

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARTIS SENIOR LIVING OF EATONTOWN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>147 GRANT AVENUE EATONTOWN, NJ 07724</b>		
(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
H 000	<p>Initials Comments</p> <p>TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00164971 and NJ00164748</p> <p>CENSUS: 33</p> <p>SAMPLE SIZE: 5</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>	H 000		
H5790	<p>8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.</p>	H5790		

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:  <b>AL13001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARTIS SENIOR LIVING OF EATONTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>147 GRANT AVENUE EATONTOWN, NJ 07724</b>		
(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
H5790	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00164971</p> <p>Based on interview and record review it was determined that the facility failed to retain a completed Universal Transfer Form (UTF) sheet for 1 of 5 residents reviewed who was [REDACTED] NJ ex order 26.4b1, Resident #2. The deficient practice was evidenced by the following:</p> <p>On 06/20/2023 at 11:15 a.m., the surveyor reviewed Resident #2's medical record (MR) [REDACTED] NJ ex order 26.4b1. The resident moved in on [REDACTED] NJ ex order 26.4b1 with diagnoses which include [REDACTED] NJ ex order 26.4b1</p> <p>According to the resident's MR, the resident was [REDACTED] NJ ex order 26.4b1 [REDACTED] NJ ex order 26.4b1. In further review of Resident #2's MR, the surveyor did not observe documentation of a copy of the UTF when the resident was [REDACTED] NJ ex order 26.4b1</p> <p>At 11:36 a.m., the surveyor interviewed the Executive Director who stated that transfer forms were on-line, printed, and [REDACTED] NJ ex order 26.4b1. The ED further stated they were unable to locate a copy of the completed UTF.</p> <p>The facility failed to retain a completed copy of the UTF sheet in Resident #2's MR when the resident [REDACTED] NJ ex order 26.4b1. The ED was not able to provide the surveyor a copy of Resident #2's UTF sheet during the survey.</p>	H5790			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARTIS SENIOR LIVING OF EATONTOWN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>147 GRANT AVENUE EATONTOWN, NJ 07724</b>		
(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	Continued From page 2	A 000		
A 000	Initial Comments  Initial Comments: TYPE OF SURVEY: Complaint  COMPLAINT #: NJ00164971, NJ00164748  CENSUS: 33  SAMPLE SIZE: 5  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.	A 000		
A 235	8:36-2.4(d) Licensure Procedures  (d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.  This REQUIREMENT is not met as evidenced by: Complaint: NJ00164971	A 235		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARTIS SENIOR LIVING OF EATONTOWN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>147 GRANT AVENUE EATONTOWN, NJ 07724</b>		
(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 235	<p>Continued From page 3</p> <p>Based on interview and record review, it was determined the facility failed to provide the surveyor with an incident report, incident report summary or the incident investigation report for 1 of 5 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 06/20/2023, the surveyor reviewed Resident #2's medical record (MR) who <b>NJ ex order 26.4b1</b>. The resident <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b></p> <p>Further review of the MR revealed that on <b>NJ ex order 26.4b1</b> at 6:10 a.m., Resident #2 had an <b>NJ ex order 26.4b1</b></p> <p>A Licensed Practical Nurse (LPN #2), who no longer worked at the facility, documented that the resident complained of <b>NJ ex order 26.4b1</b> " and that <b>NJ ex order 26.4b1</b></p> <p>Resident #2 was <b>NJ ex order 26.4b1</b></p> <p>Further review of the Charting Notes (CN) of the resident's MR revealed that another nurse documented on <b>NJ ex order 26.4b1</b> at 2:47 p.m., "... <b>NJ ex order 26.4b1</b></p> <p>At 12:40 p.m., the surveyor interviewed the Executive Director (ED) who stated she reached out to corporate and was told they do not have to provide the incident report and that the CN reflected what was in the report.</p> <p>On 06/21/2023 at 10:00 a.m., the surveyor interviewed the ED who stated the investigation</p>	A 235		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARTIS SENIOR LIVING OF EATONTOWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>147 GRANT AVENUE EATONTOWN, NJ 07724</b>		
