NJDOH, and that they were not employed at the time of the incident.</p> <p>According to review of the MR and interview with the Administrator, there were no documented notes after the date of [REDACTED] for Resident #4, which is the date the resident [REDACTED] To be sure all records were provided since the ED and DON were not employed at the time, to be sure noone else wrote additional info on investigation.</p> <p>On 2/9/24 the surveyor received and reviewed Resident #4's [REDACTED] which indicated</p>	A 310		

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A 310	Continued From page 3 that the NJ ex order 26.4b1  Resident #4 NJ ex ord Surveyor review of the facility policy titled, " Abuse Policy," with a revised date 10/26/12, revealed the following: Under Policy: "It is the policy of facility that Residents of our Communities have the right to be free of abuse. Any abuse will be investigated and reported promptly to the appropriate State agencies, where applicable..." "...Reporting/Documentation Requirements The Executive Director/designee assumes responsibility for notification of the incident and preliminary internal investigation results to the following: ...Report to applicable State Agency according to state regulations..." Under Written Follow-up: "The incident will be completed and reported according to the Facility and state guidelines. Documentation in resident's assisted living file (i.e., nurse's notes,) is to reflect direct observable facts..."	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	A 563		

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A 563	<p>Continued From page 4</p> <p>contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00141008</p> <p>Based on interview, and record review it was determined that the facility failed to report an injury of unknown origin to the New Jersey Department of Health (NJDOH) for 1 of 4 residents reviewed, Resident #4. This deficient practice was evidenced by the following:</p> <p>On 2/5/24, the surveyor reviewed Resident #4's Medical Record (MR), and observed on the "Resident-Face Sheet," NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>A review of Resident #4's "Resident Notes," section of the MR dated NJ ex order 26.4b1 at 7:40 a.m., written by a Licensed Practice Nurse (LPN) revealed that Resident #4 NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>Further review of the Resident #4's Resident Notes revealed no documentation of a NJ ex order 26.4b1</p>	A 563		

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A 563	Continued From page 5 this NJ ex order 26.4b1 At the time of the survey there was no documentation provided to the surveyor that incident of NJ ex order 26.4b1 for Resident #4 NJ ex order 26.4b1 [REDACTED]	A 563		
A 935	8:36-11.4(b) Pharmaceutical Services (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations. This REQUIREMENT is not met as evidenced by: Complaint#: #NJ00132870 Based on interview, and record review it was determined that the facility failed to ensure that medication was administered in accordance with the prescriber's orders for 1 of 4 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 2/5/24, the surveyor reviewed Resident #2's Medical Record (MR), and observed on the "Resident-Face Sheet," a move in date of NJ ex order 26.4b1 and NJ ex order 26.4b1 [REDACTED]	A 935		

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A 935	<p>Continued From page 6</p> <p>NJ ex order 26.4b1. The MR also indicated that Resident #2 NJ ex order 26.4b1</p> <p>The surveyor reviewed a physician's order for Resident #2 dated NJ ex order 26.4b1, that indicated a prescriber order for NJ ex order 26.4b1</p> <p>Further, the surveyor observed a document titled, "Resident Notes," dated NJ ex order 26.4b1, which indicated that the facility received NJ ex order 26.4b1</p> <p>Surveyor review of the Resident Notes for Resident #2 dated NJ ex order 26.4b1, indicated the following: NJ ex order 26.4b1</p> <p>Surveyor review of the MR revealed a prescriber order for Resident #2 dated NJ ex order 26.4b1, NJ ex order 26.4b1</p> <p>Surveyor review of the Medication Administration Record (MAR) for Resident #2, revealed a NJ ex order 26.4b1</p>	A 935		

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A 935	Continued From page 7 NJ ex order 26.4b1 . Further surveyor review of the MAR indicated that on the date of NJ ex order 26.4b1 , at the times of 12:00 a.m., 3:00 a.m., and 6:00 a.m. the staff wrote their initials and circled their initials. On 2/6/24 at 2:27 p.m., the surveyor conducted a telephone interview with the Director of Nursing, who stated that the circling of initials on a resident's MAR, would indicate that the medication was not given, the resident refused the medication or the medication was not available.	A 935		
A1417	8:36-21.2(d) Quality Improvement (d) A specific plan of care shall be developed for the use of any restraining device. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00132870 Based on interview, and record review it was determined that the facility failed to ensure that a specific plan of care was developed and implemented for the monitoring and safe use/or need of bed NJ ex order 26.4b1 for 2 of 4 residents reviewed, Resident #'s 1 and 3. The facility also failed to implement the policy titled, "Assisting in the Use of A Bed Rail." This deficient practice was evidenced by the following: 1. On 2/5/24 the surveyor reviewed Resident #1's MR and observed that there was no assessment conducted by a Registered Nurse (RN) for the NJ ex order 26.4b1 , and there was no rationale,	A1417		

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A1417	<p>Continued From page 8</p> <p>or indication for the use of the [REDACTED] documented in the resident's General Service Plan (GSP). The surveyor observed on the "Resident-Face Sheet (RFS)," a move in date of [REDACTED], and diagnoses [REDACTED]</p> <p>On 2/5/24 at 11:12 a.m., in the presence of the facility contracted hospice Certified Home Health Aide (CHHA), the surveyor observed that Resident #1 [REDACTED]. The surveyor reviewed a document in the MR titled, "Resident Functional Needs Service Plan" (RFNA) with an assessment date of [REDACTED] and observed that [REDACTED].</p> <p>Continued surveyor review of MR document titled, RFNA dated [REDACTED] revealed in section number, "[REDACTED]," that Resident #1, "[REDACTED]."</p> <p>2. On 2/5/24 the surveyor reviewed Resident #3's MR and observed that there was no assessment conducted by an RN for the [REDACTED], and there was [REDACTED]. The surveyor observed on the RFS for Resident #3 a move in date of [REDACTED].</p> <p>On 2/5/24 at 10:40 a.m., in the presence of a facility CHHA, the surveyor observed that Resident #3 [REDACTED]. The surveyor asked the facility CHHA why the resident [REDACTED] and the CHHA stated that Resident #3 [REDACTED].</p>	A1417		

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A1417	<p>Continued From page 9</p> <p>Surveyor review of facility document titled, "Resident Functional Needs Assessment (RFNA)" with an assessment date of [REDACTED] revealed section number, "NJ ex order 26.4b1" that Resident #3, NJ ex order 26.4b1 [REDACTED]</p> <p>On 2/5/24 at 12:10 p.m., during surveyor interview the Director of Nursing (DON) stated that the facility does not allow full bed rails. The DON further stated that she was unsure why Resident #3 NJ ex order 26.4b1 [REDACTED]</p> <p>In the same interview, the DON stated that she was aware that the purpose of a NJ ex order 26.4b1 [REDACTED] was NJ ex order 26.4b1 [REDACTED]</p> <p>Upon continued surveyor interview with the DON, in regard to the monitoring of NJ Exec Order 26.4b1 [REDACTED] safety checks, the DON stated that she and the nurses performed checks of the NJ Exec Order 26.4b1 [REDACTED] on the resident's beds every 1-2 months but was unable to provide any documentation of the safety checks having been done.</p> <p>At the time of survey there was no documentation provided for staff in-service training for the use of [REDACTED] for Resident #'s 1 & 3.</p> <p>On 2/5/24 at 2:30 p.m., the surveyor reviewed a facility policy titled, "Assisting in the Use of a Bed Rail" with a revised date 11/9/21 revealed Under Work Instruction: "A. The Resident Services Director (RSD) is responsible to ensure: ...</p> <p>3. The resident has a current physician's order for</p>	A1417		

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A1417	Continued From page 10 a Bed Rail for positioning and repositioning and can demonstrate the ability to get in and out of the bed independently. 4. The Durable Medical Equipment (DME) vendor provides an in-service training to the RSD (Resident Services Director) and staff who will providing service to resident regarding the correct operation of the bed and the rails. The RSD will follow-up and train any staff that were not present for the DME training. Training is kept in the resident's Assisted Living Care File...	A1417			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 82472	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/24/2024
NAME OF FACILITY ATRIA CRANFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 10 JACKSON DRIVE CRANFORD, NJ 07016	

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 A0310 Correction		ID Prefix A0563 Correction		ID Prefix A0935 Correction	
Reg. # 8:36-3.4(a)(1) Completed		Reg. # 8:36-5.10(a)(2) Completed		Reg. # 8:36-11.4(b) Completed	
LSC 04/19/2024		LSC 04/19/2024		LSC 04/19/2024	
ID Prefix A1417 Correction		ID Prefix Correction		ID Prefix Correction	
Reg. # 8:36-21.2(d) Completed		Reg. # Completed		Reg. # Completed	
LSC 04/19/2024		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	
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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 2/5/2024		<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			