

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2024
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NAME OF PROVIDER OR SUPPLIER FIVE STAR PREMIER RESIDENCES OF TEANE	STREET ADDRESS, CITY, STATE, ZIP CODE 655 POMANDER WALK TEANECK, NJ 07666
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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: Renovation Project Survey/Inspection to include an expanded Community room and Resident Apartment #111.</p> <p>CENSUS: 39</p> <p>CAPACITY: 40</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 233	<p>8:36-2.4(c) Licensure Procedures</p> <p>(c) No facility shall admit residents to the facility until the facility has the written approval and/or license issued by the Long-Term Care Licensing Program of the Department. Violators of this requirement shall be subject to penalties for operating a facility without a license, pursuant to N.J.S.A. 26:2H-14 and N.J.A.C. 8:43E-1.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of facility provided documentation on 11/25/2024 in</p>	A 233		

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

TITLE

(X6) DATE

01/09/25

New Jersey Department of Health

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A 233	<p>Continued From page 1</p> <p>the presence of facility management, it was determined that the facility occupied a newly recreated Resident Apartment prior to an initial inspection and approval by the Department of Health (DOH) as evidenced by the following:</p> <p>During the survey entrance on 11/25/2024 at approximately 10:09 a.m., Surveyor #1 made a request to the facility's Executive Director (ED), which areas were to be inspected and to provide a copy of the facility layout which identified the areas to be inspected. A request was also made to the ED to provide a list of residents with the apartment numbers.</p> <p>The ED told Surveyor #1, the Community room and one Resident Apartment and provided a scaled down architectural print of drawing # [redacted] demolition plan- First Floor North Tower.</p> <p>A review of the facility provided architectural drawing revealed:</p> <ol style="list-style-type: none"> 1) Demolish of existing unit for conversion into New Activity room for Residents reason: more centrally located within wing, more accessible for everyone. 2) Partially demo existing lounge and office in order to convert back into a Resident apartment with-in (this was the original building design). <p>Later at approximately 11:04 a.m., an inspection inside Resident Apartment [redacted] was performed. Both Surveyor #1 and Surveyor #2 observed two (2) residents sitting on chairs inside the apartment. Surveyor #1 and Surveyor #2 observed the apartment was filled with residents' personal belongings.</p> <p>At approximately 11:28 a.m., Surveyor #2</p>	A 233		
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A 233	<p>Continued From page 2</p> <p>interviewed both residents and requested/inquired, "How long have you been living here." One resident told Surveyor #2 that they moved in on NJ Ex Order 26.4b1.</p> <p>A review of the facility provided Resident Roster with the apartment numbers identified that Resident Apartment NJ Ex Order 26.4b1 had no residents listed. There were 39 residents listed on the roster in various apartments.</p> <p>The facility allowed two (2) residents to move into a recreated apartment without DOH approval.</p>	A 233		
A 271	<p>8:36-3.2(a)(1-3) Administration</p> <p>(a) The administrator of an assisted living residence or comprehensive personal care home shall:</p> <ol style="list-style-type: none"> 1. Be at least 21 years of age; 2. Possess a high school diploma or equivalent; and 3. Hold a current New Jersey license as a nursing home administrator or hold a current New Jersey certification as an assisted living administrator. <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of records, it was determined that the facility failed to ensure that the facility's appointed Administrator had a current</p>	A 271		

