

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/11/2022
NAME OF PROVIDER OR SUPPLIER MILLENNIUM MEMORY CARE AT FREEHOLD I		STREET ADDRESS, CITY, STATE, ZIP CODE 162 HUNT ROAD FREEHOLD, NJ 07728		
(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 00153096 Census: 14 Sample: 6 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#: NJ0015306 Based on interview and record review it was determined that the facility failed to implement its policy and procedure titled, "Lap/Posey Belts" for 1 of 6 residents reviewed for [NJ Exec Order 26.4b1] Resident #4. This deficient practice was evidenced by the following: On 3/11/22 at 9:56 a.m., during the tour of the facility, the surveyor observed Resident #4 seated in a [NJ Exec Order 26.4b1], which was secured with a [NJ Exec Order 26.4b1] that was knotted in the back of the chair, which prevented the resident from [NJ Exec Order (NJ Exec Order 26.4b1)]	R 100		

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

TITLE

(X6) DATE

04/14/22

New Jersey Department of Health

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R 100	<p>Continued From page 1</p> <p>At 10:10 a.m., 10:15 a.m., and 10:25 a.m., the surveyor interviewed a Certified Medication Aide (CMA), Home Health Aide (HHA) and an Activity Aide (AA) regarding Resident #4's [NJ Exec Order 26.4b1]. All three staff members stated that Resident #4 had a physician's order for the [NJ Exec Order 26.4b1] and the [NJ Exec Order 26.4b1] was for safety to prevent the resident from [NJ Exec Order 26.4b1] the [NJ Exec Order 26.4b1]. The HHA also stated that at times during care Resident #4 is [NJ Exec Order 26.4b1] and the [NJ Exec Order 26.4b1] was used to prevent the resident from [NJ Exec Order 26.4b1].</p> <p>The AA explained that she applied the [NJ Exec Order 26.4b1] to Resident #4 after breakfast to keep the resident from [NJ Exec Order 26.4b1] while she prepared for activities. All three staff members confirmed that the [NJ Exec Order 26.4b1] was tied in a knot in the back of the [NJ Exec Order 26.4b1].</p> <p>At 10:40 a.m., the surveyor reviewed Resident #4's medical record which revealed that the resident moved in [NJ Exec Order 26.4b1] with diagnoses which included [NJ Exec Order 26.4b1], and [NJ Exec Order 26.4b1]. The surveyor was unable to conduct an interview with Resident #4 due to the the resident's [NJ Exec Order 26.4b1].</p> <p>At 11:30 a.m., the surveyor reviewed the facility policy and procedure titled, "Lap/Posey Belts," with a revision date of 2/24/19, which indicated, "...Belt is to be secured in front...The only approved type of lap belt is one with Velcro fastening."</p> <p>At 12:45 p.m., the surveyor interviewed the House Manager (HM) regarding the use of [NJ Exec Order 26.4b1] and how the [NJ Exec Order 26.4b1] should be applied to a resident. The HM stated that the [NJ Exec Order 26.4b1] was used for safety and should be loosely applied to a</p>	R 100		

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NAME OF PROVIDER OR SUPPLIER MILLENNIUM MEMORY CARE AT FREEHOLD I		STREET ADDRESS, CITY, STATE, ZIP CODE 162 HUNT ROAD FREEHOLD, NJ 07728		
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R 100	Continued From page 2 resident to allow the resident to [NJ Exec Order 26.4b1]. In addition, the HM explained that the policy was revised and [NJ Exec Order 26.4b1] with [NJ Exec Order 26.4b1] were purchased after a visit from the Ombudsman during the week of [NJ Exec Order 26.4b1].	R 100		
R 456	8:37-4.1(d) Admission & Retention-Health Care Monitoring Absent an emergency, physical or chemical restraints that are being used for the purpose of restricting a person's mobility within the facility are not permitted. Whenever a physical or chemical restraint is being considered for use in a facility, it must be approved in writing by the resident's attending physician with an accompanying rationale for use of same. This STANDARD is not met as evidenced by: Complaint #: NJ00153096 Based on interview and record review it was determined that the facility used physical [NJ Exec Order 26.4b1] without a Physicians' rationale for their use for 6 out of 6 residents reviewed for [NJ Exec Order 26.4b1] Resident #'s 1, 2, 3, 4, 5, and 6. This deficient practice was evidenced by the following: On 3/11/22 at 10:15 a.m., the surveyor reviewed the [NJ Exec Order 26.4b1] orders for Resident #'s 1, 2, 3, 4, 5, and 6 dated [NJ Exec Order 26.4b1] which revealed that the Physician orders did not include the rationale for the use of the [NJ Exec Order 26.4b1] At 1:20 p.m., the surveyor interviewed the facility's House Manager (HM) in regards to the above mentioned residents' [NJ Exec Order 26.4b1] The HM she stated that the [NJ Exec Order 26.4b1] were ordered by the	R 456		

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R 456	<p>Continued From page 3</p> <p>Physician to [NJ Exec Order 26.4b1] and should have contained a rationale for their use.</p> <p>On 3/11/22 at 2:02 p.m., the surveyor interviewed the prescribing Physician via telephone in regards to the above mentioned residents' [NJ Exec Order 26.4b1] orders. The Physician stated that the [NJ Exec Order 26.4b1] were ordered to [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] due to their [Resident #'s 1, 2, 3, 4, 5, and 6] [NJ Exec Order 26.4b1]. In addition, he stated that he should have included a rationale for each resident on the physician's prescription.</p> <p>The surveyor reviewed the facility's policy and procedure titled, "Lap/Posey Belts," with a revision date of 3/11/22, which documented, "...Procedure 2. A doctor's order, written approval and rational for use must be obtained prior to use."</p>	R 456		



R 456

- I. Corrective action(s) accomplished for resident(s) affected:**
- All staff were in-serviced on policy and procedure "Lap/Posey Belts".
 - MD orders for resident's 1,2,3,4,5 and 6 as well as all others were reviewed and updated on 03/11/22 to include the rationale.
- II. Residents identified having the potential to be affected and corrective action taken:**
- Residents residing at Millennium Memory Care of Freehold 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 MD orders were reviewed with the MD by the Administrator/designee regarding the policy and procedure "Lap/Posey Belts" as it relates to physician orders and rationale for use.
 - All MD orders obtained will have the rationale moving forward.
 - The Director of Operations/designee will conduct weekly meetings with the site manager times 4 weeks and then quarterly to ensure all MD orders include the rationale as it relates to the policy and procedure "Lap/Posey Belts".
- IV. Corrective actions will be monitored to ensure the deficient practice will not reoccur:**
- The Director of Operations/designee will ensure all orders received have the rationale included quarterly.

Completed Date: 04/04/22



R 100

- I. Corrective action(s) accomplished for resident(s) affected:**
 - All staff were in-serviced on policy and procedure "Lap/Posey Belts".
 - Resident 4 and all others were assessed with no concerns noted.
- II. Residents identified having the potential to be affected and corrective action taken:**
 - Residents residing at Millennium Memory Care of Freehold 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/Posey Belts".
 - All staff were in-serviced quarterly on the policy and procedure "Lap/Posey Belts".
 - The Director of Operations/designee will conduct weekly meetings with the site manager times 4 weeks and than quarterly to ensure all staff are following the policy and procedure "Lap/Posey 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. The Executive Administrator will follow up upon hire and quarterly.

Completed Date: 04/04/22

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35031	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/14/2022
NAME OF FACILITY MILLENNIUM MEMORY CARE AT FREEHOLD LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 162 HUNT ROAD FREEHOLD, NJ 07728	

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 R0456	Correction	ID Prefix	Correction
Reg. # 8:37-2.3(a)	Completed	Reg. # 8:37-4.1(d)	Completed	Reg. #	Completed
LSC	04/04/2022	LSC	04/04/2022	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	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		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			