

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/02/2021
NAME OF PROVIDER OR SUPPLIER MILLENNIUM MEMORY CARE AT MATAWAN		STREET ADDRESS, CITY, STATE, ZIP CODE 447 MATAWAN AVENUE CLIFFWOOD, NJ 07721		
(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
R 000	Initial Comments C # NJ: 141590, 141962, 143079 Census: 15 Sample: 8 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R 016	8:37-1.1(b) Purpose and Scope This chapter is promulgated for the purpose of establishing interim licensing standards for dementia care homes in the State of New Jersey to ensure that they are maintained and operated in such a manner that will protect the health, safety and welfare of its residents and at the same time preserve and promote a home-like atmosphere appropriate to such facilities. This STANDARD is not met as evidenced by: C: NJ 143079 Based on observation, interviews, and record review as well as review of other pertinent facility documents on 2/23/21 and 3/2/21, it was determined that the facility failed to ensure that the facility's policy was implemented for 1 of 2 residents (Resident #7) observed for infection control measures. The deficient practice was evidenced by the following: According to the "Resident Information" form, Res #7 was initially admitted to the facility on [REDACTED]	R 016		

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

TITLE

(X6) DATE

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R 016	<p>Continued From page 1</p> <p>According to the "PHYSICIAN'S ORDER" dated [REDACTED] Res #7 had diagnosis which included but was not limited to: [REDACTED].</p> <p>According to the "Resident Service Plan (RSP)" dated [REDACTED], Res #7 required assistance from staff with Activities of Daily Living (ADLs).</p> <p>According to the Acute Care Hospital "AFTER VISIT SUMMARY" DATED [REDACTED] Res #7 was hospitalized from [REDACTED].</p> <p>The form "NEW JERSEY UNIVERSAL TRANSFER FORM (NJUTF)" dated [REDACTED], showed that Res #7 was readmitted to the facility on [REDACTED].</p> <p>During the tour with the Assistant Manager (AM) on 3/2/21 at 9:33 am, the (AM) stated that Res #7, was a readmission from the hospital [REDACTED]. The surveyor observed Res #7 sitting in the wheelchair in front of the nurse station without a face mask on. There was another resident next to Res #7 who was also not wearing a face mask. Resident #8 was observed touching Resident #7 on the face.</p> <p>At 12:10 pm, the surveyor further observed Res #7 self-propelling his/her wheelchair around the dining room with no other residents present at that time.</p> <p>The surveyor conducted an interview with the AM on 3/2/21 at 12:44 pm. She stated that Res #7 was already outside his/her room before 7:00 am today. She stated that she was not aware that residents were to be quarantine or placed in an observation area for 14 days to monitor for signs and symptoms of Covid-19. She stated that</p>	R 016		

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R 016	<p>Continued From page 2</p> <p>readmitted residents were allowed to be with other residents. She stated that residents would not keep their face mask on.</p> <p>The surveyor conducted an interview with the Executive Director (ED) on 3/2/31 at 1:30 pm. The ED stated admitted and readmitted residents were not placed in an observation area and were allowed to leave their rooms to be with other residents.</p> <p>The facility's policy titled "[Facility] Cohorting Plan" undated, under "[Facility] has grouped their residents following the guidelines below...d.) Cohort 4- New or Re-admission: This cohort consists of all persons from the community or other healthcare facilities whose COVID-19 status is unknown, This cohort serves as an observation area where persons remains 14 days to monitor for symptoms that may be compatible with COVID-19. Testing at the end of this period could be considered to increase certainty that the person is not infected..."</p>	R 016		