

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01A007 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/14/2023 |
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| NAME OF PROVIDER OR SUPPLIER CARING SENIOR LIVING, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 227 NORTH VERMONT AVENUE ATLANTIC CITY, NJ 08401 |
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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 |
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| H 000 | <p>Initials Comments</p> <p>TYPE OF SURVEY: Complaint Millville West location</p> <p>COMPLAINT #: NJ00169697</p> <p>CENSUS: 26</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.</p> | H 000 | | |
| H5790 | <p>8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ00169697</p> <p>Based on interview and record review it was determined that the facility failed to retain a completed copy of the Universal Transfer Form (UTF) for 1 of 3 residents reviewed who was</p> | H5790 | | |

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

TITLE

(X6) DATE

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| A 000 | Continued From page 2 location COMPLAINT #: NJ00169697 CENSUS: 26 SAMPLE SIZE: 3 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations. | A 000 | | |
| A 735 | 8:36-7.2(e)(1-5) Resident Assessments and Care Plans (e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following: 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; | A 735 | | |

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| A 735 | <p>Continued From page 3</p> <p>4. The time intervals at which the resident's response to treatment will be reviewed; and</p> <p>5. The measures to be used to assess the effects of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00169697</p> <p>Based on interview and record review, it was determined that the facility failed to develop and implement a written health service plan (HSP) when Resident #2 was admitted onto [redacted] NJ Exec Order 26.4b1; and identified as a [redacted] NJ Exec Order 26.4b1 with [redacted] NJ Exec Order 26.4b1. There was no HSP developed to ensure goals, interventions, effects of treatments and safety measures were evaluated and reassessed for efficacy. This deficient practice was evidenced by the following:</p> <p>On 12/14/2023 at 11:00 a.m., Surveyor #2 reviewed Resident #2's medical record (MR) which revealed a move in date of [redacted] NJ ex order 26.4b1 with diagnoses [redacted] NJ ex order 26.4b1 and [redacted] NJ ex order 26.4b1 Resident #2 [redacted] NJ ex order 26.4b1</p> <p>Post survey interview on [redacted] NJ ex order 26.4b1 at 3:24 p.m., Surveyor #2 interviewed the Director of Nursing (DON) who stated that there was a not a HSP developed for Resident #2 [redacted] NJ ex order 26.4b1</p> | A 735 | | |
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| A 735 | <p>Continued From page 4</p> <p>Surveyor #2 reviewed an untitled document that the DON identified as nurses notes for Resident #2 which revealed that on NJ ex order 26.4b1, the facility DON wrote NJ ex order 26.4b1</p> <p>Post survey review of NJ Ex Order 26.4 notes provided confirmed that Resident #2 was admitted onto NJ Exec Order 26.4b1 and started to receive NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1.</p> <p>The facility failed to develop a HSP for Resident #2 who was identified as a NJ Exec Order 26.4b1 and receiving NJ Exec Order 26.4b1</p> | A 735 | | |
| A 747 | <p>8:36-7.2(g) Resident Assessments and Care Plans</p> <p>(g) The facility shall make reasonable effort to have documentation of services provided by outside health care professionals entered in the resident record.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ00169697</p> <p>Based on interview and record review it was determined that the facility failed to ensure documentation of the services provided to the residents by outside health care professionals, including NJ Ex Order 26.4(i) were included in the resident's medical record for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 12/14/2023 at 11:00 a.m., Surveyor #2</p> | A 747 | | |

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| A 747 | <p>Continued From page 5</p> <p>reviewed Resident #2's medical record (MR) which revealed that Resident #2 ^{NJ ex order 26.4b1} with ^{NJ ex order 26.4b1} Resident #2 ^{NJ ex order 26.4b1}</p> <p>On 12/14/2023 at 3:00 p.m., in the presence of the Director of Nursing (DON), Surveyor #1 interviewed the ^{NJ ex order 26.4b1} Registered Nurse (RN) who confirmed Resident #2 ^{NJ ex order 26.4b1}. The ^{NJ Ex Order 26.4} RN stated that the ^{NJ Exec Order 26.4b1} care plan was in the computer and doesn't share the care plan notes with the facility. The ^{NJ ex order 26.4b1} RN went on to say if the facility needed the ^{NJ Exec Order 26.4b1} notes they [the facility] would need to call the main office. At this time Surveyor #2 asked the DON if she requested ^{NJ Ex Order 26.4} notes at any time, she replied, "no."</p> <p>Review of Resident #2's MR did not include any documentation of nursing notes, assessments or care plans developed by the ^{NJ Ex Order 26.4} RN. The DON stated that she did not have access to any of the ^{NJ Exec Order 26.4b1} records.</p> <p>The facility was unable to provide documentation of services that were provided to Resident #2 rendered by ^{NJ Exec Order 26.4b1} from ^{NJ Ex Order 26.4b1} to ^{NJ Exec Order 26.4b1}.</p> | A 747 | | |
| A 749 | <p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed</p> | A 749 | | |

