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
	YMOSFX	A. BUILDING: _____ B. WING _____	08/31/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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
A 000	Initial Comments Initial Comments: Census: 68 Sample Size: 5 TYPE OF SURVEY: Standard Survey of 78 residential units The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 753	8:36-7.3(c) Resident Assessments and Care Plans (c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan. This REQUIREMENT is not met as evidenced by: Based on interview and facility policy and document review it was determined that the facility failed to include aftercare following [redacted]	A 753		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/23/21

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A 753	Continued From page 1	A 753		

access device) site on the health service plan for 1 of 1 (Resident #1) receiving [redacted]

Findings included:

1. Resident #1 NJ ex order 26.4b1. A review of the health service plan dated NJ ex order 26.4b1 revealed NJ ex order 26.4b1 [redacted]. A review of the treatment administration record (TAR) failed to identify any documentation that the NJ ex order 26.4b1 Resident #1 NJ ex order 26.4b1

On 08/30/2021 at 2:10 PM, the Licensed Practical Nurse (LPN) #1 told the surveyor during interview that Resident #1 NJ ex order 26.4b1 [redacted]. LPN #1 further revealed there was nothing on the TAR to indicate Resident #1 NJ ex order 26.4b1 [redacted].

During an interview on 08/31/2021 at 8:45 AM, Resident #1 confirmed that the resident NJ ex order 26.4b1 [redacted] and returned to the facility around 6:00 PM. The resident stated a nurse had checked NJ ex order 26.4b1 [redacted]

During an interview on 08/31/2021 at 9:45 AM, LPN #2 revealed she had not worked on NJ ex order 26.4b1 but had in the past assessed Resident #1 after the resident's NJ ex order 26.4b [redacted]. LPN #2 indicated she monitored the NJ ex order 26.4b1 [redacted]

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A 753	Continued From page 2 NJ ex order 26.4b1 . During an interview on 08/31/2021 at 10:15 AM, the Director of Nursing (DON) told the surveyor that all the regular nursing staff were made aware through report when Resident #1 NJ ex order 26.4b1 The staff knew to check the NJ ex order 26.4b1 The DON further revealed all staff were trained in first aid and knew NJ ex order 26.4b1 . A review of the policy for the care and treatment of residents receiving NJ Exec Order 26 failed to address aftercare of the NJ Exec Order 26.4b1. The resident's service plan and TAR failed to include documentation describing the development and implementation of aftercare of the NJ Exec Order 26.4b1 site.	A 753		
A1089	8:36-16.3(b) Physical Plant (b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation.	A1089		

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A1089	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, it was determined that the facility failed to have a working mechanical ventilation system in 3 of 8 bathrooms which had no windows in resident apartments [NJ ex order 26.4b1], and [NJ ex ord Findings included: 1. The surveyor conducted an inspection of resident apartments in the presence of the Maintenance Director (MD) which revealed the following: on [NJ ex order 26.4b1] at 9:15 AM of apartment [NJ ex ord], apartment [NJ ex ord] at 9:30 AM, and on [NJ ex order 26.4b1] at 9:12 AM of apartment [NJ ex ord] The mechanical ventilation system in the bathrooms were observed not working when the toilet tissue test was conducted in these bathrooms which did not have a window. (Toilet tissue test is where toilet tissue is held up to the ventilation grid and holds its place due to the drawing action of the ventilation system.) On 08/31/2021 at 9:12 AM, the MD told the surveyor that he tested the ventilation systems every 6 months. However, he stated if he was not informed that something was not working between those dates, he would be unaware the system needed repair. During an interview with the Director of Nursing on 08/31/2021 at 11:28 AM, she stated there was no policy related to the maintenance of the mechanical ventilation system.	A1089		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
YMOSFX Y1	Y2	10/4/2021 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

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 A0753 Reg. # 8:36-7.3(c) LSC	Correction Completed 09/07/2021	ID Prefix A1089 Reg. # 8:36-16.3(b) LSC	Correction Completed 09/30/2021	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	
8/31/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO