

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 01/27/2021
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 #: NJ 142601</p> <p>CENSUS: 140</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 313	<p>8:36-3.4(a)(4) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>4. Ensuring the provision of staff orientation and staff education;</p> <p>This REQUIREMENT is not met as evidenced</p>	A 313		

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

TITLE

(X6) DATE

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 01/27/2021
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 313	<p>Continued From page 1</p> <p>by: COMPLAINT #: NJ 142601</p> <p>Based on interviews, Medical Record (MR) review, and review of other facility documents on 1/27/21, it was determined that the facility administration failed to ensure the facility staff was educated/in-serviced on abuse to protect, prevent and report [REDACTED] NJ Ex Order 26.4b1 which occurred on [REDACTED] NJ Ex Order 26.4b1, for 1 of 3 residents (Resident #1) sampled. The facility also failed to follow the facility policy titled "Abuse Policy." This deficient practice is further evidenced by the following:</p> <p>1. According to the Face Sheet, Resident #1 was admitted to the Facility on [REDACTED] NJ Ex Order 26.4b1, with diagnoses which included but were not limited to: [REDACTED] NJ Ex Order 26.4b1</p> <p>According to the "Service Plan," dated [REDACTED] NJ Ex Order 26.4b1, Resident #1 [REDACTED] NJ Ex Order 26.4b1 with Activities of Daily Living (ADLs) and was [REDACTED] NJ Ex Order 26.4b1</p> <p>During an interview on 1/27/21 at 9:34 a.m., the Executive Director (ED) reported that a Reportable Event Record/Report (FRE) was sent to the New Jersey Department of Health (NJDOH) on [REDACTED] NJ Ex Order 26.4b1, regarding a staff to resident [REDACTED] NJ Ex Order 26.4b1 which occurred on [REDACTED] NJ Ex Order 26.4b1, with 2 staff witnesses, however, staff had not reported</p>	A 313		

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 01/27/2021
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 313	<p>Continued From page 2</p> <p>the incident to the Administration until NJ Ex Order 26.4b1.</p> <p>During an interview on 1/27/21 at 11:53 a.m., the ED stated that "we did not do training during Covid on Abuse or Dementia, so it was last done March or May of 2019, then we did it again December 2020, after the incident. We started it December and it's on going through January." However, the ED was unable to provide evidence that the staff was in-serviced on abuse prior to the incident for 2019 or 2020, to verify that the staff was educated annually on abuse.</p> <p>During an interview on 1/27/21 at 12:38 a.m., the ED stated that "different department heads," are responsible for in-service training of the staff.</p> <p>During an interview on 1/27/21 at 1:04 p.m., the Director of Nursing (DON) stated that she monitors the staff for abuse prevention by in-servicing and reviewing resident concerns. In addition, the DON verified that staff was not in-serviced during Covid "because we did not get to it," and the abuse protocol for in-servicing per the facility policy is annually.</p> <p>Review of the facility policy titled "Abuse Policy," with a revised date of 10/26/12, under "Policy:" It is the policy of (name 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. Each resident will be treated with respect and dignity at all times.</p> <p>Under "Process:" Employee Education/Orientation- Resident abuse education is required on hire for all employees as part of the employee orientation process and at least annually thereafter.</p>	A 313		

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 01/27/2021
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 389	<p>8:36-4.1(a)(16) Resident Rights</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>16. The right to be free from physical and mental abuse and/or neglect;</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 142601</p> <p>Based on observations, interviews, Medical Record (MR) review, and review of other facility documents on 1/27/21, it was determined that the facility failed to protect a NJ Ex Order 26.4b1 resident who lived on the NJ Ex Order 26.4b1, from actual NJ Ex Order 26.4b1 and a potential for further NJ Ex Order 26.4b1 as well as, failed to follow the facility policies titled "Abuse Policy," and "Incident Reporting," to ensure a residents' safety for 1 of 3 residents (Resident #1) sampled. According to the security video footage on NJ Ex Order 26.4b1, Resident #1 was NJ Ex Order 26.4b1 by the Medication Aide (MA #1), and the incident was witnessed by 2 staff members, MA #2 and a Certified Nursing Assistant (CNA), who failed to report the incident</p>	A 389		

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 01/27/2021
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 389	<p>Continued From page 4</p> <p>to the Nursing Supervisor or Administration until [REDACTED] NJ Ex Order 26.4b1. The MA #1 continued to work from [REDACTED] NJ Ex Order 26.4b1 until [REDACTED] NJ Ex Order 26.4b1, on the [REDACTED] NJ Ex Order 26.4b1, which placed all residents on the [REDACTED] NJ Ex Order 26.4b1 at risk for [REDACTED] NJ Ex Order 26.4b1. The immediacy and the risks were discussed with the Executive Director (ED) and the Director of Nursing (DON) on 1/27/21 at 3:48 P.M. The immediacy was removed on 1/27/21 at 4:15 p.m., when the facility provided evidence that the MA #1 was suspended then terminated and staff in-servicing on abuse was implemented. This deficient practice is further evidenced by the following:</p> <p>1. According to the Face Sheet, Resident #1 was admitted to the Facility on [REDACTED] NJ Ex Order 26.4b1, with diagnoses which included but were not limited to: [REDACTED] NJ Ex Order 26.4b1</p> <p>According to the "Service Plan," dated [REDACTED] NJ Ex Order 26.4b1, Resident #1 [REDACTED] NJ Ex Order 26.4b1 with Activities of Daily Living (ADLs) and was [REDACTED] NJ Ex Order 26.4b1</p> <p>During an interview on 1/27/21 at 9:34 a.m., the Executive Director (ED) reported that a Reportable Event Report (FRE) was sent to the New Jersey Department of Health (NJDOH) on [REDACTED] NJ Ex Order 26.4b1, regarding a staff to resident [REDACTED] NJ Ex Order 26.4b1, which occurred on [REDACTED] NJ Ex Order 26.4b1, with 2 witnesses, however, staff had not reported the incident to the Administration until [REDACTED] NJ Ex Order 26.4b1</p> <p>According to the ED, she was investigating another unrelated issue when one of the</p>	A 389		

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 01/27/2021
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 389	<p>Continued From page 5</p> <p>witnesses to the [NJ Ex Order 26.4b1] incident reported that a Medication Aide (MA #1), had [NJ Ex Order 26.4b1] Resident #1 [NJ Ex Order 26.4b1].</p> <p>According to the FRE dated [NJ Ex Order 26.4b1], with a "date of event of [NJ Ex Order 26.4b1]," and a "Type of Incident" listed as "Staff to Resident Abuse." Under "Narrative," documented the following: The ED was advised on [NJ Ex Order 26.4b1], that there was an allegation of staff to resident abuse on the ... [NJ Ex Order 26.4b1]. Investigation was immediately initiated and upon review of the camera footage "it was confirmed that staff to resident abuse did occur. Employee [NJ Ex Order 26.4b1] resident [NJ Ex Order 26.4b1] when resident [NJ Ex Order 26.4b1] into her." This event happened on [NJ Ex Order 26.4b1] Since incident there have been no reports of [NJ Ex Order 26.4b1] - resident has not [NJ Ex Order 26.4b1]. Staff will be in-serviced on resident's rights and the importance of behavior modifications in a [NJ Ex Order 26.4b1] setting.</p> <p>Under "Interventions," the ED documented that the employee involved in the allegation of staff to resident abuse was immediately suspended pending further investigation. Staff will be in-serviced on abuse reporting and prevention.</p> <p>Review of the facility document for Resident #1 titled "Resident Functional Needs Assessment," completed by the DON on [NJ Ex Order 26.4b1] did not show any [NJ Ex Order 26.4b1] related to [NJ Ex Order 26.4b1]</p> <p>Review of the progress notes for Resident #1 from [NJ Ex Order 26.4b1], did not show any reports of [NJ Ex Order 26.4b1] to the resident's [NJ Ex Order 26.4b1] and the resident did not [NJ Ex Order 26.4b1]</p>	A 389		

