

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 07/31/2023
NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>Date: 7/28/2023 and 7/31/2023</p> <p>COMPLAINT #: NJ00165886 and NJ00165889</p> <p>CENSUS: 22</p> <p>SAMPLE SIZE: 3</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 269	<p>8:36-3.1(a) Administration</p> <p>(a) An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator. The administrator or a designated alternate shall be available at all times and shall be on-site at the facility on a full-time basis in facilities that have 60 or more licensed beds, and on a half-time basis in facilities that have fewer than 60 licensed beds, in accordance with the definition of "full-time" and "half-time" at N.J.A.C. 8:36-1.3.</p>	A 269		

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

TITLE

(X6) DATE

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A 269	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: C# NJ00165886 C# NJ00165889 Based on observation, interview, and record review, it was determined that the facility failed to ensure that the facility failed to ensure an Alternate Administrator was designated in writing and available to act in the absence of the Administrator. The deficient practice was evidenced by the following:</p> <p>On 7/28/2023 at 11:15 a.m., the surveyor interviewed the facility's Licensed Practical Nurse (LPN) and inquired about the facility's Administrator or the Administrator designee. The LPN stated the Administrator was not present at the facility and attempted to reach the facility's Administrator via telephone but was unsuccessful.</p> <p>At 11:35 a.m., the surveyor interviewed the facility Food Service Director who was able to contact the facility's Administrator by phone and provided the surveyor with the Administrator's telephone number.</p> <p>At 11:37 a.m., the surveyor conducted a telephone interview with the facility's Administrator who stated she was unable to be present at the facility. The Administrator stated she would try to assist the surveyor via telephone but would not be able to provide the surveyor with requested documents such as the facility's policy and procedure manual until the next business day, 7/31/2023.</p>	A 269		

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A 269	Continued From page 2 During continued surveyor interview, the facility's Administrator stated the facility's policy and procedure manual was not available due the policy manual being locked in her office, the Administrator's office. The Administrator stated she did not have an alternate Administrator or Administrator designee to assist in her absence. The Administrator also stated the facility's previous Director of Nursing (DON) was the facility's alternate Administrator designee prior to the DON's resignation on NJ Ex Order 26.4(b)(1) . The Administrator confirmed that the Alternate Administrator's position remained vacant. Surveyor's review of the facility policy and procedure titled, "APPOINTMENT OF ADMINISTRATOR" revealed, " ...1. An Administrator/Executive Director shall be appointed and an alternate shall be designated in writing to act in the absence of the Administrator. The Administrator or a designated alternate shall be available at all times."	A 269		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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A 310	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: C# NJ00165886, C# NJ00165889 Based on interview and record review it was determined that the facility's Administrator failed to implement and maintain adequate facility staffing to administer medications to the facility residents as prescribed by their physicians. The Administrator also failed to ensure that an Alternate Administrator was designated and available in her absence. The Administrator failed to ensure that facility's policy and procedure manual was available at all times to the facility's staff, residents, and the representative of the Department of Health (DOH). The Administrator failed to ensure staffing policy was implemented and enforced to ensure sufficient facility staffing. The Administrator failed to implement facility policy on maintaining employees' files for two facility staff, Licensed Practical Nurse (LPN) #1 and LPN #2. This deficient practice was evidence by the following:</p> <p>1. On 7/28/2023 at 11:15 a.m., the surveyor interviewed the facility's Licensed Practical Nurse (LPN) and inquired about the facility's Administrator or the Administrator designee. The LPN confirmed that the Administrator was not in the building.</p> <p>At 11:35 a.m., the surveyor interviewed the Food Service Director, who also confirmed that the Administrator was not in the building. The FSD provided the surveyor the Administrator's contact</p>	A 310			

