

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FNP72Z	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/04/2025
NAME OF PROVIDER OR SUPPLIER ROYAL SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1041 (500) HIGHWAY 36 ATLANTIC HIGHLANDS, NJ 07716		
(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
M 000	Initial Comments Type of Survey: Complaint Complaint #: NJ00183140 Census: 42 Capacity: 65 Sample Size: 4 The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services. 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 the provisions of New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	M 000		
M 221	8:43F-3.1(a) Administration The license holder shall appoint an administrator who is a full-time employee of the facility. The administrator, or an alternate who shall be designated in writing to act in the absence of the administrator, shall be available on the premises of the facility during the hours when participant care services are being provided.	M 221		

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

TITLE

(X6) DATE

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M 221	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that a full-time Administrator (ADM) was appointed, an Alternate Administrator (AA) was designated in writing, and the ADM and/or designee was available on the premises during participant programming hours. This deficient practice was evidenced by the following: On 2/10/25 at 9:55 a.m., the surveyor was greeted by the Office Manager (OM)/Director of Transportation (DOT), who identified herself as the AA. At 10:09 a.m., during entrance conference, the AA stated that the ADM would be in at 11:00 a.m. At 11:03 a.m., the surveyor observed the ADM as he arrived at the facility. At 2:34 p.m., the surveyor interviewed the ADM to inquire how often he was present at the facility. The ADM stated that he usually came to the facility NJ Ex Order 26, 4B1 a week, typically on Mondays and Wednesdays, and that the Office Manager/Director of Transportation was the AA, who was present in his absence. The surveyor reviewed the facility's policy titled, "Administrator," which indicated, "The administrator shall be responsible for the day-today-function of [the facility] ... 1. The Governing Authority shall appoint an Administrator who is a full-time employee. 2. The Administrator shall be available on the premises during the hours when client care services are being rendered. 3. In the absence of the	M 221		

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M 221	Continued From page 2 Administrator, the Social Worker is authorized to act on the Administrator's behalf ..." The ADM was not present at the facility full-time, and the AA in writing was the Social Worker, not the OM/DOT. The ADM, AA, and the Director of Nursing were all made aware that this deficient practice put all residents in imminent danger. On 2/26/25, the facility submitted a removal plan which indicated that the ADM, "stated he will be on site NJ Ex Order 26-0 days a week to oversee the staff and will ensure our Policies are being followed." However, on 3/4/25, the surveyor conducted a re-visit at the facility, and the ADM was not present. During this re-visit survey, the Social Worker stated that she was now the AA and that the ADM was absent.	M 221			
M 223	8:43F-3.1(b)(1-7) Administration (b) The administrator shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including participant rights; 2. Planning and administering the managerial, operational, fiscal, and reporting components of the facility; 3. Participating in the quality improvement program for participant care and staff	M 223			

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M 223	Continued From page 3 performance; 4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions; 5. Ensuring the provision of staff orientation, staff education, and ongoing staff training in accordance with N.J.A.C. 8:43F-6.3; 6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with participants and their caregivers; and 7. Verifying that each Medicaid-eligible participant is eligible to receive services available at the adult day health services facility prior to the participant's entry into the program. For the purposes of this section, the administrator shall be entitled to rely on any prior authorization performed by the Department for the participant in accordance with N.J.A.C. 8:86. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00183140 Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the Administrator (ADM) failed to	M 223		

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M 223	Continued From page 4 implement and enforce the facility's policies and procedures and failed to ensure that all personnel were assigned duties and responsibilities based on their education, training, competencies, and job descriptions. This deficient practice was evidenced by the following: 1. On 2/10/25 at 9:55 a.m., the surveyor was greeted by the Office Manager (OM)/Director of Transportation (DOT), who identified herself as the Alternate Administrator (AA). At 10:09 a.m., during entrance conference, the AA stated that the ADM would be in at 11:00 a.m. At 11:03 a.m., the surveyor observed the ADM as he arrived at the facility. At 2:34 p.m., the surveyor interviewed the ADM to inquire how often he was present at the facility. The ADM stated that he usually came to the facility ^{NJ Ex Order 26, 4B1} a week, typically on ^{NJ Ex Order 26, 4B1}, and that the Office Manager/Director of Transportation was the AA, who was present in his absence. The surveyor reviewed the facility's policy titled, "Administrator," which indicated, "The administrator shall be responsible for the day-today-function of [the facility] ... 1. The Governing Authority shall appoint an Administrator who is a full-time employee. 2. The Administrator shall be available on the premises during the hours when client care services are being rendered. 3. In the absence of the Administrator, the Social Worker is authorized to act on the Administrator's behalf ..." The ADM failed to implement this policy to ensure that he was present at the facility full-time, and	M 223		

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M 223	Continued From page 5 that the AA was the Social Worker, not the OM/DOT. 2. On 2/10/25 at 10:29 a.m. and 10:43 a.m., the surveyor observed Participant #1 and Participant #3 with a NJ Ex Order 26. 4B1 on. At 12:24 p.m., the surveyor observed a staff person take Participant #3 into the bathroom with a NJ Ex Order 26. 4B1 still on. At 12:30 p.m., the surveyor interviewed the previously mentioned staff person, who was identified as a NJ Exec Order 26.4b1 to inquire how often Participant #3 wore a NJ Ex Order 26. 4B1. The staff person stated that Participant #3 always wore a NJ Ex Order 26. 4B1. At 1:13 p.m. and 1:32 p.m., the surveyor interviewed the Director of Nursing (DON) and the AA to inquire the reason Participant #1 and Participant #3 wore NJ Ex Order 26. 4B1. The DON stated that Participant #1 needed a NJ Ex Order 26. 4B1, and that the participant would NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1. In addition, the DON stated that Participant #3 wore a NJ Ex Order 26. 4B1 while on the bus. The surveyor inquired if Participant #1 and Participant #3 could NJ Exec Order 26.4b1 the NJ Ex Order 26. 4B1, and the DON stated that they could not. The AA stated that Participant #1 needed a NJ Ex Order 26. 4B1, and that the participant would NJ Ex Order 26. 4B1 in the wheelchair. When asked regarding Participant #3, the AA stated that Participant #3 wore a NJ Ex Order 26. 4B1 during transportation only. The surveyor inquired if Participant #1 and Participant #3 could NJ Exec Order 26.4b1 the NJ Ex Order 26. 4B1, the AA confirmed that they	M 223		

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M 223	Continued From page 6 could not. At 1:41 p.m., the surveyor interviewed the DON a second time to inquire if she had physician orders for Participant #1 and Participant #3 to wear [REDACTED] while at the facility, the DON stated that she did not. At 2:34 p.m., the surveyor interviewed the ADM to inquire if [REDACTED] use were allowed at the facility. The ADM stated that no [REDACTED] were allowed unless the facility had "instructions for it." The surveyor then inquired if any participants at the facility had [REDACTED] applied, and the ADM stated that he was not aware of any participants with [REDACTED] applied. The surveyor then inquired if any participants at the facility had [REDACTED], and the ADM stated that some wheelchairs had [REDACTED]. In addition, the ADM stated that he was not aware that [REDACTED] used as [REDACTED] to prevent [REDACTED] were considered [REDACTED]. The surveyor then inquired if the facility had physician orders to [REDACTED] participants to their wheelchairs for safety concerns, the ADM stated that he would have to look into it. The facility staff applied [REDACTED] to Participant #1 and Participant #3 without a physician's order to do so. 3. On 2/10/25 at 12:24 p.m., the surveyor observed a staff person at the facility take Participant #3, who was wheelchair bound, into the bathroom. At this time, the surveyor observed that Participant #3 still had a [REDACTED] applied. At 12:30 p.m., the surveyor interviewed the previously mentioned staff person to inquire how often Participant #3 wore a [REDACTED]. During this	M 223		

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M 223	Continued From page 7 interview, the staff person stated that she was not a staff member and that she volunteered at the facility on her days off. In addition, the [NJ Exec Order 26.4b1] stated that she had just assisted Participant #3 to [NJ Ex Order 26.4b1] At 1:32 p.m., during an interview with the AA, the surveyor pointed to the previously mentioned [NJ Exec Order 26.4b1] and asked the AA to identify who she was. The AA confirmed that the previously interviewed staff person was a [NJ Exec Order 26.4b1] at the facility. The surveyor then inquired if the [NJ Exec Order 26.4b1] was in-serviced on providing direct care to participants, the AA stated that the [NJ Exec Order 26.4b1] was in-serviced. At this time, the surveyor requested the [NJ Exec Order 26.4b1] personnel record and documented evidence of the [NJ Exec Order 26.4b1] in-service training. At 2:34 p.m., the surveyor interviewed the ADM to inquire if the facility had any [NJ Exec Order 26.4b1] and the ADM stated the facility had one [NJ Exec Order 26.4b1]. The surveyor then inquired if the [NJ Exec Order 26.4b1] provided direct care to participants, and the administrator stated that the [NJ Exec Order 26.4b1] assisted mostly with activities and feeding. The surveyor inquired if the facility conducted a criminal background check on the [NJ Exec Order 26.4b1] and the Administrator stated that he should have one. The Administrator provided the surveyor with a "Sentry Link National Criminal and Offense Report," which revealed that the [NJ Ex Order 26.4B1] check was ordered on [NJ Exec Order 26.4b1], which was the date of survey. At 4:22 p.m., the DON and AA stated that there was no documentation of any in-services provided to the volunteer. There was no documented evidence provided to the surveyor to confirm in-services/training was provided to the	M 223		

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M 223	Continued From page 8 NJ Exec Order 26.4b1 person. The surveyor reviewed the facility's policy titled, "Employee References and Background Checks," which indicated, "... The facility shall make reasonable efforts to ensure that staff providing direct care to participants in the facility are in good physical and mental health, emotionally stable, of good moral character, are concerned for the safety and wellbeing of participants, and have not been convicted of a crime relating adversely to the person's ability to provide care to participants ... The administrator/designee will conduct all reference checks and required criminal conviction investigations checks on all applicants/employees of the facility" The facility ADM, DON, and the AA were unable to provide the personnel record of the volunteer person for surveyor's review. 4. On 2/10/25, the surveyor reviewed the Medical Records (MR) for Participants #1, 2, 3, and 4, and noted no signed and dated NJ Exec Order 26.4b1 reports in any of the participant's electronic or paper MR. In addition, the surveyor noted that the orders in each of the participant's MR were copies of the participant's Medication Administration Record (MAR) from participants' group homes, and not the facility's. At 1:13 p.m. and 1:41 p.m., the surveyor interviewed the DON to inquire the reason Participants #1, 2, 3, and 4 had no NJ Exec Or in their MR and to inquire the reason participant orders were copies of their group home's MAR. The DON stated that participant physicians would not respond to her and that the physician offices would tell her that they only dealt with the group homes. In addition, the DON stated that she	M 223		

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M 223	Continued From page 9 requested medical paperwork from participant group homes and that the group homes often refused to send medical paperwork for participants. At this time, the surveyor also inquired if the DON had physician orders for Participant #1 and Participant #3 to wear NJ Ex Order 26.4B1 while at the facility, the DON stated that she did not. The DON then stated that she could request physician orders for the NJ Ex Order 26.4B1 from Participant #1 and Participant #3's group home. At 2:34 p.m., the surveyor interviewed the ADM to inquire if he was aware that the facility did not have NJ Exec Order for some participants. The ADM stated that he was aware, and that doctors and participant homes had not complied with the facility's request. The facility failed to appoint a full-time ADM and failed to accurately designate an AA in writing. In addition, the facility failed to enforce Participant #1 and Participant #3's right to be free of NJ Ex Order 26.4B1. Further, the facility failed to ensure that personnel who provided direct participant care were trained/in-serviced and a criminal background check was completed. Lastly, the facility failed to obtain NJ Exec Order and orders from participant physicians, and the DON failed to coordinate participant care. The ADM, AA, and the Director of Nursing were all made aware that this deficient practice put all residents in imminent danger. A Removal Plan was requested from the facility to immediately address identified concerns. On 2/26/25, the facility submitted a removal plan which indicated the following: "he {ADM} will be	M 223			

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M 223	Continued From page 10 on site five (5) days a week to oversee the staff and will ensure our Policies are being followed." The removal plan also indicated that the facility's policy on NJ Ex Order 26.4B1 was revised. In addition, the removal plan indicated that the volunteer who provided direct care to a participant, received in-service training on the requirements, duties, and boundaries of a volunteer. However, on 3/4/25, the surveyor conducted a re-visit at the facility, and observed that the ADM was not present. During this re-visit survey, the Social Worker stated that she was now the AA, and that the ADM was absent. The surveyor verified that the other previously mentioned interventions from the removal plan were implemented. Additionally, during this survey, the surveyor observed a document inside the facility's policy and procedure manual that indicated that the manual was last reviewed on 10/6/06.	M 223		
M 327	8:43F-4.2(a)(8) Participant Rights (a) Participant rights, policies, and procedures shall ensure that, at a minimum, each participant admitted to the facility: 8. Is free from mental and physical abuse, free from exploitation, and free from the use of chemical and physical restraints. Medications shall not be used for punishment or for convenience of facility personnel.	M 327		