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 01/27/2021
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 389	<p>Continued From page 6</p> <p>Surveyor's review of the Facility's Security Video footage titled "NJ Ex Order 26.4b1 Incident," dated NJ Ex Order 26.4b1 at 5:07 p.m., verified that on NJ Ex Order 26.4b1 at 5:07 p.m., a Medication Aide (MA #1) was observed sitting in a chair near the entrance to the NJ Ex Order 26.4b1 on the NJ Ex Order 26.4b1 and Resident #1 walked over to the MA #1 using a NJ Ex Order 26.4b1. While standing in front of the MA #1, Resident #1 NJ Ex Order 26.4b1 into the MA #1 multiple times. In response to having the NJ Ex Order 26.4b1 into her, the MA #1 NJ Ex Order 26.4b1 Resident #1 on NJ Ex Order 26.4b1. Resident #1 places his/her NJ Ex Order 26.4b1 and the MA #1 walked away from the resident.</p> <p>MA #2 (witness) was observed on the video entering the room just prior to the incident. MA #2 stood in the entrance of the room and during the incident she was observed looking towards Resident #1.</p> <p>During an interview on 1/27/21 at 10:55 a.m., MA #2 stated she saw MA #1 talking to Resident #1 and overheard MA #1 say to Resident #1 "don't bother me and go sit down." The resident did not pay attention to what the MA #1 said to him/her, then MA #1 NJ Ex Order 26.4b1" Resident #1 with NJ Ex Order 26.4b1. According to MA #2, Resident #1 "NJ Ex Order 26.4b1." MA #2 stated she tried to NJ Ex Order 26.4b1 resident and said to him/her, "NJ Ex Order 26.4b1." However, the video footage did not show that MA #2 went over to Resident #1 to NJ Ex Order 26.4b1 after the incident.</p> <p>During an interview on 1/27/21 at 10:55 a.m., MA #2 also stated she informed the Life Guardian Program Specialist (LGPS) by phone on NJ Ex Order 26.4b1, of the NJ Ex Order 26.4b1 incident. According to the</p>	A 389		

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 01/27/2021
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 389	<p>Continued From page 7</p> <p>MA #2 the LGPS stated she would inform the Director, therefore, MA #2 did not notify anyone else of the incident. In addition, the MA #2 stated that she did not inform the House Supervisor of the incident because Resident #1 [REDACTED] NJ Ex Order 26.4b1 then he/she was okay. He/she [REDACTED] NJ Ex Order 26.4b1. He/she looked okay."</p> <p>During an interview of 1/27/21 at 11:25 a.m., the LGPS reported that she had called the facility from home "to check to see how things were going." MA #2 reported to her that [REDACTED] NJ Ex Order 26.4b1 "MA #1 [REDACTED] NJ Ex Order 26.4b1 Resident #1 on the [REDACTED] NJ Ex Order 26.4b1 Resident #1 wanted to go outside to the courtyard. He/she [REDACTED] NJ Ex Order 26.4b1 MA #1 with [REDACTED] NJ Ex Order 26.4b1 and said, [REDACTED] NJ Ex Order 26.4b1." Then the MA [REDACTED] NJ Ex Order 26.4b1 Resident #1 who was then [REDACTED] NJ Ex Order 26.4b1 The LGPS stated she told the MA #2 to report the incident to the Director. The LGPS reported she also spoke to witness #2 (CNA #1) who informed her that she was not sure what happened. She saw Resident #1 [REDACTED] NJ Ex Order 26.4b1, but she did not see if the MA #1 had [REDACTED] NJ Ex Order 26.4b1. The LGPS stated she did [REDACTED] NJ Ex Order 26.4b1 afterwards, she did not call anyone from Administration to report the incident since she was "home after that in [REDACTED] NJ Ex Order 26.4b1." The LGPS did verify that she has had abuse training and [REDACTED] NJ Ex Order 26.4b1.</p> <p>On 1/27/21 at 12:10 p.m., the surveyor attempted to interview Resident #1; however, the resident [REDACTED] NJ Ex Order 26.4b1 to any of the surveyor's questions. An observation of the resident during the interview failed to show [REDACTED] NJ Ex Order 26.4b1 [REDACTED] NJ Ex Order 26.4b1.</p> <p>During an interview on 1/27/21 at 12:28 p.m., the Life Guardian Director (LGD) verified that she did not find out about the Staff to Resident [REDACTED] NJ Ex Order 26.4b1.</p>	A 389		