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A 310	<p>Continued From page 4</p> <p>number.</p> <p>At 11:37 a.m., the surveyor conducted a telephone interview with the facility's Administrator and requested the facility's policy and procedure manual. The Administrator stated that she was unable to provide the surveyor with the facility's policy and procedure manual due to the manual being locked in her office, the Administrator's office. The Administrator stated she was not available in person to assist with the survey but would provide the surveyor with the policy and procedure manual the following business day on 7/31/2023. The Administrator also stated and confirmed that if facility's staff member or resident requested the facility's policy and procedure manual, she would have to provide the manual when she was available at the facility.</p> <p>On 07/31/2023 at 12:00 p.m., during surveyor's interview with the Administrator at the facility, she stated that she was unable to locate the policy and procedure manual but would continue to look for the manual.</p> <p>At 2:00p.m., the Administrator stated that she was not able to locate the policy manual and had to print it out for the surveyor from the facility's computer.</p> <p>2. On 7/28/2023 at 11:37 a.m., the surveyor conducted a telephone interview with the facility's Administrator who stated on the evening of 7/22/23, medications were not administered to three facility's residents due to no nurse not being present at the facility.</p> <p>Surveyor review of the facility policy and procedure titled, "Staffing" revealed, "Policy and</p>	A 310		

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A 310	<p>Continued From page 5</p> <p>Procedure: ... 3. Adequate staffing shall be provided based on all assessed needs of the residents." This policy was not implemented and followed.</p> <p>3. On 7/28/23, during an interview with the Licensed Practical Nurse, she confirmed that the Administrator was not in the building. The surveyor also interviewed the Food Service Director who also confirmed that the Administrator was not in the building and that there was no Administrator designee available. During the surveyor's telephone interview with the Administrator, she confirmed that there was no designated Alternate Administrator and that the facility's previous Director of Nursing (DON) was the facility's alternate Administrator designee prior to the DON's resignation on [REDACTED] NJ Ex Order 26.4(b)(1). The Administrator confirmed that the Alternate Administrator's position remained vacant.</p> <p>Surveyor's review of the facility policy and procedure titled, "APPOINTMENT OF ADMINISTRATOR" revealed, " ...1. An Administrator/Executive Director shall be appointed and an alternate shall be designated in writing to act in the absence of the Administrator. The Administrator or a designated alternate shall be available at all times." This policy was not implemented and enforced.</p> <p>4. On 7/28/2023 at 11:37 a.m., during the telephone interview, the surveyor requested the Administrator to provide two employees files, the Licensed Practical Nurses' (LPNs) files, LPN #1 and LPN #2. The Administrator, however, stated that she could not provide the surveyor with LPN #1 and LPN #2 employee files due to her not being present at the facility. In addition, the Administrator stated she was unable to provide the surveyor with the facility's contract for the</p>	A 310		

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A 310	Continued From page 6 Nursing Staffing Agency due to the contract being in the possession of the facility's corporate office. The Administrator stated she would reach out to the facility's corporate office to retrieve the requested documentations. The surveyor did not receive the requested documentation on Day 1 or Day 2 of the survey. Surveyor's review of the facility's policy and procedure titled, "RECORDS PERSONNEL" revealed, "Policy and Procedure: Employee personnel records for each employee shall include at least his or her last name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, prior criminal records, records of physical examinations, job description, records of orientation and in-service education and evaluation of job performance ..." This policy was not implemented and no employees files were provided for review on 7/28/23 and 7/31/23.	A 310		
A 311	8:36-3.4(a)(2) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 2. Planning for, and administration of, the managerial, operational, fiscal, and reporting components of the facility This REQUIREMENT is not met as evidenced by: C# NJ00165886 C# NJ00165889	A 311		