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M 327	Continued From page 11 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00183140 Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that participants were free from the use of [NJ Ex Order 26. 4B1] of 4 participants reviewed, Participant #1 and Participant #3, when staff applied [NJ Ex Order 26. 4B1] to participants who were not able to independently remove them. This deficient practice was evidenced by the following: On 2/10/25 at 10:29 a.m., the surveyor observed Participant #3 in the activity/dining area sitting in his/her wheelchair with a [NJ Ex Order 26. 4B1] on. The surveyor reviewed Participant #3's Medical Record (MR), who was [NJ Ex Order 26. 4B1]. The surveyor did not observe a [NJ Ex Order 26. 4B1] and [NJ Ex Order 26. 4B1] examination report or physician's order that indicated that a [NJ Ex Order 26. 4B1] could be applied to Participant #3. At 10:43 a.m., the surveyor observed Participant #1 in the nurse's office in his/her wheelchair with a [NJ Ex Order 26. 4B1] on. The surveyor reviewed Participant #1's MR, who was [NJ Ex Order 26. 4B1]. The surveyor did not observe a [NJ Ex Order 26. 4B1] and [NJ Ex Order 26. 4B1] examination report or physician's order that indicated that a [NJ Ex Order 26. 4B1] could be applied to Participant #1.	M 327		

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M 327	Continued From page 12 At 12:24 p.m., the surveyor observed a staff person at the facility take Participant #3 into the bathroom. At this time, the participant still had a NJ Ex Order 26. 4B1 applied. At 12:30 p.m., the surveyor interviewed the previously mentioned staff person to inquire how often Participant #3 wore a NJ Ex Order 26. 4B1. During this interview, the staff person identified herself as a NJ Ex Order 26.4b1 and stated that Participant #3 always wore a NJ Ex Order 26. 4B1. At this time, the surveyor observed that Participant #3's NJ Ex Order 26.4b1 was still applied after the participant was NJ Ex Order 26. 4B1. At 1:13 p.m. and 1:32 p.m., the surveyor interviewed the Director of Nursing (DON) and the Alternate Administrator (AA) to inquire the reason Participant #1 and Participant #3 wore NJ Ex Order 26. 4B1. The DON stated that Participant #1 needed a NJ Ex Order 26. 4B1, and that the participant would NJ Ex Order 26. 4B1. In addition, the DON stated that Participant #3 wore a NJ Ex Order 26. 4B1 while on the bus. The surveyor inquired if Participant #1 and Participant #3 could NJ Exec Order 26.4b1 the NJ Ex Order 26. 4B1, the DON stated that they could not. The AA stated that Participant #1 needed a NJ Ex Order 26.4b1, and that the participant would NJ Ex Order 26.4b1 in the wheelchair. In addition, the AA stated that Participant #3 wore a NJ Ex Order 26. 4B1 during transportation only. The surveyor inquired if Participant #1 and Participant #3 could NJ Exec Order 26.4b1 the NJ Ex Order 26. 4B1, and the AA confirmed that they could not. At 1:41 p.m., the surveyor interviewed the DON a	M 327		

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NAME OF PROVIDER OR SUPPLIER ROYAL SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1041 (500) HIGHWAY 36 ATLANTIC HIGHLANDS, NJ 07716		
(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
M 327	Continued From page 13 second time to inquire if she had physician orders for Participant #1 and Participant #3 to wear [REDACTED] while at the facility, the DON stated that she did not. The DON then stated that she could request the physician orders for the [REDACTED] from Participant #1 and Participant #3's group home. At 1:48 p.m., during an interview with the DON, the Unit Clerk informed the DON that she called Participant #3's group home, who stated that they did not have an order for a [REDACTED] NJ Ex Order 26. 4B1. The Unit Clerk also stated that the group home stated that they were not aware that Participant #3's wheelchair had a [REDACTED] NJ Ex Order 26. 4B1 and that they would change the participant's chair. At 2:34 p.m., the surveyor interviewed the Administrator (ADM) to inquire if the use the [REDACTED] NJ Ex Order 26. 4B1 were allowed at the facility, and the ADM stated that no [REDACTED] NJ Ex Order 26. 4B1 were allowed unless the facility had "instructions for .it." The surveyor then inquired if any participants at the facility had [REDACTED] NJ Ex Order 26. 4B1 applied, and the ADM stated that he was not aware of any participants with [REDACTED] NJ Ex Order 26. 4B1 applied. The surveyor then inquired if any participants at the facility had [REDACTED] NJ Ex Order 26. 4B1, and the ADM stated that some wheelchairs had [REDACTED] NJ Ex Order 26. 4B1. In addition, the ADM stated that he was not aware that [REDACTED] NJ Ex Order 26. 4B1 used as [REDACTED] NJ Exec Order 26.4b1 to prevent [REDACTED] NJ Exec Order 26. 4B1 were considered [REDACTED] NJ Ex Order 26. 4B1. The surveyor then inquired if the facility had physician orders to apply [REDACTED] NJ Ex Order 26. 4B1 to participants due to [REDACTED] NJ Exec Order 26.4b1, and the ADM stated that he would have to look into it. During this interview, the DON provided the surveyor with a prescription for Participant #1 and stated that the prescription was faxed from the participant's group home. The prescription was	M 327		

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M 327	Continued From page 14 dated [REDACTED] and indicated that Participant #1 had a wheelchair with a NJ Ex Order 26. 4B1 [REDACTED]. At 4:22 p.m., the AA provided the surveyor with Participant #3's "Physician Visit Form" and prescriptions and stated that the participant's home faxed them over. The surveyor was not able to locate an order for a NJ Ex Order 26. 4B1. At 3:54 p.m., the surveyor interviewed the ADM, AA and DON to inquire where the participant rights were posted in the facility. The surveyor toured the facility in the presence of the AA to search for the posted participant rights, however, the surveyor and AA were not able to locate the posting. The surveyor reviewed the facility's policy titled, "Participant Rights," which indicated that the facility would ensure that each participant was free from the use of NJ Ex Order 26. 4B1 and NJ Ex Order 26. 4B1 [REDACTED]. The surveyor also reviewed the facility's policy titled, "Posting of Public Information," which indicated, "[The facility] shall conspicuously post a notice that the following information is available in the facility to participants and the public ... 3. A copy of the policies and procedures regarding participant rights ..." In addition, the surveyor reviewed the facility's policy titled, "Restraints," which indicated, "The facility will develop and provide individualized non-restrictive equipment to meet individual needs which fosters and supports a restraint-free environment for all adult participants. 1. If a participant is identified as requiring a physical or chemical restraint, the facility is obligated to	M 327		