(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 235	<p>Continued From page 4</p> <p>summary is part of the incident report and they are not obligated to provide it.</p> <p>A review of "Incident/Accident Reporting" policy revealed: "...The supervisor must document the incident on the approved Incident Report form and conduct an immediate investigation of the accident or incident. An incident report must be completed as soon as possible within 24-48 hour period. (Note: if the incident occurs during a time a supervisor is not on duty, the on-call nurse is to be notified.) ...2. Any unwitnessed accident or incident must be investigated for potential abuse...."</p> <p>A review of "Fall Management Program" revealed, "Post Fall Procedures: An Incident/Accident Report must be completed when the Resident falls."</p> <p>Post survey review of hospital records revealed that Resident #2 was <b>NJ ex order 26.4b1</b></p> <p><b>Further review of Resident#2's hospital record revealed that the NJ ex order 26.4b1</b></p>	A 235			
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</p>	A1073			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARTIS SENIOR LIVING OF EATONTOWN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>147 GRANT AVENUE EATONTOWN, NJ 07724</b>		
(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
A1073	<p>Continued From page 5</p> <p>professional practice.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint: NJ00164971 Based on interview and record review it was determined that the facility failed to provide documented evidence that half-hour safety checks were implemented and performed as indicated in the resident's Service Plan for 1 of 3 residents, Resident #2.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 06/20/2023 at 10:15 a.m., the surveyor interviewed Licensed Practical Nurse (LPN #1) who stated safety checks were done on the residents (the process of identifying where a resident is on the unit) "about every 15 minutes."</p> <p>At 11:15 a.m., the surveyor reviewed Resident #2's medical record (MR) <span style="color: cyan;">NJ ex order 26.4b1</span> <span style="background-color: black; color: cyan;">NJ ex order 26.4b1</span>. The resident <span style="background-color: black; color: cyan;">NJ ex order 26.4b1</span>, <span style="background-color: black; color: cyan;">NJ ex order 26.4b1</span></p> <p><span style="background-color: black; color: cyan;">NJ ex order 26.4b1</span> A review of Resident #2's <span style="background-color: black; color: cyan;">NJ ex order 26.4b1</span></p> <p>Further review of Resident #2's medical record revealed no documented evidence that the half-hour checks were implemented.</p> <p>At 11:45 a.m., the surveyor interviewed the Executive Director (ED) who stated that they do</p>	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARTIS SENIOR LIVING OF EATONTOWN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>147 GRANT AVENUE EATONTOWN, NJ 07724</b>		
(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
A1073	<p>Continued From page 6</p> <p>not have a policy on the use of the rounding log. The surveyor then requested the ED to provide documentation that Resident #2's whereabouts were logged, including implementation of the half-hour checks of the resident on <span style="background-color: black; color: red;">NJ ex order 26.4b1</span></p> <p>At 12:15 p.m., the ED told the surveyor that the rounds log for Resident #2 could not be accounted for and could not be located. There was no documented evidence provided to confirm that Resident #2's whereabouts were monitored and logged, and that the half-hour checks were implemented as per Resident #2's Service Plan dated <span style="background-color: black; color: red;">NJ ex order 26.4b1</span>. The ED could not provide documented evidence of the monitoring log during the day of the survey on 6/21/2023.</p>	A1073		