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A 311	<p>Continued From page 7</p> <p>Based on observation, interview, and record review it was determined that the facility's Administrator failed to ensure the managerial and operational responsibilities were met, including the designation of an alternate Administrator in writing and the development of a plan to ensure that an alternate Administrator was available in the absence of the Administrator. The Administrator did not have a plan to ensure that policy and procedure manual was available for staff, residents, and Department of Health representatives for review. In addition, the Administrator failed to develop a wheelchair accessible Evacuation Plan to ensure wheelchair dependent residents were able to exit and enter the facility. The Administrator also failed to report the loss of services to the New Jersey Department of Health (DOH) regarding the facility's wheelchair accessible elevator not being in service, Elevator #1. The Administrator failed to ensure that staff received evacuation training during an emergency and interruption of services. The Administrator also failed to ensure the facility had adequate nursing staff to ensure the administration of medication according to physician orders. Additionally, the Administrator failed to ensure the facility's employee files were maintained and that the facility's policy and procedure manual were always available and accessible for review by the facility's staff and residents. This deficient practice was evidenced by the following:</p> <p>1. On 7/28/2023 at 11:37 a.m., the surveyor conducted a telephonic interview with the facility's Administrator who stated she was unable to be present at the facility on 7/28/2023, day 1 of survey. The Administrator stated she did not have an alternate Administrator or Administrator designee to assist in her absence. The policy and</p>	A 311		

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A 311	<p>Continued From page 8</p> <p>procedure manual were not accessible and available for review by the DOH representative due to the manual kept locked in the Administrator's office.</p> <p>2. On 7/28/2023 the surveyor entered the facility to conduct a complaint survey and proceeded to the elevator closest to the facility's front main entrance, Elevator #1. Upon arrival to Elevator #1 (located on the ground floor), the surveyor observed a posting on the elevator and nearby walls instructing the reader to follow the posted arrows to an operating elevator, Elevator #2. The surveyor followed the arrows to functioning elevator which included ambulating up a stair way that contained seven (7) steps.</p> <p>Additionally, during interviews with the facility staff, including Home Health Aide #1 and an Licensed Practical Nurse at that time, they confirmed that they did not receive education/training regarding facility evacuation plan and procedures to assist wheelchair dependent residents during emergencies.</p> <p>At 2:02 p.m., the surveyor conducted a telephone interview with the facility's Administrator who stated Elevator #1 had been out of services for eight days and that she did not know how to evacuate the facility's residents that were wheelchair dependent for ambulation. The Administrator also stated that Elevator #1 was assessed for repairs but was unable to provide the surveyor with Elevator #1's work order report. During the continued surveyor interview, the Administrator stated she would contact the facility's Maintenance Director to assist in finding a wheelchair accessible route.</p> <p>3. On 7/28/2023 at 11:37 a.m., during a telephone</p>	A 311		

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A 311	Continued From page 9 interview with the facility's Administrator, the facility's Administrator acknowledged that medications were not administered to the facility's residents on the evening of 7/22/2023 according to physician orders. The Administrator stated that the facility was not able to secure a nurse to administer prescribed medication to the facility residents on the evening on 7/22/2023. 4. On 7/28/2023 at 11:37 a.m., during surveyor interview, the Administrator stated she was unable to provide the surveyor with LPN #1 and LPN #2 employee files due to her not being present at the facility. In addition, the Administrator stated she was unable to provide the surveyor with the facility's contract for the Nursing Staffing Agency due to the contract being in the possession of the facility's corporate office. The Administrator stated she would reach out to the facility's corporate office to retrieve the requested documentations. The surveyor did not receive the requested documentation on Day 1 or Day 2 of the survey.	A 311		
A 547	8:36-5.7(a)(6) General Requirements (a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following: 6. Policies and procedures for the maintenance of personnel records for each employee, including at least his or her name,	A 547		

