

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>al02005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/21/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THRIVE AT MONTVALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 SUMMIT AVENUE</b> <b>MONTVALE, NJ 07645</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: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00168740</p> <p>CENSUS: 69</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		
A1051	<p>8:36-15.2 Resident Records</p> <p>The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department.</p> <p>This REQUIREMENT is not met as evidenced by: NJ00168740</p> <p>Based on interview, and record review it was determined that the facility failed to provide the survey team with access to the facility's electronic</p>	A1051		

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

TITLE

(X6) DATE

01/30/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>a102005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/21/2023</b>
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A1051	<p>Continued From page 1</p> <p>Medical Record (MR) system for 4 of 4 residents reviewed for [REDACTED] Resident #'s 1, 2, 3, and 4. This deficient practice was evidence by the following:</p> <p>On 12/21/23 at 9:50 a.m., during the survey entrance conference, the surveyor, Surveyor #1 requested access to the facility's electronic MR system.</p> <p>At 1:31 p.m., and again at 2:07 p.m., the survey team attempted to access the facility's electronic MRs system and was unable to view the MRs for Resident #'s 1, 2, 3, or 4.</p> <p>At 3:05 p.m., during the survey exit meeting with the facility's President and Health &amp; Wellness Director, the President stated that the survey team would be given full access to the electronic MR system and would receive additional requested documents via email for post survey review.</p> <p>On 12/22/23, post survey, Surveyor #2 attempted to access the facility's electronic MR system, however, access was still not granted.</p>	A1051		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(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.</p>	A1073		

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A1073	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: NJ00168740</p> <p>Based on interview, and record review it was determined that the facility failed to document in the medical record (MR) a resident's discharge from the facility in accordance with the standards of practice for 1 of 4 residents reviewed for [REDACTED] Resident #4. This deficient practice was evidence by the following:</p> <p>On 12/21/23, at 12:18 p.m., while conducting a compliant survey, the survey team requested documents from Resident #4's MR. At 12:30 p.m., Surveyor #2 reviewed a facility document titled, "Admission Record" for Resident #4, which indicated that the resident moved into the facility on [REDACTED] with diagnoses which included <b>NJ EX Order, 264b1</b> [REDACTED]</p> <p>At 12:35 p.m., Surveyor #2 interviewed the facility's Health &amp; Wellness Director (HWD) regarding Resident #4. The HWD stated that Resident #4 had a [REDACTED] on [REDACTED] was transferred to a community hospital for further evaluation, was found to have sustained a [REDACTED] <b>NJ EX Order, 264b1</b>) as a result of the [REDACTED] and never returned to the facility.</p> <p>At 1:20 p.m., Surveyor #2 interviewed the facility's President who stated that Resident #4's last day in the facility was on [REDACTED] and that Resident #4's Responsible Party (RP) submitted a 30-day notice to the facility via email on [REDACTED].</p>	A1073		
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A1073	<p>Continued From page 3</p> <p>Surveyor review of the email revealed that the RP indicated that Resident #4's items would be removed from the facility, and the pendant and two sets of key FOB's (frequency operator button used to unlock the apartment door) would be returned to the facility no later than [REDACTED].</p> <p>At 1:25 p.m., Surveyor #2 reviewed a document titled, "Progress Notes (PN)" for Resident #4 and observed a PN dated [REDACTED], and timed at 12:56 p.m., which indicated that the facility's Registered Nurse placed a follow up telephone call to the community hospital and requested an update on Resident #4. The PN indicated that Resident #4 had sustained a <b>NJ EX Order: 264b1</b>, there was no further documentation noted in the facility provided PNs.</p> <p>On 12/21/23 at 3:05 p.m., during the survey exit meeting with the facility's President and Health &amp; Wellness Director, the President stated that the survey team would be given full access to the electronic MR system and would receive additional requested documents via email for post survey review.</p> <p>On 12/22/23, post survey, Surveyor #2 attempted to access the facility's electronic MR system, however, access was still not granted.</p> <p>The surveyor reviewed the facility's policy and procedure titled, "Resident Move - Out Process," with a date of March 2016, indicated under the heading "Process" ... 8. The health and wellness team members assisting the discharge will document per community documentation policy."</p> <p>On 12/28/23 at 2:42 p.m., Surveyor #2 conducted a post survey interview with the facility's HWD</p>	A1073		

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A1073	Continued From page 4  who stated that a discharge PN was not created in Resident #4's MR to document that Resident #4 did not return to the facility and was officially discharged from the facility on [REDACTED]	A1073		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al02005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/11/2024
NAME OF FACILITY THRIVE AT MONTVALE		STREET ADDRESS, CITY, STATE, ZIP CODE 110 SUMMIT AVENUE MONTVALE, NJ 07645

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 A1051	Correction	ID Prefix A1073	Correction	ID Prefix _____	Correction
Reg. # 8:36-15.2	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. # _____	Completed
LSC _____	02/12/2024	LSC _____	02/12/2024	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 12/21/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO



## Plan of Correction

<b>Name of Community</b>	Thrive At Montvale	<b>Date</b>	1/29/2024
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Section / Tag	Violation	Appeal?	Plan of Correction		Complete?
<b>A1051</b>	Resident Records- The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department.	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Has Been Done to Correct?	The residents records mentioned in this deficiency are accessible. Community has signed up for New Jersey Health ADT reporting 2/1/2024.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			How Will Recurrence Be Prevented?	All residents are in PCC ehr system, records are available as needed going forward. The community has been trained on 2/2/2024 on how to set up users in PCC. AFCG will be utilized as a backup support to set up users in PCC if needed. Community WD/Designee will randomly audit the ehr system to ensure resident files are available as needed.	
			Person Responsible:	WD/Designee	
			Due Date:	2/12/2024	
<b>A1073</b>	Resident Records- All assessments and treatments by health care and service providers shall be entered	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Has Been Done to Correct?	Resident affected by this tag, has had a late entry completed regarding discharge notice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
			How Will Recurrence Be Prevented?	Training was completed with nurses and med techs on documentation on _____. WD/Designee will review progress notes on discharges to ensure proper documentation is completed. WD/Designee will re-educate as needed.	



	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.		Person Responsible:	WD/Designee	
			Due Date:	2/12/24	

		<input type="checkbox"/> Yes <input type="checkbox"/> No	What Has Been Done to Correct?		<input type="checkbox"/> Yes <input type="checkbox"/> No
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		

		<input type="checkbox"/> Yes <input type="checkbox"/> No	What Has Been Done to Correct?		<input type="checkbox"/> Yes <input type="checkbox"/> No
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		



		<input type="checkbox"/> Yes <input type="checkbox"/> No	What Has Been Done to Correct?		<input type="checkbox"/> Yes <input type="checkbox"/> No
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		

		<input type="checkbox"/> Yes <input type="checkbox"/> No	What Has Been Done to Correct?		<input type="checkbox"/> Yes <input type="checkbox"/> No
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		