

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>j6tdgc</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/29/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLARE ESTATE, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 CROSSWICKS STREET BORDENTOWN, NJ 08505</b>		
(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
H3480	<p>8:43E-10.11(c)(3) Other Rptng Rqrmnts Unrltd to Pt Sfty Act</p> <p>Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following: Fires, disasters, or accidents that result in injury or death of patients, residents or employees, or in evacuation of patients or residents from all or part of the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to immediately notify the New Jersey Department of Health (NJDOH) of a Fire Watch at the facility. This deficient practice was evidenced by the following:</p> <p>During a tour of the facility building on 9/29/23 at 10:18 a.m., surveyors observed a sign posted on the wall in the activity room [on the first floor] that read "Attention All Employees! We are on FIRE WATCH until Further Notice! If you smell or notice smoke call 911 Immediately! Staff must do rounds every two hours checking all areas for signs of fire or smoke [.] Check around the building for any evidence of an actual fire. Call Executive Director AFTER 911 has been called with her cell phone number noted [.]"</p> <p>At 11:32 a.m., during the same tour, surveyors observed the same Fire Watch sign posted on the wall in front of a locked medication cart in the hallway on the second floor.</p> <p>During an interview with the Maintenance Director on 9/29/2023 at 2:07 p.m., he stated that the Fire Marshal was at the facility on 9/27/2023 and</p>	H3480		

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

TITLE

(X6) DATE

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H3480	Continued From page 1  directed the facility be placed on Fire Watch.  At the time of survey, there was no documented evidence provided that the Fire Watch was reported to the NJDOH.  Refer to tag: N.J.A.C. 8:36-17.1 (a)	H3480		
A 000	Initial Comments  Initial Comments: TYPE OF SURVEY: Monitoring  CENSUS: 18  SAMPLE SIZE: 5  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 975	8:36-11.7(a)(1) Pharmaceutical Services  (a) The administrator shall provide an appropriate and safe medication storage area, either in a common area or in the resident's unit, for the storage of medications that are not self-administered by the residents. The storage area requirement may be satisfied through the	A 975		

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A 975	<p>Continued From page 2</p> <p>use of a locked medication cart.</p> <p>1. The storage area shall be kept locked when not in use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility Administrator failed to provide safe and appropriate medication storage area and ensure treatment carts were kept locked when not in use. The deficient practice was evidenced by the following:</p> <p>On 9/29/2023 at 12:20 p.m., the surveyor observed a treatment cart unlocked and unattended in a resident's room located in the Assisted Living Building (currently unoccupied and under construction). The treatment cart in a resident's room was noted to have multiple ointments and powders affixed with pharmacy prescription labels containing resident names and physician orders for use. Personal items and furniture of the (unsampled) resident were noted also in the resident room with articles of clothing that were in the closet and on the floor.</p> <p>At 2:10 p.m., The surveyor interviewed the Administrator who stated she was unaware of the treatment cart in a resident room. She stated that she does not go over to that side of the building. The Administrator further stated that resident families are in charge of going over to "the bridge" (area undergoing renovation and</p>	A 975		

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A 975	Continued From page 3  construction) and get whatever they need. She stated, "We do not have the staff to clean it up."	A 975		
A1053	8:36-15.3(a) Resident Records  (a) Records and information regarding the individual resident shall be considered confidential and the resident shall have the opportunity to examine such records, in accordance with facility or program policies.  This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure individual resident records remain confidential at all times. The deficient practice was evidenced by the following:  On 9/29/2023 at 11:12 a.m., the surveyor observed resident charts and confidential medical documents piled up on shelving, furniture, and in boxes located in the hallway of the Assisted Living Building (currently unoccupied and under construction). Medical records observed in the hallway included at least three Hospice Care Agency binders with individual resident's information such as the resident name, diagnoses, social security number, medical insurance, nurses' notes, and care plans. One of the three <b>NJ Ex Order 26.4b1</b> binders included medical information of Resident #'s 3, 4, and 5.  Surveyors observed construction workers and maintenance personnel in and around the area where the medical documents were discovered.	A1053		

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A1053	Continued From page 4  At 2:10 p.m., the surveyor interviewed the Administrator who stated she was unaware of the charts and residents' confidential medical documents found in the Assisted Living Building. She start that she does not go over to that side of the building. The Administrator further stated that resident families are in-charge of going over to the "Bridge" [the Unit where residents rooms are located and being renovated] and that they were to get whatever they needed. She stated, "We do not have any staff to clean it up."  The surveyor reviewed the facility policy titled, "Confidentiality of Resident Records" which states, "All resident records and information regarding the resident shall be considered confidential."	A1053		
A1179	8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance  (a) The facility shall provide and maintain a sanitary and safe environment for residents.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility provided documentation on 9/29/2023 in the presence of facility management, it was determined the facility failed to provide and maintain a safe environment for its residents. This is evidenced by the following:  During the survey entrance at approximately 9:30 AM, a request was made to the Maintenance Supervisor (MS) to provide a copy of the facility	A1179		