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A 547	<p>Continued From page 10</p> <p>previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description, records of orientation and inservice education, and evaluation of job performance;</p> <p>This REQUIREMENT is not met as evidenced by: C# NJ00165886 C# NJ00165889 Based on observation, interview, and record review, it was determined that the facility's Administrator failed to provide documented evidence that a policy was established and implemented that ensures the maintenance of employee files for facility staff, Licensed Practical Nurses (LPNs), LPN #1 and LPN #2. The Administrator also failed to provide documented evidence of staff credentials from staffing agency, including a contract for the Nursing Staffing Agency used by the facility to ensure sufficient staffing. The deficient practice was evidenced by the following:</p> <p>On 7/28/2023 at 11:37 a.m., while conducting a complaint a survey, the surveyor conducted a telephone interview with the facility's Administrator who stated on the evening of 7/22/2023, there was no nurse present at the facility to administer prescribed medications to facility residents. The Administrator stated she attempted to staff the facility with a nurse on 7/22/2023 to administer the evening medications, but was unsuccessful.</p>	A 547		

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A 547	<p>Continued From page 11</p> <p>During continued surveyor's interview with the Administrator, she stated that the facility employed two LPNs, LPN#1 who was a full-time employee at the facility and LPN #2 who was a per diem employee (employees who were hired on an as-needed basis). The Administrator also stated that after 7/22/2023, the facility hired a Nursing Staffing Agency (a service provider agency that provides on-call nurses and health care assistants to facilities on an as-needed basis) to assist with the facility's staffing shortage.</p> <p>The surveyor then requested the employee files for LPN #1 and LPN #2, in addition to the contract between the facility and the Nursing Staffing Agency. The facility's Administrator stated she was unable to provide the surveyor with the requested employee files and agency contract at the time of the interview due to her not being present at the facility and corporate being in possession of the Nursing Staffing Agency contract. The Administrator also stated the requested documentation was locked in her office and could not be retrieved by the facility's staff that was present at the facility at the time of the interview. The Administrator stated she would provide the surveyor with the requested documentation on the following business day, 7/31/2023.</p> <p>On 7/31/2023 at 12:00 noon, during surveyor interview, the Administrator confirmed that she could not provide the surveyor with LPN #1 and LPN #2 employee files nor the Nursing Staffing Agency contract due to the contract being in the possession of the facility's corporate office. The Administrator stated she would reach out to the facility's corporate office to retrieve the requested documentation. Additionally, the Administrator was unable to provide the surveyor with the name</p>	A 547		

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A 547	<p>Continued From page 12</p> <p>of the Nursing Staffing Agency.</p> <p>The Administrator did not provide the requested documents. The surveyor did receive the requested documentation at the conclusion of Day #2 of the survey, 7/31/23.</p> <p>On 8/3/2023 at 3:13 p.m., the surveyor sent the facility's Administrator an email regarding the requested documentation. The Administrator did not respond to the surveyor's email.</p> <p>Surveyor review of the facility's policy and procedure titled, "RECORDS PERSONNEL" revealed, "Policy and Procedure: Employee personnel records for each employee shall include at least his or her last name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, prior criminal records, records of physical examinations, job description, records of orientation and in-service education and evaluation of job performance ..."</p> <p>The Administrator was unable to provide documented evidence that this policy was implemented. The Administrator could not provide requested employees' files for surveyor's review and no evidence that agency staff were hired to provide services to the facility. The Administrator failed to provide documented evidence for the Nursing Staffing Agency contract.</p>	A 547		
A 963	<p>8:36-11.5(f) Pharmaceutical Services</p> <p>(f) Medications shall be accurately administered</p>	A 963		

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A 963	<p>Continued From page 13</p> <p>and documented by properly authorized individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: C# NJ00165886 C# NJ00165889 Based on observation, interview, and record review, it was determined that the facility failed to ensure medications were administered to residents in accordance with the prescriber's orders and failed to document the rationale why medications were not administered for 3 out of 3 residents reviewed, Resident #1, Resident #2, and Resident #3. This deficient practice was evidenced by the following:</p> <p>On 7/28/2023 at 11:37 a.m., the surveyor conducted a telephone interview with the facility's Administrator who confirmed that medications were not administered to facility's residents on the evening of 7/22/2023. The Administrator stated that there was no nurse available due to the facility not able to secure a nurse from a staffing agency.</p> <p>1. On 7/28/2023, the surveyor reviewed Resident #1's Medical Record (MR). The "Resident Face Sheet" revealed Resident #1 had a move in date of NJ Ex Order 26.4(b)(1) and diagnoses which included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed Resident #1's Medication Administration Record (MAR) for NJ Ex Order 26.4(b)(1) which</p>	A 963		

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 07/31/2023
NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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A 963	<p>Continued From page 14</p> <p>revealed the following medications were not signed as administered:</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 4:30 p.m., NJ Ex Order 26.4(b)(1) Sliding Scale</p> <p>NJ Ex Order 26.4(b)(1) at 9:30 p.m., NJ Ex Order 26.4(b)(1) Sliding Scale</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>On 7/28/2023 at 1:34 p.m., the surveyor interviewed Resident #1 who confirmed that he/she did not receive his/her medications on NJ Ex Order 26.4(b)(1) due to the facility not having a nurse on duty that evening.</p> <p>2. On 7/23/2023 the surveyor reviewed Resident #2 Medical Record (MR). The "Resident Face Sheet" revealed Resident #2 had a move in date of NJ Ex Order 26.4(b)(1) and diagnoses which included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The surveyor reviewed Resident #2's MAR for NJ Ex Order 26.4(b)(1) which revealed the following medications were not signed as administered:</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p>	A 963		

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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
(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 963	<p>Continued From page 15</p> <p>NJ Ex Order 26.4(b)(1) 3 p.m. to 11 p.m. shift. NJ Ex Order 26.4(b)(1)</p> <p>On 7/28/2023, the surveyor interviewed Resident #2 who also confirmed that he/she did not receive his/her medications on NJ Ex Order 26.4(b)(1). Resident #2 stated he/she was informed that there was no nurse present at that time to administer his/her evening medications.</p> <p>3. On 7/28/2023, the surveyor reviewed Resident #3 Medical Record (MR). The "Resident Face Sheet" revealed Resident #3 had a move in date of NJ Ex Order 26.4(b)(1) and diagnoses which included NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed Residents #3's Medication Administration Record (MAR) for NJ Ex Order 26.4(b)(1) and observed the following medications were not signed as administered:</p> <p>NJ Ex Order 26.4(b)(1) at 4:30 p.m., NJ Ex Order 26.4(b)(1) - Sliding Scale NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1) - Sliding Scale NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5:00 p.m., NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 9:00 p.m., NJ Ex Order 26.4(b)(1)</p> <p>On 7/28/2023 at 1:10 p.m., the surveyor attempted to interview Resident #3, however, due to Resident #3's NJ Ex Order 26.4(b)(1) he/she was unable to participate in the surveyor's interview.</p> <p>During the interview with the Administrator on 7/28/2023 at 11:37 a.m., the Administrator stated that medications were not administered to the</p>	A 963		

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A 963	<p>Continued From page 16</p> <p>facility's residents on the evening of [REDACTED], however, she stated that all facility's residents were assessed and that there were [REDACTED] related to residents not receiving their prescribed medications.</p> <p>On 7/28/2023, the surveyor reviewed all of the facility's residents' Medical Records, which included a document titled, "Progress Notes" which revealed that all of the residents' Physicians, Responsible parties (if applicable), and the facility's Registered Nurse were notified that prescribed medications were not administered to the facility's residents on the evening of [REDACTED].</p>	A 963		

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 A0269	Correction	ID Prefix A0310	Correction	ID Prefix A0311	Correction
Reg. # 8:36-3.1(a)	Completed	Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-3.4(a)(2)	Completed
LSC	04/15/2024	LSC	04/15/2024	LSC	04/15/2024
ID Prefix A0547	Correction	ID Prefix A0963	Correction	ID Prefix	Correction
Reg. # 8:36-5.7(a)(6)	Completed	Reg. # 8:36-11.5(f)	Completed	Reg. #	Completed
LSC	04/15/2024	LSC	03/12/2024	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	

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 7/31/2023	<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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