

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: j6tdgc	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2023
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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505
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(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	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00164601, NJ00167715, NJ00169222, NJ00169219</p> <p>CENSUS: 15</p> <p>SAMPLE SIZE: 6</p> <p>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.</p>	A 000		
A 963	<p>8:36-11.5(f) Pharmaceutical Services</p> <p>(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to</p>	A 963		

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

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(X6) DATE

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A 963	<p>Continued From page 1</p> <p>ensure medications were accurately documented as administered to residents by qualified personnel in accordance with prescriber orders for 1 out of 6 residents reviewed for medication administration, Resident #5. This deficient practice was evidenced by the following:</p> <p>On 12/14/2023, Surveyor #2 reviewed the Medical Record (MR) of Resident #5 who moved into the facility in [redacted] with diagnoses which included [redacted], and [redacted]. The surveyor reviewed Resident #5's Medication Administration Record (MAR) for the months of [redacted] and [redacted], which revealed the following medications were not signed as administered on [redacted]:</p> <ul style="list-style-type: none"> - [redacted] - [redacted] - [redacted] - [redacted] - [redacted] - [redacted] - [redacted] - [redacted] <p>During a telephone interview on 12/18/2023, at 11:23 a.m., Surveyor #2 interviewed the Licensed Practical Nurse (LPN) [redacted] at the facility. The LPN who worked on [redacted], stated that when she misses a signature on the MAR, it usually means the medication was not given.</p>	A 963		
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A 963	Continued From page 2	A 963		
A1231	<p>8:36-17.5(a)(1) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(a) The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. Residents may have individually controlled thermostats in residential units in order to maintain temperatures at their own comfort level.</p> <p>1. During the heating season, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews, it was determined that the facility failed to adequately maintain the required temperature of at least 72 degrees Fahrenheit for the heating system in the lobby/common area used by residents and staff. This deficient practice was evidenced based on the following:</p> <p>On 12/14/2023 at 2:12 p.m., Surveyor #2 returned to the front desk area and found the</p>	A1231		

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A1231	<p>Continued From page 3</p> <p>receptionist sitting there, in the presence of the Administrator. There were (2) two portable heaters there.</p> <p>On 12/14/2023 at 2:15 p.m., Surveyor #2 observed the thermostat located behind the front desk with a temperature reading of 59 degrees Fahrenheit.</p> <p>During surveyor's interview with the Administrator at 3:06 p.m., she stated that there were no temperature logs for the thermostat in the lobby. At that time, Surveyor #2 requested a policy for the thermostat temperatures.</p> <p>At 4:02 p.m., the Administrator stated that the facility has no policy for the heating of the facility.</p> <p>During a telephone interview at 4:12 p.m., the Maintenance Director stated that the facility do not keep thermostat logs and that "we just look at the thermostat." He continued to say that there was nothing wrong with the heating system and that the area [lobby/common area] is a large space to heat.</p>	A1231		
A1233	<p>8:36-17.5(a)(2) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(a) The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. Residents may have individually controlled thermostats in residential units in order to maintain temperatures at their own comfort level.</p> <p>2. The facility or residents shall not utilize portable heaters.</p>	A1233		

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A1233	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview with staff, it was determined the facility failed to ensure portable electric heaters were not used in the facility. This was evidenced by the following:</p> <p>On 12/14/2023 at 9:15 a.m., upon entry into the facility, the surveyors entered the lobby/common area and noted the temperature felt cool at the front desk area. During an interview with the receptionist, she stated that she has a portable heater to keep warm. Surveyor #1 entered the area behind the front desk and observed a cylinder-shaped portable heater beneath the desk in the left corner.</p> <p>During a second interview at 2:12 p.m., in the presence of the Administrator, when Surveyor #2 asked how long she had the portable heater, the receptionist stated the Maintenance Director gave her the portable heater two weeks ago.</p> <p>Surveyor #2 observed a second smaller portable heater located on top of the desk behind the receptionist's chair.</p> <p>During an interview at 2:16 p.m., the Administrator said that she just gave the receptionist an additional smaller heater because its cold in the lobby [/common area] because of the construction.</p> <p>The facility failed to ensure portable heaters were not used in the facility, putting residents, staff and visitors at risk for a serious adverse outcome.</p>	A1233		

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A1233	Continued From page 5 On 12/21/2023, the surveyor conducted a revisit to verify the Removal Plan was implemented. Upon revisit, the surveyor did not observe portable heaters in the lobby/common area. The facility Administrator confirmed that the portable heaters were removed, and that facility staff were educated that the use of portable heater was prohibited in the facility. The surveyor reviewed the facility policy and noted that the policy was updated to reflect that the use of portable heater was prohibited in the facility.	A1233		

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{A 000}	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Revisit Survey</p> <p>CENSUS: 16</p> <p>SAMPLE SIZE: 16</p> <p>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.</p>	{A 000}		

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

TITLE

(X6) DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER j6tdgc Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/12/2024 Y3
NAME OF FACILITY CLARE ESTATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505	

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 A0963	Correction	ID Prefix A1231	Correction	ID Prefix A1233	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. # 8:36-17.5(a)(1)	Completed	Reg. # 8:36-17.5(a)(2)	Completed
LSC	04/15/2024	LSC	03/12/2024	LSC	03/12/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/21/2023		<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 		