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A1179	<p>Continued From page 5</p> <p>layout which identifies the various rooms and common areas in the building. The surveyor also requested a copy of the last semi-annual Fire, Alarm, and Detections system inspection for review.</p> <p>On 9/29/23 at 9:45 AM, the MS was asked to provide the blueprints for the construction project in the Assisted Living (AL) Building. However, the MS could not provide a copy of the blueprint requested. He indicated that only corporate staff had the blueprints. Surveyor requested the MS to provide documentation of construction plan submitted to the New Jersey Department of Health (DOH) or a notification of construction/renovation for the Assisted Living Residence/Building.</p> <p>The MS provided copies of two (2) permits: one for insulation dated 8/15/23 and the other copy was not legible and not identifiable.</p> <p>A review of the facility provided lay-out/plan identified the facility is made up of two buildings:</p> <ul style="list-style-type: none"> <li>- The Monastery building which has four (4) levels.</li> <li>- The Assisted Living building (currently unoccupied and under construction) which has two (2) levels.</li> </ul> <p>Starting at approximately 9:48 AM, in the presence of the facility's MS, the surveyor observed the following building safety hazards:</p> <p>1. At 9:48 AM, the surveyor reviewed the most recent Fire Alarm Inspection Report dated 5/26/23, identified the following heat and smoke detectors that were not tested due to Sprinkler Burst/Under Construction.</p>	A1179		

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A1179	<p>Continued From page 6</p> <p>2. At 9:50 AM, the surveyor observed the fire alarm Annunciator Panel located between the old building (Monastery building) and the (Assisted Living Residence building), behind the main receptionist desk with a yellow light indicated "TROUBLE" in the following areas:</p> <p>0001 common Trouble ACT                      smoke sensor Ground Floor                      TV room</p> <p>0155 common Trouble ACT                      Pull Station Ground floor                      Gallery Exit NB</p> <p>3. The Uniform Fire Code Deputy Fire Marshall from Bordentown Fire District #1 had put the facility on Fire Watch, starting 9/27/23 at 4:00 PM, to the current date and beyond until the fire alarm system is repaired.</p> <p>The Maintenance Director indicated the fire alarm system was in "Trouble" mode due to the construction project in the Assisted Living Building. However, he indicated that the building where the residents were temporary located (Monastery building) were not being affected by the fire alarm "Trouble" mode issue.</p> <p>The "Fire Watch Log Sheet" did not indicate what building and/or section, that was on fire watch, as no notes were provided on the document just date and time with initials only and address: 201 Crosswicks street. Bordentown NJ 08505.</p> <p>Additionally, the MS could not provide any documentation when asked to confirm that the New Jersey DOH was notified of the "FIRE WATCH."</p>	A1179		

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A1179	<p>Continued From page 7</p> <p>4. The MS provided the Fire Sprinkler Job Summary dated 8/23/22 at 10:00 AM, from the facility vendor. The document indicated that the report was for the following:</p> <ul style="list-style-type: none"> <li>- Quarterly Fire Sprinkler inspection (2)</li> <li>- Quarterly Standpipe inspection (2)</li> </ul> <p>Review of documentation provided revealed that quarterly fire sprinkler systems were not inspected for over one year. There were no fire sprinkler inspections conducted from 8/23/22 to the survey date 9/29/23. At 10:07 a.m., the MS indicated that the reason the quarterly inspections were not conducted could be due to payment issue.</p> <p>5. At approximately 12:49 PM, the surveyor observed multiple ceiling tiles out of place/missing in the construction area (currently unoccupied Assisted Living Residence building), that in the event of a fire with some ceiling tiles not in place/missing, the heat would by-pass the fire sprinklers and would not activate the fire alarm and fire sprinkler systems, as designed.</p> <p>At 12:50 PM, the surveyor initiated a call to the Uniform Fire Code Deputy Fire Marshall from Bordentown Fire District #1 and a voice message was left and recorded, however, as of 10/2/23 (post survey), no return call was received.</p> <p>During the exit conference on 9/29/23, the MS was not able to provide documented evidence that the New Jersey Department of Health (DOH) was notified of any construction/renovation being completed to the Assisted Living Residence (ALR) Building.</p>	A1179		



## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER j6tdgc	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/12/2024
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 H3480	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-10.11(c)(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/12/2024	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	
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 9/29/2023		<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			

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ID Prefix A0975	Correction	ID Prefix A1053	Correction	ID Prefix A1179	Correction
Reg. # 8:36-11.7(a)(1)	Completed	Reg. # 8:36-15.3(a)	Completed	Reg. # 8:36-17.1(a)	Completed
LSC	03/12/2024	LSC	04/15/2024	LSC	04/15/2024
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	
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 9/29/2023		<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			