New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35005	A. BUILDING: _____ B. WING _____	07/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLENNIUM MEMORY CARE AT MATAWAN LI	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 TYPE OF SURVEY: Complaint Complaint #: NJ0013707 Cenus: 12 Sample: 3 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 464	8:37-4.1(e) Admission & Retention-Health Care Monitoring Even if a resident has a "Do Not Resuscitate" (DNR) order, staff must call 911 for appropriate assistance in the event of an emergency, so that appropriate medical staff can assist the resident and act, if appropriate. This STANDARD is not met as evidenced by: Complaint #: NJ00137707 Based on interview, Medical Records (MRs) review and review of pertinent documents it was determined that the facility failed to call 911 in a timely manner when 1 of 3 residents reviewed, Resident #2 became [redacted]. This deficient practice was evidenced by the following: On 7/15/20 the surveyor reviewed the closed MRs of Resident #2 who moved into the facility in	R 464		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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R 464	Continued From page 1	R 464		

NJ Ex Order 26.4b1 with a diagnosis that included NJ Ex Order 26.4b1. Further review of the MR's revealed that the residents code status was a NJ Ex Order 26.4b1] and advanced directives which included "...such procedures to be NJ Ex Order 26.4b1 ."

On 7/15/20 at 11:00 a.m., the surveyor interviewed the House Manager (HM) who stated that on NJ Ex Order 26.4b around 6:45 p.m. she received a call from the Certified Medication Aide (CMA) who stated that Resident #2 was NJ Ex Order 26.4b1, so she [HM] told the CMA to call 911.

On 7/15/20 at 12:30 p.m., the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that on NJ Ex Order 26.4b1 around 9:00 p.m., the Registered Nurse (RN) called her to go to the facility because a resident NJ Ex Order 26.4b1.

The LPN further stated that she arrived at the facility on NJ Ex Order 26.4b between 10:00 p.m. and 10:30 p.m. and stated she was not at the facility when 911 emergency services arrived.

The surveyor reviewed Resident #2's Progress Notes (PNs) written by the LPN, dated NJ Ex Order 26.4b timed 10:30 p.m., "...911 called according to staff at ...6:45 p.m...."

On 7/15/20 at 1:00 p.m. the surveyor interviewed the Registered Nurse (RN) via telephone who stated that on NJ Ex Order 26.4b around 7:00 p.m., she was notified by the HM that Resident #2 was NJ Ex Order 26.4b1 and that she [HM] told the CMA to call 911.

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R 464	Continued From page 2 On 8/5/20 the surveyor reviewed the police "Investigation Report (IR)" which stated that "... on [redacted], at 19:53[7:53 p.m.]...this Officer was dispatched to...for an individual who was [redacted]. Upon arrival, this Officer was met by first Aid and Paramedic..." Further review of the IR revealed, "When asked [by the Police Officer] as to why there was over a 45 minute delay in contacting authorities about...being[redacted], [Staff Member #1] advised that there was only two people working and they were dealing with other patients and could not get to it immediately..." On 8/7/20 at 10:00 p.m., post survey, the surveyor interviewed the CMA via telephone who stated that on[redacted] around 6:45 p.m. she was administering medications and she overheard a resident say, " there's[redacted] on the floor," so she went into the day room to see what happened. The CMA stated that she observed Resident #2 sitting in a chair with his/her eyes closed as though the resident[redacted]. The CMA stated that the resident was[redacted] and that there was[redacted] on the floor. The CMA stated that she called out the residents' name and he/she[redacted], so she called the HM who instructed her [CMA] to call 911. The CMA further stated that emergency services arrived at the facility approximately 10-15 minutes after the 911 call. On 8/12/20 the surveyor reviewed the Patient Care Report (PCR) from Emergency Medical Services (EMS) and the PCR revealed that on[redacted] at 19:49[7:49 p.m.] dispatch was notified 1 hour and 4 minutes after the CMA stated she	R 464		

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R 464	Continued From page 3 found Resident #2 NJ Ex Order 26.4b1 and EMS was at the facility at 20:01[8:01 p.m.] Further review of the PCR revealed, "...Pt. [patient] was found NJ Ex Order 26.4b1 . PT last seen 90 min PTA (prior to arrival) eating dinner and was found NJ Ex Order 26.4b1 approx 1 hour PTA by staff...pt [NJ Ex Order 26.4b1 ." Staff Member #1 was unavailable for phone interview after several attempts. The facility failed to call EMS in a timely manner after Resident #2 was found NJ Ex Order 26.4b1	R 464		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
D35005		10/7/2020

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLENNIUM MEMORY CARE AT MATAWAN LLC	447 MATAWAN AVENUE CLIFFWOOD, NJ 07721

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 R0464 Reg. # 8:37-4.1(e) LSC	Correction Completed 07/30/2020	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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 7/15/2020	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			