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 _____	C 02/16/2022

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 Complaint #: NJ 00152022, NJ 000152179 Census: 11 Sample: 4 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: Complaint #: NJ 00152022, NJ 00152179 Based on interview and record review it was determined that the facility failed to conduct a complete investigation of an allegation of [redacted] and [redacted], failed to ensure staff immediately reported [redacted], and failed to implement the facility policy titled, "Abuse and Neglect" for 2 of 4 residents reviewed for [redacted], Resident #2 and Resident #3. This deficient practice was evidenced by the following:	R 016		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/12/22

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R 016	Continued From page 1	R 016		

On 2/16/22 at 11 a.m., during the entrance conference, the surveyor interviewed the House Manager (HM) regarding an allegation of [NJ Ex Order 26. 4] [redacted], which was alleged to have occurred at the facility on [NJ Ex Order 26. 4B1]. The Department of Health (DOH) received a reportable event from the facility on [NJ Ex Order 26.4(] for the same event. The HM stated that she received a text message from a Home Health Aide (HHA), HHA #1 on [NJ Ex Order 26.4(] which indicated that the HHA wanted to talk to her.

Further, the HM stated that at approximately 8 p.m., on [NJ Exec Order 26.] she received a telephone call from HHA #1 that another HHA, HHA #2 [NJ Ex Order 26. 4B1] [redacted], Resident #1 during the 11-7 shift on [NJ Ex Order 26. 4B1] and that she reported the incident to the DOH. The HM stated that she informed HHA #1 that the incident should have been reported immediately to the her as HHA #1's immediate supervisor so that she may then notify a Registered Nurse (RN).

The HM stated that HHA #2 was immediately suspended pending the outcome of the investigation.

1. Resident #2 was admitted to the facility in [NJ Ex Orde] [redacted] with diagnoses which included *NJ Ex Order 26. 4B1* [redacted].

2. Resident #3 was admitted to the facility in *NJ Ex Order 26. 4B1* with diagnoses which included *NJ Ex Order 26. 4B1* [redacted].

At 12:15 p.m., the surveyor interviewed HHA #1

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R 016	Continued From page 2	R 016		

via the telephone. HHA #2 stated that she witnessed her co-worker, HHA #2, NJ Ex Order 26. 4B1 Resident #2 by NJ Ex Order 26. 4B1 after the resident NJ Ex Order 26. 4B1 .

HHA #1 stated that she also witnessed HHA #2 tell Resident #3 that the resident would be NJ Exec Ord if he/she NJ Ex Order 26. 4B1 because she would NJ Ex Order 26.4(b)(1) the resident. HHA #1 further stated that she did not understand what HHA #2 meant by 'NJ Ex Order 26. 4B1 ." The surveyor inquired if the HM or the Administrator was notified of the above incidents. HHA #1 stated that she reported and submitted a written statement to the HM about what she heard and saw with regards to Resident #2 and Resident #3.

At 12:45 p.m., the surveyor interviewed the facility RN/facility owner via telephone regarding the allegations of NJ Ex Order 26. 4B1 , who stated that she was not aware of the allegations which involved Resident #2 and Resident #3. The RN stated that she was aware of the allegation of NJ Ex Order 26. 4B1 , (Resident #1), however, HHA #1 did not mention the allegations involving Resident #'s 2 and 3, so there was no investigation for those residents. The RN stated that she had not seen or reviewed HHA #1's written statement and that HHA #1 did not mention the other residents, Resident #'s 2 and 3, when the facility investigated the NJ Ex Order 26. 4B1 for Resident #1.

During continued interview with the RN, she explained that all the residents in the home at the time of the alleged incident were assessed and that there was no evidence of NJ Ex Order 26. 4B1 . However, the RN was not able to provide the surveyor with documented evidence to show that the investigation included Resident #2 and

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R 016	Continued From page 3 Resident #3 and that the two residents were assessed by the RN as well. At 1:20 p.m., the surveyor interviewed the HM again regarding HHA #1's written statement obtained from HHA #1's employee's file. The HM stated that on [NJ Ex Order 26] she collected HHA #1's written statement and filed it in the employee's file, and that she did not review the statement before she put the statement in the file. In addition, she stated that she was not aware of *NJ Ex Order 26. 4B1* which involved Resident #2 and Resident #3. The surveyor reviewed the undated facility policy titled, "Abuse and Neglect," which indicated, "ANYONE who witnesses or suspects an incident of abuse, neglect, ... is to tell the abuser to stop immediately and the [to] report the incident to his or her supervisor immediately." The facility's policy titled, "Investigation Reporting," with a revised date of 1/24/19 indicated, "The resident will receive a complete assessment from the Director of Operations ..."	R 016		

Millennium
Memory Care

R 0016

I. Corrective action(s)accomplished for resident(s)affected:

- All staff were in-serviced on policy and procedure "Abuse and Neglect" and "Investigation and Reporting".
- Residents 2, 3 and all others were assessed with [redacted] noted.

II. Residents identified having the potential to be affected and corrective action taken:

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

III. Measures will be put into place to ensure the deficient practice will not reoccur:

- All Staff were educated by the Administrator/designee regarding the policy and procedure "Abuse and Neglect" and "Investigation and Reporting".
- All staff will be in-serviced quarterly on the policy and procedure "Abuse and Neglect" and "Investigation and Reporting".
- The Director of Operations/designee will conduct weekly meetings with the site manager times 4 weeks to ensure all staff are following the policy and procedure "Abuse and Neglect" and "Investigation and Reporting".

IV. Corrective actions will be monitored to ensure the deficient practice will not reoccur:

- The Director of Operations/designee will report all findings to the Executive Administrator immediately. The Executive Administrator will follow upon hire and quarterly.

Completion Date: 03/31/22

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
D35005		4/12/2022

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 R0016 Reg. # 8:37-1.1(b) LSC	Correction Completed 03/31/2022	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 2/16/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			