New Jersey Department of Health

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A 271	<p>Continued From page 3</p> <p>Certified Assisted Living Administrator (CALA) certification, as required.</p> <p>This deficient practice is evidenced by:</p> <p>On 12/4/24 at 10:12 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) and the Executive Director (ED) regarding their job titles and certifications. The ED stated that she did not have her Certified Assisted Living Administrator (CALA) certification. In addition, the ED stated that she was scheduled to start her CALA on NJ Ex Order 26.4b1. The ED stated that the DHW had a CALA. A copy of the DHW's CALA was provided to the surveyor on 12/4/24, date of survey.</p> <p>At 10:20 a.m., the surveyor provided the ED with the blank "New Jersey Department of Health and Senior Services FACILITY STAFF AND BASIC INFORMATION" sheet (BIS). The surveyor requested the ED to return the completed BIS to the surveyor. At 12:08 p.m., the surveyor reviewed the completed BIS and observed that the DHW was listed as the staff member for the "Director Of Nursing" / "Director of Health + Wellness" and as the staff member for the "Administrator". Upon further review of the BIS, the surveyor observed that the ED listed her name and contact information within the section where the ED contact information was requested.</p> <p>At 11:20 a.m., the surveyor interviewed the ED, and the ED stated that the DHW reported to her as she was the ED.</p> <p>On 12/4/24, the surveyor was provided with the Staff List which included the employee's name, job title, the employee's manager, and the employee's date of hire. Upon review of the Staff</p>	A 271		
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A 271	<p>Continued From page 4</p> <p>List, the surveyor observed that the DHW's manager was the ED.</p> <p>At 3:10 p.m., the surveyor reviewed the facility's Job Description for the ED/Administrator position. The ED's Job Description states, " ... POSITION REQUIREMENTS / QUALIFICATIONS: ... Licensed or credentialed in accordance with the State regulations"</p> <p>In addition, the surveyor reviewed the facility's Job Description for the DHW position. There was no specified mention that the DHW would be expected to assume the Administrator's job responsibilities nor a confirmation that the DHW was the assigned or designated the ED.</p> <p>The surveyor reviewed the facility's document, dated 8/1/18, titled "Professional Licenses", which revealed " ... POLICY GUIDELINES A. Job applicants (including those for full-time, part-time, temporary or PRN positions) must provide proof of a valid license or credential at the time of hire to work in a position requiring professional licensure or credentials as a condition of employment"</p>	A 271		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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A 310	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of records, it was determined that the facility failed to implement and enforce the facility's policy, titled ""Professional Licenses".</p> <p>This deficient practice is evidenced by:</p> <p>On 12/4/24 at 10:12 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) and the Executive Director (ED) their job titles and certifications. The ED stated that she did not have her Certified Assisted Living Administrator (CALA) certification. In addition, the ED stated that she was scheduled to start her CALA on NJ Ex Order 26.4b1. The ED stated that the DHW had a CALA. A copy of the DHW's CALA was provided to the surveyor on 12/4/24, date of survey.</p> <p>At 10:20 a.m., the surveyor provided the ED with the blank "New Jersey Department of Health and Senior Services FACILITY STAFF AND BASIC INFORMATION" sheet (BIS). The surveyor requested the ED to return the completed BIS to the surveyor. At 12:08 p.m., the surveyor reviewed the completed BIS and observed that the DHW was listed as the staff member for the "Director Of Nursing" / "Director of Health + Wellness" and as the staff member for the "Administrator". Upon further review of the BIS,</p>	A 310		

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A 310	<p>Continued From page 6</p> <p>the surveyor observed that the ED listed her name and contact information within the section where the ED contact information was requested.</p> <p>At 3:08 p.m., the surveyor reviewed the facility's Job Description for the Executive Director position. The ED's Job Description states, " ... POSITION REQUIREMENTS / QUALIFICATIONS: ... Licensed or credentialed in accordance with the State regulations ..."</p> <p>The surveyor reviewed the facility's document, dated 8/1/18, titled "Professional Licenses", which revealed " ... POLICY GUIDELINES A. Job applicants (including those for full-time, part-time, temporary or PRN positions) must provide proof of a valid license or credential at the time of hire to work in a position requiring professional licensure or credentials as a condition of employment ..."</p>	A 310		
A1061	<p>8:36-15.5(a)(2) Resident Records</p> <p>(a) A register which contains a current census of all residents, along with other pertinent information, shall be maintained by each assisted living residence, comprehensive personal care home, or assisted living program. The following standards for maintaining the register shall apply:</p> <p>2. The register shall be kept up-to-date at all times. Admissions, discharges and discharge destination, and other changes shall be recorded within 48 hours;</p>	A1061		