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 01/27/2021
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 389	<p>Continued From page 8</p> <p>involving Resident #1 until [REDACTED] no staff member had notified her prior to [REDACTED] of the incident.</p> <p>During an interview on 1/27/21 at 1:50 p.m., the DON stated that the staff should report abuse immediately. "If you witnessed, suspected, or are concerned, report it to your Supervisor or the Supervisor on duty and follow up with it to see what was done. That's a basic protocol.... They should have notified someone so the nurse could assess [REDACTED] was a victim of abuse, verbal, emotional, physical, whatever type. [REDACTED] needed to be assessed and protected."</p> <p>During an interview on 1/27/21 at 3:34 p.m., CNA #1 reported that on [REDACTED] she was on the far side of the Living Room from MA #1, but heard Resident #1 "talking loud." When she looked up she saw (MA #1 name) "get into (Resident #1's [REDACTED])." She did not see MA #1 [REDACTED]. Resident #1, however, she did report that she heard the resident talking loudly and said an [REDACTED]. CNA #1 stated that she did not report the incident to anyone because "I did not have enough information to report it," however, she was able to verify that abuse should be reported to the Supervisor the same day.</p> <p>Review of the employee schedule for MA #1 verified that she worked 39 days from [REDACTED] to [REDACTED] until suspended on [REDACTED], then terminated on [REDACTED].</p> <p>Review of the facility policy titled "Abuse Policy," with a revised date of 10/26/12, under "Policy:" It is the policy of (name 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</p>	A 389		

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 01/27/2021
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 389	<p>Continued From page 9</p> <p>agencies, where applicable. Each resident will be treated with respect and dignity at all times.</p> <p>Under "Definitions," Physical Abuse includes hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.</p> <p>Under "Process:" Employee Education/Orientation - Resident abuse education is required on hire for all employees as part of the employee orientation process and at least annually thereafter.</p> <p>Under Employee Responsibilities: ...Any employee who has reasonable cause to believe a resident has been abused, mistreated, or neglected; including injuries of unknown source and misappropriation of resident property, shall immediately report within 24 hours alleged incidents to their Supervisor/designee or Executive Director.</p> <p>Review of the facility policy titled "Incident Reporting," with a revised date of 10/18/19, under "Policy," Any incident shall be reported in a timely manner internally and to any appropriate governing authority as mandated by this Policy and any State or Federal law</p> <p>Under "Definitions:" Abuse - The willful infliction of injury, unreasonable confinement, intimidation or punishment resulting in physical harm, pain or mental anguish</p> <p>Under "Responsibilities:" Any staff member who observes or becomes aware of an incident or an event occurring shall immediately report it using the Incident Reporting Application and prepare any additional necessary reports as required by</p>	A 389		

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 01/27/2021
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 389	Continued From page 10 the applicable regulations and statutes.	A 389		
A 517	8:36-5.6(b)(1-7) General Requirements (b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following: 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 2. Emergency plans and procedures; 3. The infection prevention and control program; 4. Resident rights; 5. Abuse and neglect; 6. Pain management; 7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.	A 517		

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 01/27/2021
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 517	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 142601</p> <p>Based on interviews, Medical Record (MR) review and review of other facility documents on 1/27/21, it was determined that the facility failed to ensure the staff had education which included abuse, for 3 of 3 employee files reviewed. The facility also failed to follow the facility policy titled "Abuse Policy." This deficient practice is further evidenced by the following:</p> <p>1. During an interview on 1/27/21 at 9:34 a.m., the Executive Director (ED) reported that a Reportable Event Report (FRE) was sent to the New Jersey Department of Health (NJDOH) on [REDACTED], regarding a staff to resident abuse allegation, which occurred on [REDACTED], with 2 witnesses, however, staff had not reported the incident to the Administration until [REDACTED]</p>	A 517		

