

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 03/11/2022
NAME OF PROVIDER OR SUPPLIER MILLENNIUM MEMORY CARE AT MATAWAN LI		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 Complaint #: NJ00153102, NJ00152507 Census: 12 Sample: 12 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 100	8:37-2.3(a) Licensing: Administrator Each dementia care home shall have an administrator who is responsible for the day-to-day operations of the dementia care home. This STANDARD is not met as evidenced by: Complaint#: NJ00153102, NJ00152507 Based on interview and record review it was determined that the Administrator failed to ensure that the facility policy and procedure on the use of lap belts was enforced for 8 of 12 residents reviewed, Resident #'s 1, 2, 3, 4, 5, 6, 7, and 12. This deficient practice was evidenced by the following: On 3/11/22 at 9:50 a.m., the surveyor reviewed the medical records for Resident #'s 1, 2, 3, 4, 5, 6, 7, and 12, and observed that the above-mentioned residents had Physician prescribed orders and consents for the use of <i>NJ Ex Order 26. 4B1</i>	R 100		

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

TITLE

(X6) DATE

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R 100	<p>Continued From page 1</p> <p>NJ Ex Order 26.4(b)(1).</p> <p>At 11:00 a.m., the Home Health Aide (HHA) explained to the surveyor that lap belts were used for safety, as needed, to keep residents from falls. Additionally, the HHA stated that the facility used NJ Ex Order 26.4B1 NJ Ex Order 26.4(b)(1). Further, the HHA stated that the lap belts were stored in the cabinet.</p> <p>At 11:30 a.m., the surveyor interviewed the Certified Medication Aide (CMA), who also confirmed that the facility used NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) that were NJ Ex Order 26.4(b)(1) in the front of the resident, NJ Ex Order 26.4(b)(1). At 12:30 p.m., the surveyor toured the facility and observed the NJ Ex Order 26.4(b)(1) stored in a cabinet.</p> <p>At 1:00 p.m., the surveyor requested the facility policy and procedure for NJ Ex Order 26.4 use from the facility House Manager. According to the facility policy and procedure titled, "... Lap Belts ...effective date 1/30/2014, with a revision date of 1/24/2019... Procedure 8. The only approved type of Lap belt is one with Velcro fastening."</p> <p>At 1:20 p.m., the surveyor interviewed the Administrator who stated that the facility used NJ Ex Order 26.4 with NJ Ex Order 26.4 that NJ Ex Order 26.4(b)(1). However, on 3/2/22 she purchased NJ Ex Order 26.4(b)(1) that were not yet delivered.</p>	R 100		

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R 100

- I. Corrective action(s) accomplished for resident(s) affected:**
 - All staff were in-serviced on policy and procedure "Lap Belts".
 - Residents 1,2,3,4,5,6,7,12 and all others were assessed with no concerns 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 "Lap Belts".
 - All staff will be in-serviced annually on the policy and procedure "Lap Belts".
 - 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 "Lap Belts".
- 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-up upon hire and annually.

Completed Date: 03/12/22

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/12/2022
NAME OF FACILITY MILLENNIUM MEMORY CARE AT MATAWAN LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 R0100	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:37-2.3(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/12/2022	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	
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 3/11/2022		<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			