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M 327	Continued From page 15 discharge the participant as the facility is then unable to meet his or her needs. 2. In an emergency situation where the health, safety, or welfare of the participant or other is compromised, the Director of Health Services will assign a staff member to remain with the client on a 1 to 1 basis until the participant can be safely removed from the facility. 3. In an emergency situation where the health, safety, or welfare of the participant or others is compromised, and all alternate means of containment have been exhausted, and the necessity for physical restraint is identified by the Director of Health Services, a physical restraint will be applied only upon the orders of the participant's attending physician and/or alternate (i.e. Medical Director/Consultant) until the participant can safely be removed from the facility." The ADM, AA, and the Director of Nursing were all made aware that this deficient practice that put all residents in imminent danger. A Removal Plan was requested to immediately address the identified concern. On 2/26/25, the facility submitted a removal plan which indicated that the DON obtained Participant #1's updated script for a wheelchair [NJ Ex Order 26.4B1] and an updated [NJ Ex Order 26.4B1] and [NJ Ex Order 26.4B1]. The removal plan also indicated that an individualized care plan was developed for Participant #1 for the use of the [NJ Ex Order 26.4B1]. In addition, the removal plan indicated that the DON provided in-services to all staff regarding the proper use of wheelchair [NJ Ex Order 26.4B1] and the removal of Participant #3's wheelchair [NJ Ex Order 26.4B1]. On 3/4/25, the surveyor conducted a re-visit at the facility and verified that the previously mentioned interventions from the removal plan	M 327		

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M 327	Continued From page 16 were implemented.	M 327		
M 465	8:43F-7.4(c) Nursing Services The facility's nursing staff shall assure that nursing services provided to participants are coordinated with health services currently received at home, as well as with existing community health agencies and services available to participants in time of need. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documents, it was determined that the Director of Nursing (DON) failed to ensure that nursing services provided to participants were coordinated with existing community health agencies and health services received at home for 4 of 4 participants reviewed, Participants #1, 2, 3, and 4. This deficient practice was evidenced by the following: On 2/10/25, the surveyor reviewed the electronic and paper Medical Record (MR) for the following participants: Participant #1, who was NJ Ex Order 26. 4B1 [REDACTED]. Participant #2, who was NJ Ex Order 26. 4B1 [REDACTED] Participant #3's electronic and paper Medical Record (MR), who was NJ Ex Order 26. 4B1 [REDACTED]	M 465		

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NAME OF PROVIDER OR SUPPLIER ROYAL SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1041 (500) HIGHWAY 36 ATLANTIC HIGHLANDS, NJ 07716		
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M 465	Continued From page 17 NJ Ex Order 26. 4B1 . Participant #4's electronic and paper Medical Record (MR), who was NJ Ex Order 26. 4B1 . The surveyor did not observe a signed and dated H&P for any of the previously mentioned participants. In addition, the surveyor observed that the orders in each of the participant's MR were copies of the participant's Medication Administration Record (MAR) from their group homes. At 1:13 p.m. and 1:41 p.m., the surveyor interviewed the DON to inquire the reason Participants #1, 2, 3, and 4 had no NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 in their MR and to inquire the reason participant orders were copies of their group home's MAR. The DON stated that participant physicians would not respond to her and that the physician offices would tell her that they only dealt with the group homes. In addition, the DON stated that she requested medical paperwork from participant group homes and that the group homes often refused to send medical paperwork for participants. At this time, the surveyor also inquired if the DON had physician orders for Participant #1 and Participant #3 to wear NJ Ex Order 26. 4B1 while at the facility, and the DON stated that she did not. The DON then stated that she could request physician orders for the NJ Ex Order 26. 4B1 from Participant #1 and Participant #3's group home. At 2:34 p.m., the surveyor interviewed the Administrator (ADM) to inquire if he was aware that the facility did not have NJ Exec Order 26.4b1 for some	M 465		

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M 465	Continued From page 18 participants. The ADM stated that he was aware, and that doctors and participant homes had not complied with the facility since they opened. At 3:37 p.m., the Office Manager/Director of Transportation, who introduced herself as the Alternate Administrator, stated that she requested a physician order for a <u>NJ Ex Order 26. 4B1</u> for Participant #3 from the participant's group home. The surveyor reviewed the facility policy titled, "Director of Health Services Responsibilities," which indicated that, "The Director of Health Services is responsible for the direction, provision, and quality of nursing services provided to clients. Responsibilities include ... c. Coordinating and integrating the nursing service with other client care services to provide a continuum of care for the client" Cross Reference tag: 8:43F-8.4(b)(1-4) M-0491	M 465		
M 491	8:43F-8.4(b)(1-4) Medical Services (b) The physician, advanced practice nurse or physician assistant who provides care to the participant shall provide the following information, which shall be included in the participant's medical record: 1. A signed, dated medical history and physical examination report, including results of a chest X-ray, if performed. The history and physical examination shall be performed within 60 days prior to or upon admission to the program; 2. Orders for the specific type and intensity of care to be provided to the participant by the	M 491		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FNP72Z	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/04/2025
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M 491	Continued From page 19 facility; 3. Specification of the degree of participant mobility and specification of any assistive devices that the participant requires; and 4. Verification that the participant is free of communicable disease. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that a physician, advanced practice nurse or physician assistant provided participants with signed and dated NJ Exec Order 26.4b1 examination reports and orders for the specific type and intensity of care to be provided to the participant by the facility for 4 of 4 participants reviewed, Participants #1, 2, 3 and 4. This deficient practice was evidenced by the following: On 2/10/25, the surveyor reviewed the Medical Records (MR) for Participants #1, 2, 3, and 4. The review revealed no signed and dated NJ Exec Order 26.4b1 examination reports in any of the participant's electronic or paper MR. In addition, the surveyor observed that the orders in each of the participant's MR were copies of the participant's Medication Administration Record (MAR) from their group homes.	M 491		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FNP72Z	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/04/2025
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M 491	Continued From page 20 At 1:13 p.m. and 1:41 p.m., the surveyor interviewed the Director of Nursing (DON) to inquire the reason Participants #1, 2, 3, and 4 had no NJ Exec Order in their MR and to inquire the reason participant orders were copies of their group home's MAR. The DON stated that participant physicians would not respond to her and that the physician offices would tell her that they only dealt with the group homes. At this time, the surveyor also inquired if the DON had physician orders for Participant #1 and Participant #3 to wear NJ Ex Order 26.4B1 while at the facility, the DON stated that she did not. At 2:34 p.m., the surveyor interviewed the Administrator (ADM) to inquire if he was aware that the facility did not have NJ Exec Order for some participants. The ADM stated that he was aware, and that doctors and participant homes had not complied with the facility since they opened. The surveyor reviewed the facility policy titled, "Medical Records Content," which indicated that, "The complete participant medical record shall include, but not be limited to, the following ... e) Documentation of the medical history and physical examination, signed and dated by the physician ... r) All orders for treatment, medication, and diets, signed by a physician ..." The surveyor also reviewed a facility policy titled, "Participant Plan of Care," which indicated, "... 1) Diagnosis and prognosis- this information is obtained from the attending physician at the time of admission and recorded on the history and physical. 2) Orders for treatment or services, medication, activities of daily living, and diet. This information is obtained from the attending physician on admission and is updated at a	M 491			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FNP72Z	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/04/2025
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M 491	Continued From page 21 minimum of every six months, unless client's condition, hospitalization or third-party payor require a different interval. Subsequent orders may be obtained on updates of the medical plan of care, the physician office visit, through other written orders from the physician, or through telephone orders" In addition, the surveyor reviewed a facility policy titled, "Medical Services," which indicated, "The attending physician shall provide the following information, to be documented in the client's record: a) A signed and dated admission and medical history and a report of physical examination ... b) The attending physician must certify that the client requires the type and intensity of care provided by the Center, that the client is free from communicable disease, and that the client is not a danger to him/herself or others" The ADM, AA, and the Director of Nursing were all made aware that this deficient practice that put all residents in imminent danger. A Removal Plan was requested to address identified concerns. On 2/26/25, the facility submitted a removal plan which indicated that the DON obtained updated history and physicals for Participants #1, #2, #3, and #4. On 3/4/25, the surveyor conducted a re-visit at the facility and verified that the previously mentioned intervention from the removal plan was implemented. Cross Reference Tag: 8:43F-7.4(c) M-0465	M 491		

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M 763	Continued From page 22	M 763		
M 763	8:43F-16.1(a) Infection Control, Santation, Housekeeping The administrator shall ensure the development and implementation of an infection prevention and control program. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined that the Administrator failed to implement an infection prevention and control program. This deficient practice was evidenced by the following: On 3/4/25, the surveyor conducted a re-visit at the facility which revealed the following: At 10:00 a.m., the surveyor observed a bus arrive at the facility. As participants exited the bus, the Office Manager/ Director of Transportation (OM/DOT) stated that the facility had a couple cases of NJ Ex Order 26, 4B1 and recommended that the surveyor apply a mask. The OM/DOT stated that the participants with NJ Ex Order 26, 4B1 were sent home and that a participant NJ Ex Order 26, 4B1 on NJ Ex Order 26. At this time, the surveyor observed one participant get off the bus with a mask draped under his/her chin that did not cover his/her nose or mouth. All other participants in the bus, the driver, and the OM/DOT did not have masks applied. At 10:04 a.m., the surveyor observed staff and participants, all without masks, in the dining hall/activities room mixing cake mix in a big bowl.	M 763		

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M 763	Continued From page 23 An Activity Aide announced to the participants that they would all get a chance to mix the cake mix and that they would later eat it. At this time, the Social Worker who was acting as the Alternate Administrator (AA) was present and assisting participants. The Administrator was not present. At 10:05 a.m., the surveyor observed a participant sitting on a couch in the front room with a mask applied. The surveyor observed that [NJ Ex Order 26. 4] participants had a [NJ Ex Order 26. 4] on and only one of the [NJ Ex Order 26. 4] participants with a [NJ Ex Order 26. 4] had it applied properly covering their nose and mouth. In addition, the surveyor observed [NJ Ex Order 26. 4] staff members, who all did not have a mask applied. All staff worked closely with participants. At 10:45 a.m., the surveyor interviewed the DON to inquire how many cases of [NJ Ex Order 26. 4] the facility had, and the DON stated that the facility had [NJ Ex Order 26. 4] participants test [NJ Ex Order 26. 4B1]. At this time, the surveyor requested a [NJ Ex Order 26. 4] line list, and the DON stated that she did not know what a line list was. The DON then stated that she looked at the Centers for Disease Control and Prevention's website and nothing had been mandated regarding [NJ Ex Order 26. 4] since 2023, including wearing masks. The surveyor inquired who tested the participants for [NJ Ex Order 26. 4], and the DON stated that she did all the [NJ Ex Order 26. 4B1]. The DON stated that the first case of [NJ Ex Order 26. 4] was on [NJ Ex Order 26. 4], and the last case was on [NJ Ex Order 26. 4]. The surveyor later reviewed the list of participants who [NJ Ex Order 26. 4B1] that was provided by the DON. The document indicated that [NJ Ex Order 26. 4]	M 763		

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M 763	Continued From page 24 participants NJ Ex Order 26. 4B1 on NJ Ex Order 26. 4B1, participants NJ Ex Order 26. 4B1 on NJ Ex Order 26. 4B1, participant NJ Ex Order 26. 4B1 on NJ Ex Order 26. 4B1, and participant NJ Ex Order 26. 4B1 on NJ Ex Order 26. 4B1. At 10:55 a.m., the surveyor observed that the cake mix that was passed around for all participants to mix was put into cupcake baking pans. At this time, the surveyor informed the Alternate Administrator that it was unsafe to allow the participants to consume the cupcakes due to the recent NJ Ex Order 26. 4B1. The Alternate Administrator informed the Activity Aide, and the cupcakes were not served. At 12:48 p.m. the surveyor interviewed the OM/DOT to inquire what cleaning agent was used to clean frequently touched surfaces, including the participant's tables. The OM/DOT provided the surveyor with three bottles of NJ Ex Order 26. 4B1 spray and one bottle of NJ Ex Order 26. 4B1 and stated that staff could use any of them to disinfect. Only one of the bottles of NJ Ex Order 26. 4B1 indicated that it could NJ Ex Order 26. 4B1. At 1:38 p.m., the surveyor interviewed the DON again to inquire if the facility had an infection prevention program and an infection preventionist who was responsible for infection prevention and control services. The DON stated that the facility did not have an infection prevention program or an infection preventionist. At 1:41 p.m., the surveyor interviewed the Alternate Administrator and the OM/DOT to inquire if the facility had an infection preventionist, and they confirmed that there was no infection preventionist. The OM/DOT (who was also the former Alternate Administrator) stated that the last time the facility had an infection preventionist was	M 763		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FNP72Z	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/04/2025
NAME OF PROVIDER OR SUPPLIER ROYAL SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1041 (500) HIGHWAY 36 ATLANTIC HIGHLANDS, NJ 07716		
(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
M 763	Continued From page 25 when it was required to have an infection preventionist to re-open the facility NJ Ex Order 26. 4B1. At this time, the DON stated that NJ Ex Order 26. 4B1 was not deadly and that NJ Ex Order 26. 4B1 was "just a cold". In addition, the DON stated a second time that she read the Centers for Disease Control and Prevention's website, and that the website did not have any mandates for wearing masks. The surveyor then inquired how the DON controlled the NJ Ex Order 26. 4B1 at the facility, and the DON stated that she tested participants and if they NJ Ex Order 26. 4B1, she sent them home. In addition, the DON stated that the participants who NJ Ex Order 26. 4B1 all had a runny nose and that masks were not required. According to CDC.com, "...Use of well-fitting masks in healthcare settings are an important strategy to prevent the spread of respiratory viruses. Well-fitting masks can help block virus particles from reaching the nose and mouth of the wearer (wearer protection) and, if someone is ill, help block virus particles coming out of their nose and mouth from reaching others (source control) ... Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing ... The overall benefit of broader masking is likely to be the greatest for patients at higher risk for severe outcomes from respiratory virus infection and during periods of high respiratory virus transmission in the community ... Age remains the strongest risk factor for severe COVID-19 outcomes, with risk of severe outcomes increasing markedly with increasing age ... Risk of severe outcomes is increased in people of all ages with certain underlying medical conditions	M 763		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FNP72Z	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/04/2025
NAME OF PROVIDER OR SUPPLIER ROYAL SENIOR CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1041 (500) HIGHWAY 36 ATLANTIC HIGHLANDS, NJ 07716		
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M 763	Continued From page 26 and in people who are 50 years or older ... Remind older patients and those with underlying medical conditions that wearing a mask is an additional prevention strategy they can choose to further protect themselves ... Provide free, high-quality masks to your workforce or visitors in times of higher respiratory viral spread" At 3:13 p.m., the surveyor interviewed the DON to inquire if the facility had any Personal Protective Equipment (PPE). The surveyor observed 240 N95 masks, 150 surgical masks, and 20 unopened boxes of gloves. The surveyor reviewed the facility's policy titled, "Infection Control Program," which indicated, "[This facility] has established an Infection Control Committee to ensure a safe and sanitary environment by preventing the development and dissemination of infectious or communicable diseases among participants [and] employees ... by the development of policies and procedures to identify, prevent and control infections in the facility; by formulating and monitoring care policies; and through education and training utilizing sound infection control practices and current information. Infection prevention and control is based on principles and guidelines established by the Center for Disease Control, the Occupational Safety and Health Administration and local, state, and federal regulations. The Administrator is responsible for the development and implementation of the Infection Control Program and the Director of Health Services is designated responsibility for coordinating the direction, provision and quality of the program"	M 763			

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M 765	Continued From page 27	M 765		
M 765	8:43F-16.1(b)(1-4) Infection Control, Santation, Housekeeping (b) The administrator shall designate a person who shall be responsible for the direction, provision, and quality of infection prevention and control services. The designated person shall: 1. Have education, training and completed course work or experience in infection control or epidemiology; 2. Be responsible for developing and maintaining written objectives for infection prevention and control services; 3. Be responsible for developing a policy and procedure manual for infection prevention and control services; and 4. Be responsible for developing an organizational plan and a quality improvement program for infection prevention and control services. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to designate an Infection Preventionist to implement the facility's Infection Control Program by taking responsibility for the	M 765		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FNP72Z	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/04/2025
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M 765	Continued From page 28 direction, provision, and quality of infection prevention and control services. This deficient practice was evidenced by the following: On 3/4/25, the surveyor conducted a re-visit at the facility which revealed the following: At 1:38 p.m., the surveyor interviewed the Director of Nursing (DON) to inquire if the facility had an infection prevention program and an infection preventionist who was responsible for infection prevention and control services. The DON stated that the facility did not have an infection prevention program or an infection preventionist. At 1:41 p.m., the surveyor interviewed the Alternate Administrator and the Office Manager/Director of Transportation (OM/DOT) to inquire if the facility had an infection preventionist, and they confirmed that there was no infection preventionist. The OM/DOT (who was also the former Alternate Administrator) stated that the last time the facility had an infection preventionist was when it was required to have an infection preventionist to re-open the facility NJ Ex Order 26.4B1 pandemic. The surveyor reviewed the facility's policy titled, "Infection Control Program," which indicated, "[This facility] has established an Infection Control Committee to ensure a safe and sanitary environment by preventing the development and dissemination of infectious or communicable diseases among participants [and] employees ... The Administrator is responsible for the development and implementation of the Infection Control Program and the Director of Health Services is designated responsibility for coordinating the direction, provision and quality of	M 765		

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M 765	Continued From page 29 the program ..."	M 765			
	Cross Reference Tag: 8:43F-16.1(a) M-0763				
M 767	8:43F-16.2(a)(1-4) Infection Control, Santation, Housekeeping (a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications, incorporated herein by reference: 1. Guideline for Hand Hygiene in Health-Care Settings, PB85-923404, as amended or supplemented; 2. OSHA Standards 29 CFR--1910.1030, Bloodborne pathogens, as amended and supplemented; 3. Prevention and Control of Tuberculosis in Facilities Providing Long-Term Care to the Elderly, and contained in MMWR 39(RR-10), as amended or supplemented; and 4. Prevention of Nosocomial Pneumonia, PB95-176970, January 3, 1997, 46(RR-1), as amended or supplemented.	M 767			

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M 767	Continued From page 30 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to implement and review, at least annually, its infection prevention and control policies and procedures to prevent the spread of a viral communicable disease. This deficient practice was evidenced by the following: On 3/4/25, the surveyor conducted a re-visit at the facility which revealed the following: At 10:00 a.m., the surveyor observed a bus arrive at the facility. As participants exited the bus, the Office Manager/ Director of Transportation (OM/DOT) stated that the facility had a [REDACTED] and recommended that the surveyor apply a mask. The OM/DOT stated that the participants with [REDACTED] were sent home and that a participant [REDACTED] on [REDACTED]. At this time, the surveyor observed one participant get off the bus with a mask draped under his/her chin that did not cover his/her nose or mouth. All other participants in the bus, the driver, and the OM/DOT did not have masks applied. At 10:04 a.m., the surveyor observed staff and participants, all without masks, in the dining hall/activities room mixing cake mix in a big bowl. An Activity Aide announced to the participants that they would all get a chance to mix the cake mix and that they would later eat it. At this time, the Social Worker who was acting as the Alternate Administrator (AA) was present and assisting participants. The Administrator was not present.	M 767		

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M 767	Continued From page 31 At 10:05 a.m., the surveyor observed a participant sitting on a couch in the front room with a mask applied. The surveyor observed that [NJ Ex Order 26.4] participants had a [NJ Exec Order] on and only [NJ Ex Or] of the [NJ Ex] participants with a [NJ Exec Order] had it applied properly covering their nose and mouth. In addition, the surveyor observed [NJ] staff members, who all did not have a mask applied. All staff worked closely with participants. At 10:45 a.m., the surveyor interviewed the DON to inquire how many [NJ Ex Order 26. 4B1] the facility had, and the DON stated that the facility had [NJ Ex Order 26] participants [NJ Ex Order 26. 4B1] . At this time, the surveyor requested a [NJ Ex Order 26. 4B1] list, and the DON stated that she did not know what a line list was. The DON then stated that she looked at the Centers for Disease Control and Prevention's website and nothing had been mandated regarding [NJ Ex Order 26. 4B1] since [NJ Exec Order] including wearing masks. The surveyor inquired who tested the participants for [NJ Ex Order 26. 4], and the DON stated that she did all the [NJ Ex Order 26. 4B1] . The DON stated that the first [NJ Ex Order 26. 4B1] was on [NJ Exec Order 26], and the last case was on [NJ Exec Order 26]. The surveyor later reviewed the list of participants who [NJ Ex Order 26. 4B1] that was provided by the DON. The document indicated that three participants [NJ Ex Order 26. 4B1] on [NJ Exec Order 26.4B1] participants [NJ Ex Order 26. 4B1] on [NJ Exec Order 26.4B1] [NJ Ex Or] participant [NJ Ex Order 26. 4B1] on [NJ Exec Order 26], and [NJ Ex Or] participant [NJ Ex Order 26. 4B1] on [NJ Exec Order 26]. At 10:55 a.m., the surveyor observed that the cake mix that was passed around for all participants to mix was put into cupcake baking	M 767		

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M 767	Continued From page 32 pans. At this time, the surveyor informed the Alternate Administrator that it was unsafe to allow the participants to consume the cupcakes due to the recent NJ Ex Order 26. 4B1. The Alternate Administrator informed the Activity Aide, and the cupcakes were not served. At 12:48 p.m. the surveyor interviewed the OM/DOT to inquire what cleaning agent was used to clean frequently touched surfaces, including the participant's tables. The OM/DOT provided the surveyor with three bottles of NJ Ex Order 26. 4B1 spray and one bottle of NJ Ex Order 26. 4B1 and stated that staff could use any of them to disinfect. Only one of the bottles of NJ Ex Order 26. 4B1 indicated that it could NJ Ex Order 26. 4B1. At 1:38 p.m., the surveyor interviewed the DON again to inquire if the facility had an infection prevention program and an infection preventionist who was responsible for infection prevention and control services. The DON stated that the facility did not have an infection prevention program or an infection preventionist. At 1:41 p.m., the surveyor interviewed the Alternate Administrator and the OM/DOT to inquire if the facility had an infection preventionist, and they confirmed that there was no infection preventionist. The OM/DOT (who was also the former Alternate Administrator) stated that the last time the facility had an infection preventionist was when it was required to have an infection preventionist to re-open the facility NJ Ex Order 26. 4B1. At this time, the DON stated that NJ Ex Order 26. 4B1 was not deadly and that NJ Ex Order 26. 4B1 was "just a cold". In addition, the DON stated a second time that she read the Centers for Disease Control and Prevention's website, and that the website did not	M 767		

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M 767	Continued From page 33 have any mandates for wearing masks. The surveyor then inquired how the DON controlled the NJ Ex Order 26. 4B1 at the facility, and the DON stated that she tested participants and if they NJ Ex Order 26. 4B1, she sent them home. In addition, the DON stated that the participants who NJ Ex Order 26. 4B1 all had a runny nose and that masks were not required. The surveyor reviewed the facility's policy titled, "Infection Control Program," which indicated, "[This facility] has established an Infection Control Committee to ensure a safe and sanitary environment by preventing the development and dissemination of infectious or communicable diseases among participants [and] employees ... by the development of policies and procedures to identify, prevent and control infections in the facility; by formulating and monitoring care policies; and through education and training utilizing sound infection control practices and current information. Infection prevention and control is based on principles and guidelines established by the Center for Disease Control, the Occupational Safety and Health Administration and local, state, and federal regulations. The Administrator is responsible for the development and implementation of the Infection Control Program and the Director of Health Services is designated responsibility for coordinating the direction, provision and quality of the program ..." The surveyor observed a document inside the facility's policy and procedure manual that indicated that the manual was last reviewed on 10/6/06.	M 767			

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M 835	Continued From page 34	M 835		
M 835	8:43F-18.2(a)(b)(c)(d) Quality Improvement (a) The facility shall develop policies and procedures that support a restraint-free environment for all adult participants. (b) The use of any restraining device shall be based on an assessment and shall require a physician, advanced practice nurse or physician assistant order. (c) The least restrictive device shall be used, in compliance with the prescriber's order. (d) A specific plan of care shall be developed for the use of any restraining device. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00183140 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to obtain physician orders for NJ Ex Order 26. 4B1, develop participant care plans for NJ Ex Order 26. 4B1, and follow their policy titled, "NJ Ex Order 26. 4B1," for 2 of 4 participants, Participant #1 and Participant #3. This deficient practice was evidenced by the following: On 2/10/25 at 10:29 a.m. and 10:43 a.m., the surveyor observed Participant #1 and Participant #3 with a NJ Ex Order 26. 4B1 on. The surveyor reviewed the Medical Record (MR)	M 835		

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M 835	Continued From page 35 for Participant #1 and Participant #3 and did not observe a NJ Exec Order 26.4b1 or order that indicated that a NJ Ex Order 26. 4B1 could be applied to the participants. In addition, the surveyor did not observe a care plan for NJ Ex Order 26. 4B1 for either participant. At 12:24 p.m. and 12:30 p.m., the surveyor observed a NJ Exec Order 26.4b1 at the facility enter a NJ Ex Order 26. 4B1 Participant #3, who was wheelchair bound and had a NJ Ex Order 26. 4B1 applied. The surveyor then observed the volunteer exit the NJ Ex Order 26. 4B1 with Participant #3, who still had a NJ Ex Order 26. 4B1 applied. The surveyor interviewed the NJ Exec Order 26.4b1 to inquire how often Participant #3 wore the NJ Ex Order 26. 4B1, and the NJ Ex Order 26. 4B1 stated that the participant always wore the NJ Ex Order 26. 4B1. At 1:13 p.m. and 1:32 p.m., the surveyor interviewed the Director of Nursing (DON) and the Alternate Administrator (AA) to inquire the reason Participant #1 and Participant #3 wore NJ Ex Order 26. 4B1. The DON stated that Participant #1 needed a NJ Ex Order 26. 4B1, and that the participant would NJ Ex Order 26. 4B1. In addition, the DON stated that Participant #3 wore a NJ Ex Order 26. 4B1 while on the bus. The surveyor inquired if Participant #1 and Participant #3 could NJ Exec Order 26.4b1 the NJ Ex Order 26. 4B1, and the DON stated that they could not. The AA stated that Participant #1 needed a NJ Ex Order 26. 4B1, and that the participant would NJ Ex Order 26. 4B1 and throw himself/herself forward in the wheelchair. In addition, the AA stated that Participant #3 wore a NJ Ex Order 26. 4B1 during transportation only. The surveyor inquired if Participant #1 and Participant #3 could NJ Exec Order 26.4b1 the NJ Ex Order 26. 4B1,	M 835		

New Jersey Department of Health

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M 835	Continued From page 36 and the AA confirmed that they could not. At 1:41 p.m., the surveyor interviewed the DON a second time to inquire if she had physician orders for Participant #1 and Participant #3 to wear [REDACTED] while at the facility, and the DON stated that she did not. At 2:34 p.m., the surveyor interviewed the Administrator (ADM) to inquire if the use the [REDACTED] were allowed at the facility, and the ADM stated that no [REDACTED] were allowed unless the facility had "instructions for it". The surveyor then inquired if any participants at the facility had [REDACTED] applied, and the ADM stated that he was not aware of any participants with [REDACTED] applied. The surveyor then inquired if any participants at the facility had [REDACTED], and the ADM stated that some wheelchairs had [REDACTED]. In addition, the ADM stated that he was not aware that [REDACTED] used as [REDACTED] to prevent [REDACTED] were considered [REDACTED]. The surveyor then inquired if the facility had physician orders to [REDACTED] participants to their wheelchairs for [REDACTED] and the ADM stated that he would have to look into it. The surveyor reviewed the facility's policy titled, "Restraints," which indicated, "The facility will develop and provide individualized non-restrictive equipment to meet individual needs which fosters and supports a restraint-free environment for all adult participants. 1. If a participant is identified as requiring a physical or chemical restraint, the facility is obligated to discharge the participant as the facility is then unable to meet his or her needs. 2. In an emergency situation where the health, safety, or welfare of the participant or other is compromised, the Director of Health	M 835			

New Jersey Department of Health

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M 835	Continued From page 37 Services will assign a staff member to remain with the client on a 1 to 1 basis until the participant can be safely removed from the facility. 3. In an emergency situation where the health, safety, or welfare of the participant or others is compromised, and all alternate means of containment have been exhausted, and the necessity for physical restraint is identified by the Director of Health Services, a physical restraint will be applied only upon the orders of the participant's attending physician and/or alternate (i.e. Medical Director/Consultant) until the participant can safely be removed from the facility." The ADM, AA, and the Director of Nursing were all made aware that this deficient practice put all residents in imminent danger. On 2/26/25, the facility submitted a removal plan which indicated that the DON obtained Participant #1's updated script for a wheelchair NJ Ex Order 26.4B1 and an updated NJ Exec Order 26.4b1. The removal plan also indicated that an individualized care plan was developed for Participant #1 for the use of the NJ Ex Order 26.4B1. In addition, the removal plan indicated that the DON obtained updated NJ Exec Order 26.4b1 for Participants #1, #2, #3, and #4. Lastly, the removal plan indicated that the facility's policy on NJ Ex Order 26.4B1 was revised. On 3/4/25, the surveyor conducted a re-visit at the facility and verified that the previously mentioned interventions from the removal plan were implemented. Cross Reference Tag: 8:43F-4.2(a)(8) M-0327	M 835		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER FNP72Z	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/22/2025
NAME OF FACILITY ROYAL SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1041 (500) HIGHWAY 36 ATLANTIC HIGHLANDS, NJ 07716	

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 M0221	Correction	ID Prefix M0223	Correction	ID Prefix M0327	Correction
Reg. # 8:43F-3.1(a)	Completed	Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-4.2(a)(8)	Completed
LSC	05/20/2025	LSC	05/20/2025	LSC	05/20/2025
ID Prefix M0465	Correction	ID Prefix M0491	Correction	ID Prefix M0763	Correction
Reg. # 8:43F-7.4(c)	Completed	Reg. # 8:43F-8.4(b)(1-4)	Completed	Reg. # 8:43F-16.1(a)	Completed
LSC	05/20/2025	LSC	05/20/2025	LSC	05/20/2025
ID Prefix M0765	Correction	ID Prefix M0767	Correction	ID Prefix M0835	Correction
Reg. # 8:43F-16.1(b)(1-4)	Completed	Reg. # 8:43F-16.2(a)(1-4)	Completed	Reg. # 8:43F-18.2(a)(b)(c)(d)	Completed
LSC	05/20/2025	LSC	05/20/2025	LSC	05/20/2025
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 3/4/2025		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			