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| A 749 | <p>Continued From page 6</p> <p>based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00169697</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the resident service plan (RSP) was updated or revised to identify residents that [redacted] for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On [redacted] at 11:00 a.m., Surveyor #2 reviewed Resident #2's medical record (MR) which revealed a [redacted] with diagnoses that [redacted]</p> <p>[redacted] Resident #2 [redacted] who</p> <p>Surveyor #2 continued to review Resident #2's MR which revealed "Nursing Assessment" (NA) notes which were dated [redacted], and [redacted]. The NA note dated [redacted] documented that Resident #2 [redacted] and that Resident #2 [redacted]</p> <p>On 12/19/23 at 9:40 a.m., Surveyor #2 conducted a post survey telephone interview with the Director of Nursing who stated that the RSP</p> | A 749 | | |
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| A 749 | Continued From page 7 dated [redacted] NJ ex order 26.4b1 was the most recent service plan for Resident #2. However, review of Resident #2's Service Plan dated [redacted] NJ ex order 26.4b1 failed to identify that Resident #2 [redacted] NJ ex order 26.4b1 | A 749 | | |
| A1073 | 8:36-15.6(b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice. This REQUIREMENT is not met as evidenced by: C#: NJ00169697 Based on interview and record review, it was determined that the facility failed to provide documented evidence that the Registered Nurse (RN) were notified of a change in condition for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following: On 12/14/2023 at 11:00 a.m., Surveyor #2 reviewed Resident #2's medical record (MR) which revealed that Resident #2 [redacted] NJ ex order 26.4b1 with diagnoses that included [redacted] NJ ex order 26.4b1 and [redacted] NJ ex order 26.4b1 Resident #2 [redacted] NJ ex order 26.4b1 | A1073 | | |

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| A1073 | <p>Continued From page 8</p> <p>Surveyor #2 reviewed an untitled document the Director of Nursing (DON) identified as nurses notes for Resident #2 which indicated that on NJ ex order 26.4b1 at 8:30 a.m., the Licensed Practical Nurse (LPN) was notified by the Certified Medication Aide (CMA) that Resident #2 had apparent NJ Exec Order to his/her NJ Exec O. Upon the LPN seeing Resident #2, it was noted that his/her NJ ex order 26.4b1 and appeared to have NJ Exec Order on his/her NJ Exec Order 26.4. Continued review of revealed that the incident was reported to the housing authority, NJ Ex Order 26.4 company, Nurse Practitioner, NJ Ex Order 26.4(b)(1), Administrator and Resident #2's emergency contact.</p> <p>On 12/19/2023 at 11:50 a.m., Surveyor #2 interviewed the (DON/RN) who stated that she was notified on NJ ex order 26.4b1 by the Licensed Practical Nurse (LPN) via telephone.</p> <p>Post survey on 12/20/2023 at 2:13 p.m., Surveyor #2 interviewed the LPN who stated she called the RN after she NJ ex order 26.4b1. The RN did not answer the phone therefore, the LPN called the Administrator. The phone call to the RN was not documented in Resident #2's record.</p> | A1073 | | |
| A1489 | <p>8:36-23.2(c)(4) Assisted Living Programs</p> <p>(c) Assisted living program providers shall establish and maintain a written contract with each publicly subsidized housing unit to be served.</p> <p>4. The contract shall state that there are policies and procedures for the publicly</p> | A1489 | | |

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| A1489 | <p>Continued From page 9</p> <p>subsidized housing staff to notify the assisted living program of any substantial change in a resident's condition noticed by housing staff.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00169697</p> <p>Based on interview and record review it was determined that the Assisted Living Program (ALP) Administrator failed to receive notice of changes in a resident conditions noted by the housing authority (HA) based on the signed agreement between the housing authority and ALP.</p> <p>On 12/14/2023 at 11:50 a.m., Surveyor #2 interviewed the Administrator who revealed that the HA did not notify the ALP when Resident #2 was issued a NJ ex order 26.4b1 on NJ ex order 26.4b1. The Administrator called the HA on NJ Exec Order 26.4b1 to see if any NJ Exec Order were given to Resident #2. The Administrator was then made aware about the NJ ex order 26.4b1. The Administrator stated that the HA staff NJ ex order 26.4b1 from Resident #2's apartment.</p> <p>At 4:00 p.m., Surveyor #1 interviewed the Administrator who stated the HA should have notified the ALP in NJ ex order 26.4b1 when they [HA] NJ ex order 26.4b1 from Resident #2's apartment.</p> <p>Surveyor #2 reviewed a document titled, "Agreement to Provide Assisted Living Program Services between ... Housing Authority and ALP which indicated:</p> <p>"2. Compliance with Regulatory Requirements</p> | A1489 | | |

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| A1489 | <p>Continued From page 10</p> <p>... b ... shall include within its Housing Units written policies and procedures a procedure for ... housing authority (HA) to notify ... of any substantial change in a program participating resident's condition as may be noticed by ... HA personnel."</p> <p>On 12/5/2024 post survey, Surveyor #1 interviewed the Administrator via telephone, who stated that Resident # 2 returned to the facility on [redacted] and was found [redacted] in his/her apartment during hourly checks. The Administrator stated Resident # 2 [redacted]</p> | A1489 | | |

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 01A007 Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 2/6/2024 Y3 |
| NAME OF FACILITY CARING SENIOR LIVING, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 227 NORTH VERMONT AVENUE ATLANTIC CITY, NJ 08401 | |

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 H5790 | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # 8:43E-13.4(d) | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | 01/31/2024 | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
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| 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 12/14/2023 | | <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 A0735 | Correction | ID Prefix A0747 | Correction | ID Prefix A0749 | Correction |
| Reg. # 8:36-7.2(e)(1-5) | Completed | Reg. # 8:36-7.2(g) | Completed | Reg. # 8:36-7.3(a) | Completed |
| LSC | 01/31/2024 | LSC | 01/31/2024 | LSC | 01/31/2024 |
| ID Prefix A1073 | Correction | ID Prefix A1489 | Correction | ID Prefix | Correction |
| Reg. # 8:36-15.6(b) | Completed | Reg. # 8:36-23.2(c)(4) | Completed | Reg. # | Completed |
| LSC | 01/31/2024 | LSC | 01/31/2024 | 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 <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 12/14/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO