

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: YMOSFX	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/06/2024
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 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: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00157444 NJ00154267 CENSUS: 92 SAMPLE SIZE: 3 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 901	8:36-10.5(c)(4) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;	A 901		

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

TITLE

(X6) DATE

10/15/24

New Jersey Department of Health

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A 901	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00157444, NJ00154267</p> <p>Based on observation, and interview, it was determined that the facility failed to post menus with portion sizes in the kitchen preparation area when plating the facility's residents' meals. In addition, the facility failed to post menus in a conspicuous (clearly visible) place in the residents' area, and/or provide a copy of the menu to each resident. This deficient practice was evidenced by the following:</p> <p>1. On 8/6/2024 at 9:25 a.m., while conducting a complaint survey, the surveyor toured the facility's kitchen and observed that there was no menu with portion sizes posted in the food preparation area.</p> <p>At 9:53 a.m., the surveyor interviewed the facility's Assistant Food Service Director (AFSD) who stated the kitchen staff did not utilize menus with portion sizes in the food preparation area when plating resident meals. The AFSD also stated that he utilized four-ounce and eight-ounce scoops to plate the residents' meals.</p> <p>At 11:15 p.m., the surveyor interviewed the facility's Food Service Director (FSD) who confirmed that the facility did not use menus with portion sizes to plate the facility's resident meals.</p> <p>At 11:40 a.m., the surveyor observed the facility's FSD plating the facility's residents' lunch plates without the use of menu with portions sizes. At</p>	A 901		

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A 901	<p>Continued From page 2</p> <p>that time, the lunch menu with portion sizes was not present in the food preparation area.</p> <p>The surveyor review of the undated facility's policy titled, "Requirements for Dining Services" revealed, "...Procedures: Meals will be planned, prepared, and served in accordance with, but not limited to, the following ...4. Current menus with portion sizes and any changes in menus will be posted in the food preparation area..."</p> <p>2. On 3/6/2024 at 10:50 a.m., the surveyor interviewed an unsampled resident, Unsampled Resident #1 who stated the menu is only posted the day of in the dining area and that he/she did not receive a monthly menu.</p> <p>At 10:53 a.m., the surveyor interviewed an unsampled resident, Unsampled Resident #2 who stated that he/she had to wait until the facility's daily menu is posted in the dining room to know what meals would be served for the day. During continued surveyor interview, Unsampled Resident #2 stated that he/she did not see a monthly menu posted or given a monthly menu.</p> <p>At 10:56 a.m., the surveyor toured the first floor of the facility and did not observe a current monthly menu posted.</p> <p>At 11:00 a.m., the surveyor toured the remaining floors of the facility, including the elevator and did not observe a posted menu.</p> <p>At 11:10 a.m., while touring the facility's large dining room, the surveyor observed a document titled, "Menu Cycle #4" with a signature written by the R.D. (Registered Dietician) dated 11/13/2014 that did not reflect the meals being served the day of the survey, Tuesday 8/6/2024.</p>	A 901			

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A 901	Continued From page 3 At 11:15 a.m., the surveyor interviewed the facility's FSD who stated that the current menu at the time of survey was not posted. At 12:33 p.m., the surveyor interviewed the facility's Director of Nursing (DON) who stated that she did not observe a monthly menu posted at the time of survey and that the residents were not given a monthly menu. The surveyor review of the undated facility's policy titled, "Requirements for Dining Services" revealed, "...Procedures: Meals will be planned, prepared, and served in accordance with, but not limited to, the following: ...4. Menus will be posted in a conspicuous place in the residents' area, and/or copy of the menu will be provided to each resident..." The surveyor review of the facility's policy titled, "Menus" revealed, "Policy revealed It is the policy of this facility that menus be prepared in advance." "Procedure...7. A copy of menus shall be posted in at least two (2) resident areas. Menus shall be posted low enough and in print large enough for residents to read them..."	A 901		
A 907	8:36-10.5(c)(7) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 7. Between-meal snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented by a physician in the resident's health care plan;	A 907		

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A 907	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00157444, NJ00154267</p> <p>Based on observation, and interview, it was determined that the facility failed to ensure that snacks were available for residents at all times. The deficient practice was evidenced by the following:</p> <p>On 8/6/2024 at 10:50 a.m., the surveyor interviewed an unsampled resident, Unsampled Resident #1 who stated that he/she was able to request snacks at any time but that the room in which the snacks were available had to be unlocked by a staff member to obtain the snacks.</p> <p>At 10:53 a.m., the surveyor interviewed an unsampled resident, Unsampled Resident #2 who stated that he/she can ask for a snack from the facility's "snack corner" that had to be unlocked by a staff member. Unsampled Resident #2 also stated that an evening snack was delivered to residents' apartments every evening.</p> <p>At 10:55 a.m., the surveyor interviewed the facility's Certified Medication Aide (CMA) who stated that he oversaw the facility's snack storage room and that storage room remained locked to residents but could be accessed if requested. The CMA also stated that evening snacks were delivered to residents' apartments between 6:00 p.m. to 6:30 p.m. daily.</p> <p>At 11:00 a.m., the surveyor toured the facility and observed that there were no snacks available for the residents to obtain independently.</p>	A 907		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER YMOSEFX	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/23/2024
NAME OF FACILITY MAGNOLIA GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 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 A0901	Correction	ID Prefix A0907	Correction	ID Prefix	Correction
Reg. # 8:36-10.5(c)(4)	Completed	Reg. # 8:36-10.5(c)(7)	Completed	Reg. #	Completed
LSC	10/01/2024	LSC	10/01/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/6/2024		<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			