Revised  
12/5/23



H5790 8:43E-13.4(d)

**Plan of Correction for Deficient Practice - Universal Transfer Sheet (UTF) Retention**

Deficient Practice Identified: The facility failed to retain a completed Universal Transfer Sheet (UTF) when a resident was transferred to the hospital for evaluation.

**Corrective Action Steps:**

**Element 1:**

Resident #2's chart was reviewed for accuracy.

Resident #2 was [redacted] NJ ex order 26.4b1 The resident [redacted] NJ ex order 26.4b1 until [redacted] NJ ex order 26.4b1

The standardized Universal Transfer Sheet (UTF) form for NJ will be used. This form includes all necessary resident information, reason for transfer, medical history, and relevant contact details. This form will ensure completeness and accuracy during the transfer process.

The form will have designated fields to be filled in, such as resident's name, room number, date of transfer, reason for transfer, attending staff member, contact information, and any other relevant details.

Documents will be made available upon request.

**Element 2:**

The Director of Health and Wellness and/or designee will complete an audit of all residents that were transferred out in the last 30 days to verify the use of the Universal Transfer Sheet (UTF). This will be completed prior to 12/1/23.

Once the UTF is completed, a photocopy of the completed form will be made. The original copy will be sent with the resident to the hospital.

The photocopy of the completed UTF will be retained in the resident's file as a part of their medical records. This will facilitate easy access to information for future reference and ensure compliance with regulatory standards.

**Element 3:**



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

*Creating positive partnerships the Artis way*



An in-service will be conducted by the Director of Health and Wellness for all CHW's (RN/LPN) on the completion of the New Jersey Universal Transfer Form (UTF) by 12/1/23. All new CHW (RN/LPN) will be educated upon hire.

**Element 4:**

The Executive Director and/or designee will audit a sample of all new hire employee files quarterly and it will also be audited at the quarterly QA meeting. The Director of Health and Wellness will select a random sample of resident files to audit on a quarterly basis and will review for accuracy at the QA meeting.

**Element 5:**

The completion date for the above 4 elements will be 12/1/23.

**A235 8:36-2.4(d)**

**Plan of Correction for Deficient Practice - Licensure Procedures**

**Deficient Practice Identified:** The facility failed to provide the surveyor with an incident report, incident summary, or the incident investigation report. Incident reports are internal documents that do not get shared; however, nursing notes are used as a reference and should reflect the same information for the report.

**Corrective Action Steps:**

**Element 1:**

Resident #2's chart was reviewed for accuracy.

The Coordinator of Health and Wellness (CHW) and all Care Partners will undergo reeducation on the proper and timely completion of incident reports within 30 days of receipt of SOD and by October 14, 2023.

Emphasis will be placed on the significance of maintaining accurate records and ensuring that nursing notes align with incident reports.

Documents will be made available upon request. Artis Senior Living Eatontown will comply with DOH requirements for incident reporting and, when asked, will supply DOH with copies of incident report documentation which includes an investigation summary.



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***



**Element 2:**

All residents have the potential to be affected by this deficient practice.

Training sessions will be conducted to train CHWs and Care Partners on accurately documenting incident-related information in nursing notes within 30 days of receipt of SOD and by October 14, 2023.

Care Partners will be educated on the importance of recording all aspects of incidents, including actions taken and observations made.

**Element 3:**

Daily reviews of incident reports, incident summaries, and nursing notes to ensure compliance with policy and accurate reflection of incident-related information will be completed daily by

Incident reports will be completed in a timely manner following the occurrence of an incident.

**Element 4:**

The daily documentation review conducted by the DHW will serve as an ongoing monitoring mechanism to ensure compliance with incident reporting and documentation procedures. DHW and ADHW will be responsible for reeducation and quarterly audits will be completed.

**A1073 8:36-15.6(b)**

**Plan of Correction for Deficient Practice - Resident Records and Safety Checks**

Deficient Practice Identified: The facility failed to provide documented evidence that half-hour safety checks were implemented and performed as indicated in the residents' service plans.

**Corrective Action Steps:**

**Element 1:**

Resident #2's chart was reviewed for accuracy.

The Coordinator of Health and Wellness (CHW) and Care Partners will undergo comprehensive training and reeducation on the importance of following residents' service plans and accurately documenting half-hour safety checks on rounding logs. DHW and ADHW will be responsible for reeducation. The training will emphasize the critical role of safety checks regarding resident well-being and highlight the significance of accurate documentation for compliance and effective care.



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***



**Element 2:**

All residents have the potential to be affected by this deficient practice.

A new log form will be created specifically for less-than-hourly safety checks. This form will be used on an as-needed basis when changes are made to the resident's service plan that require more frequent monitoring.

The new log form will ensure that any changes to the service plan are properly documented, and additional rounding is carried out.

**Element 3:**

The facility will assess the potential impact on affected residents' safety and care due to incomplete documentation and take appropriate measures to address any identified issues. A systematic change will be implemented to prevent the deficient practice from recurring. This includes strict adherence to residents' service plans and accurate documentation of all safety checks.

**Element 4:**

The DHW and ADHW will immediately provide refresher training sessions to all Care Partners and Coordinator's to reinforce the importance of following service plans and maintaining accurate records. A bi-weekly monitoring program will be established, overseen by the Overnight CHW. The Overnight CHW will review documentation to ensure compliance with policy, specifically focusing on the accuracy and completeness of rounding logs.