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 01/27/2021
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 517	<p>Continued From page 12</p> <p>During an interview on 1/27/21 at 11:53 a.m., the ED stated that "we did not do training during Covid on Abuse or Dementia, so it was last done March or May of 2019, then we did it again NJ Ex Order 26.4b1 after the incident. We started it December and it's on going through January." However, the ED was unable to provide evidence that the staff was in-serviced on abuse prior to the incident for 2019 or 2020, to show that the staff was educated annually on abuse.</p> <p>During an interview on 1/27/21 at 1:04 p.m., the Director of Nursing (DON) stated that she monitors the staff for abuse prevention by in-servicing and reviewing resident concerns. In addition, the DON verified that staff was not in-serviced during Covid "because we did not get to it," and the abuse protocol for in-servicing per the facility policy is annually.</p> <p>During interviews on 1/27/21, 2 nursing staff employees were unable to verify when their last abuse in-servicing was prior to NJ Ex Order 26.4b1.</p> <p>Review of the 3 employee files (the alleged perpetrator and the 2 witnesses) did not reveal any in-service training/education on Abuse for 2019 or 2020, and the Administration was unable to provide evidence that the staff was in-serviced on abuse prior to the incident for 2019 or 2020.</p> <p>Review of the facility policy titled "Abuse Policy," with a revised date of 10/26/12, under "Policy:" It is the policy of (name 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. Each resident will be treated with respect and dignity at all times.</p>	A 517		

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 01/27/2021
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 517	Continued From page 13 Under "Process:" Employee Education/Orientation- Resident abuse education is required on hire for all employees as part of the employee orientation process and at least annually thereafter.	A 517		
A 543	8:36-5.7(a)(4) General Requirements (a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following: 4. Policies and procedures for reporting all alleged and/or suspected cases of resident abuse or exploitation to the Complaints Program of the Division of Long-Term Care Systems at 1-800-792-9770. If the resident is 60 years of age or older, the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly shall also be notified, in compliance with N.J.S.A. 52:27G-7.1 et seq., at 1-877-582 -6995; This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 142601	A 543		

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 01/27/2021
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 543	<p>Continued From page 14</p> <p>Based on interviews, review of Medical Records (MR), and review of other pertinent facility documents on 1/27/21, it was determined that the facility failed to develop and implement a complete Policy and Procedure for reporting allegations of abuse to the State which included the 1-800 number. The facility also failed to follow their policy titled "Abuse Policy." This deficient practice was evidenced by the following:</p> <p>1. According to the Face Sheet, Resident #1 was admitted to the Facility on [REDACTED], with diagnoses which included but were not limited to: NJ Ex Order 26.4b1 [REDACTED]</p> <p>According to the "Service Plan," dated [REDACTED] Resident #1 NJ Ex Order 26.4b1 [REDACTED] with Activities of Daily Living (ADLs) and was [REDACTED]</p> <p>During an interview on 1/27/21 at 9:34 a.m., the Executive Director (ED) reported that a Reportable Event Report (FRE) was sent to the New Jersey Department of Health (NJDOH) on [REDACTED], regarding a staff to resident abuse, which occurred on [REDACTED], with 2 staff witnesses, however, staff had not reported the incident to the Administration until [REDACTED]. The facility was unable to provide confirmation/evidence that the FRE was sent/faxed to the NJDOH or evidence that the facility contacted the 1-800 number.</p>	A 543		

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 01/27/2021
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 543	Continued From page 15 During interviews on 1/27/21, the Administration was unable to provide a Policy and Procedure to report to the NJDOH. A review of the facility policy titled "Abuse Policy," with a revised date of 10/26/12, revealed under "Policy:" It is the policy of (name 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. Each resident will be treated with respect and dignity at all times. The policy did not include the 1-800 number for the Complaints Program of the Division of Long-Term Care Systems. Under "Reporting/Documentation Requirements," The ED/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. The Agencies to call include the following but are not limited to the following: ...c. State Licensing agency and/or State Health Department.	A 543			
A 565	8:36-5.10(a)(3) 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: 3. Any suspected cases of resident abuse or exploitation which have been reported to the State Long-Term Care Ombudsman.	A 565			

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 01/27/2021
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 565	<p>Continued From page 16</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 142601</p> <p>Reference: Peggy's Law</p> <p>N.J.S.A 52:27G-7.1: Report of suspected abuse: (New Jersey refers to this paragraph as the "Mandatory Reporter"). This section requires that "Any caretaker, social worker, physician, registered or licensed practical nurse, or other professional or staff member employed at a facility, and any representative of a managed care entity who, as a result of information obtained in the course of that individual's employment, has reasonable cause to suspect or believe that an institutionalized elderly person is being or has been abused or exploited, shall report such information to the ombudsman or to the person designated by the ombudsman to receive such a report.</p> <p>If an individual reporting suspected abuse or exploitation pursuant to this subsection has reasonable cause to suspect or believe that the institutionalized elderly person is or has been the victim of a crime, the individual shall additionally report such information to the local law enforcement agency and to the health administrator of the facility.</p>	A 565		

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 01/27/2021
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 565	<p>Continued From page 17</p> <p>Based on interviews, review of Medical Records (MR), and review of other pertinent facility documents on 1/27/21, it was determined that the facility failed to report an allegation of Staff to Resident Abuse to the New Jersey Department of Health (NJDOH) and to the Local Police, for 1 of 3 residents (Resident #1) sampled. The facility also failed to follow their policy titled "Abuse Policy." This deficient practice was evidenced by the following:</p> <p>1. According to the Face Sheet, Resident #1 was admitted to the Facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED]</p> <p>According to the "Service Plan," dated [REDACTED], Resident #1 [REDACTED] with Activities of Daily Living (ADLs) and was [REDACTED]</p> <p>During an interview on 1/27/21 at 9:34 a.m., the Executive Director (ED) reported that a Reportable Event Record/Report (FRE) was sent to the New Jersey Department of Health (NJDOH) on [REDACTED] regarding a staff to resident abuse which occurred on [REDACTED], with 2 witnesses, however, staff had not reported the</p>	A 565		

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 01/27/2021
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 565	<p>Continued From page 18</p> <p>incident to the Administration until [REDACTED]</p> <p>During an interview on 1/27/21 at 3:20 p.m., the ED stated that she did not notify the Local Authorities because she was never informed by her "legal team" to do so.</p> <p>According to the FRE, the date of the event was [REDACTED], with a "Type of Incident" as "Staff to Resident Abuse." Under "Narrative" This event was described by the ED as follows: The ED was advised on [REDACTED], that there was an allegation of staff to resident abuse on the ... [REDACTED] investigation was immediately initiated and upon review of the camera footage "it was confirmed that staff to resident [REDACTED] did occur. Employee [REDACTED] when resident [REDACTED] her." The event happened on [REDACTED] at 1:07 p.m. Since the incident there have been no reports of [REDACTED] on resident's [REDACTED]. Staff will be in-serviced on resident's rights and the importance of behavior modifications in a [REDACTED] setting.</p> <p>Under "Interventions" the ED documented that the employee involved in allegation of staff to resident abuse was immediately suspended pending further investigation. Staff will be in-serviced on abuse reporting and prevention.</p> <p>However, the facility was unable to provide confirmation/evidence that the FRE was sent/faxed to the NJDOH or evidence that the facility contacted the 1-800 number.</p> <p>During an interview on 1/27/21 at 3:20 p.m., the ED reported that she spoke again to the "Legal Team," and they said "going forward we will</p>	A 565		

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 01/27/2021
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 565	Continued From page 19 report." Review of the facility policy titled "Abuse Policy," with a revised date of 10/26/12, under "Policy:" It is the policy of (name 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.	A 565			