Any instances of non-compliance will be promptly addressed, and additional education or corrective actions will be taken as necessary.

The completion date for the above remaining 3 elements will be 12/1/23.



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***



**H5790 8:43E-13.4(d)**

**Plan of Correction for Deficient Practice - Universal Transfer Sheet (UTF) Retention**

**Deficient Practice Identified:** The facility failed to retain a completed Universal Transfer Sheet (UTF) when a resident was transferred to the hospital for evaluation.

**Corrective Action Steps:**

**Part 1:**

Resident #2's chart was reviewed for accuracy.

The standardized Universal Transfer Sheet (UTF) form for NJ will be used. This form includes all necessary resident information, reason for transfer, medical history, and relevant contact details. This form will ensure completeness and accuracy during the transfer process.

The form will have designated fields to be filled in, such as resident's name, room number, date of transfer, reason for transfer, attending staff member, contact information, and any other relevant details.

Documents will be made available upon request.

**Part 2:**

All residents have the potential to be affected by this deficient practice.

Once the UTF is completed, a photocopy of the completed form will be made. The original copy will be sent with the resident to the hospital.

The photocopy of the completed UTF will be retained in the resident's file as a part of their medical records. This will facilitate easy access to information for future reference and ensure compliance with regulatory standards.

**Part 3:**

To ensure this deficient practice does not reoccur, a training session will be conducted with the Health and Wellness Team. This session will introduce the new practice of retaining completed UTFs and demonstrate the proper way to fill out the form.



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***



The session will emphasize the importance of accurate and complete information on the form and will clarify any questions or concerns the team might have.

**Part 4:**

The Director of Health and Wellness will be responsible for monitoring this practice and will do quarterly audits to ensure compliance effectively immediately.

A note will be placed on each blank Universal Transfer Sheet (UTF) form. This note will provide clear instructions on how to properly complete the form, what information is required, and how to retain a photocopy for the resident's file.

LICENSING



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***



**A235 8:36-2.4(d)**

**Plan of Correction for Deficient Practice - Licensure Procedures**

Deficient Practice Identified: The facility failed to provide the surveyor with an incident report, incident summary, or the incident investigation report. Incident reports are internal documents that do not get shared, however, nursing notes are used as a reference and should reflect the same information for the report.

**Corrective Action Steps:**

**Part 1:**

Resident #2's chart was reviewed for accuracy.

The Coordinator of Health and Wellness (CHW) and all Care Partners will undergo reeducation on the proper and timely completion of incident reports within 30 days of receipt of SOD and by October 14, 2023.

Emphasis will be placed on the significance of maintaining accurate records and ensuring that nursing notes align with incident reports.

Documents will be made available upon request. Artis Senior Living Eatontown will comply with DOH requirements for incident reporting and, when asked, will supply DOH with copies of incident report documentation which includes an investigation summary.

**Part 2:**

All residents have the potential to be affected by this deficient practice.

Training sessions will be conducted to train CHWs and Care Partners on accurately documenting incident-related information in nursing notes within 30 days of receipt of SOD and by October 14, 2023.



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***

Care Partners will be educated on the importance of recording all aspects of incidents, including actions taken and observations made.

**Part 3:**



Daily reviews of incident reports, incident summaries, and nursing notes to ensure compliance with policy and accurate reflection of incident-related information will be completed daily by

Incident reports will be completed in a timely manner following the occurrence of an incident.

**Part 4:**

The daily documentation review conducted by the DHW will serve as an ongoing monitoring mechanism to ensure compliance with incident reporting and documentation procedures. DHW and ADHW will be responsible for reeducation and quarterly audits will be completed.

**A1073 8:36-15.6(b)**

**Plan of Correction for Deficient Practice - Resident Records and Safety Checks**

Deficient Practice Identified: The facility failed to provide documented evidence that half-hour safety checks were implemented and performed as indicated in the residents' service plans.

**Corrective Action Steps:**

**Part 1:**

Resident #2's chart was reviewed for accuracy

The Coordinator of Health and Wellness (CHW) and Care Partners will undergo comprehensive training and reeducation on the importance of following residents' service plans and accurately documenting half-hour safety checks on rounding logs. DHW and ADHW will be responsible for reeducation. The training will emphasize the critical role of safety checks regarding resident well-being and highlight the significance of accurate documentation for compliance and effective care.

**Part 2:**

All residents have the potential to be affected by this deficient practice.

A new log form will be created specifically for less-than-hourly safety checks. This form will be used on an as-needed basis when changes are made to the resident's service plan that require more frequent monitoring.



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***

The new log form will ensure that any changes to the service plan are properly documented, and additional rounding is carried out.

**Part 3:**

The facility will assess the potential impact on affected residents' safety and care due to incomplete documentation and take appropriate measures to address any identified issues. A systematic change will

be implemented to prevent the deficient practice from recurring. This includes strict adherence to residents' service plans and accurate documentation of all safety checks.

**Part 4:**

The DHW and ADHW will immediately provide refresher training sessions to all Care Partners and Coordinator's to reinforce the importance of following service plans and maintaining accurate records.

A bi-weekly monitoring program will be established, overseen by the Overnight CHW. The Overnight CHW will review documentation to ensure compliance with policy, specifically focusing on the accuracy and completeness of rounding logs.

Any instances of non-compliance will be promptly addressed, and additional education or corrective actions will be taken as necessary.



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***



**H5790**

**Plan of Correction for Deficient Practice - Universal Transfer Sheet (UTF) Retention**

Deficient Practice Identified: The facility failed to retain a completed Universal Transfer Sheet (UTF) when a resident was transferred to the hospital for evaluation.

**Corrective Action Steps:**

**Form Enhancement:**

The standardized Universal Transfer Sheet (UTF) form for NJ will be used. This form includes all necessary resident information, reason for transfer, medical history, and relevant contact details. This form will ensure completeness and accuracy during the transfer process.

The form will have designated fields to be filled in, such as resident's name, room number, date of transfer, reason for transfer, attending staff member, contact information, and any other relevant details.

**Documentation and Retention:**

Once the UTF is completed, a photocopy of the completed form will be made. The original copy will be sent with the resident to the hospital.

The photocopy of the completed UTF will be retained in the resident's file as a part of their medical records. This will facilitate easy access to information for future reference and ensure compliance with regulatory standards.

**Training and Review:**

Within 30 days from notice of SOD, a training session will be conducted with the Health and Wellness Team. This session will introduce the new practice of retaining completed UTFs and demonstrate the proper way to fill out the form.

The session will emphasize the importance of accurate and complete information on the form and will clarify any questions or concerns the team might have.

**Instructions on Forms:**

A note will be placed on each blank Universal Transfer Sheet (UTF) form. This note will provide clear instructions on how to properly complete the form, what information is required, and how to retain a photocopy for the resident's file.



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***



**NJ-Specific Policy:**

A new policy specifically addressing the use and retention of Universal Transfer Sheets (UTFs) will be developed in accordance with New Jersey state regulations and guidelines. This policy will outline the entire process from form completion to retention and its integration into the resident's medical record.

Copy included with completed POC

**Responsibility Assignment:**

The Director of Health and Wellness (DHW) and Assistant Director of Health and Wellness (ADHW) will be responsible for the implementation and enforcement of the new UTF retention practice. They will ensure that all staff members are educated on the correct procedures.

**Identification of Affected Residents and Potential Impact:**

The facility will assess the potential impact on affected residents' care and well-being due to missing information and take appropriate measures to address any identified issues.

**Preventive Measures:**

A systematic change will be implemented to prevent the deficient practice from recurring. This includes mandatory completion of the enhanced UTF form for all resident transfers and consistent retention of photocopies in resident files.

The Health and Wellness Team will conduct periodic audits to ensure compliance with the new practice and identify any deviations that require corrective action.



147 Grant Avenue | Eatontown, NJ 07724 | 732.380.7676

***Creating positive partnerships the Artis way***

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL13001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/11/2023
NAME OF FACILITY ARTIS SENIOR LIVING OF EATONTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 147 GRANT AVENUE EATONTOWN, NJ 07724	

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 A0235	Correction	ID Prefix A1073	Correction	ID Prefix	Correction
Reg. # 8:36-2.4(d)	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed
LSC	12/01/2023	LSC	12/01/2023	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 6/21/2023	<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
--	--