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A1061	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation, and review of records, it was determined that the facility failed to keep the register up-to-date at all times for 3 of 19 residents reviewed, Residents #13, #14, and #19.</p> <p>This deficient practice is evidenced by:</p> <p>On 11/25/24, the surveyor requested the facility's daily census for 11/25/24. The surveyor reviewed the "ASSISTED LIVING DAILY CENSUS" (ALDC) and observed that the row labeled "APT. [apartment] [redacted] was blank and did not have a resident's name listed in that row.</p> <p>At 10:09 a.m., the surveyor met with the Executive Director (ED) and inquired about Apt. [redacted] occupancy. The ED confirmed that Apt. [redacted] was occupied.</p> <p>At 11:04 a.m., the surveyor went on a tour of the facility. While on the tour, the surveyor observed that the sign outside of Apt. [redacted] had two resident names listed, Resident #13 and Resident #14.</p> <p>At 11:28 a.m., the surveyor interviewed Resident #13 and Resident #14. The two residents stated that they moved into the facility on [redacted].</p> <p>On 12/4/24, the survey team returned to the facility and continued the survey that was initiated on 11/25/24.</p> <p>On 12/4/24, the surveyor reviewed Resident #13's medical record (MR) which indicated that Resident #13 moved into the facility on [redacted] with diagnoses that included [redacted].</p>	A1061		

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A1061	<p>Continued From page 8</p> <p>Additionally, the surveyor reviewed Resident #14's MR which indicated that Resident #14 moved into the facility on ^{NJ Ex Order 26.4b1} with diagnoses that included ^{NJ Ex Order 26.4b1}.</p> <p>On 12/4/24, the survey team continued to review the ALDC that was provided to the surveyor on 11/25/24 and cross-referenced the residents listed on the ALDC to the discharge list. The surveyor observed that Resident #19 who was listed on the ^{NJ Ex Order 26.4b1}, had ^{NJ Ex Order 26.4b1}.</p> <p>The surveyor reviewed Resident #19's closed MR which indicated that Resident #19 moved into the facility on ^{NJ Ex Order 26.4b1} with diagnoses that included ^{NJ Ex Order 26.4b1}. The surveyor observed a Progress Note (PN), dated ^{NJ Ex Order 26.4b1} written by a Licensed Practical Nurse (LPN) which revealed, "...RN ^{NJ Ex Order 26.4b1} ..."</p> <p>On 12/4/24 at 3:23 p.m., the surveyor interviewed the ED, Director of Health and Wellness (DHW), and Business Office Manager (BOM) and informed that the ALDC on 11/25/24 included Resident #19, whd ^{NJ Ex Order 26.4b1}. The BOM explained that the residents were kept on the census until the resident room was cleared out.</p> <p>On 12/4/24 at 2:48 p.m., the surveyor interviewed the ED and requested the facility's census policy. The ED was unable to provide the surveyor with a census policy by the completion of the survey on 12/4/24.</p>	A1061		
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POC #2 received 1/16/25
Accepted



PREMIER RESIDENCES

A FIVE STAR PREMIER SENIOR LIVING COMMUNITY

Plan of Correction for SOD December 4th, 2024 A233

1. The two residents currently living in apartment [REDACTED] were impacted by the alleged deficient practice.
2. All residents have the potential to be affected by this alleged deficient practice.
3. Effective January 8, 2025, the community will not admit any residents beyond the current licensed capacity without first receiving an updated license issued by the Long-Term Care Licensing Program of the Department.
4. Beginning January 13th, 2025, the Administrator or designee will audit the resident census weekly for four weeks then every other weekly for four weeks then monthly for four weeks to ensure it is accurate and meets all regulatory requirements set forth within N.J.A.C. 8:36.
5. Completion Date: Jan 13th, 2025

Approved 1/16/25

Plan of Correction for SOD December 4th, 2024 A271

1. No residents were identified as impacted by the alleged deficient practice.
2. All residents have the potential to be affected by this alleged deficient practice.
3. On December 15th 2024, Executive Director, completed all prerequisites to take the state board CALA test, which is scheduled on [REDACTED] NJ Ex Order 26.4b1. Until the Executive Director receives her CALA, the Business Office Manager, is the administrator for the community. We notified the DOH via email on January 9, 2025 of the changes along with a copy of the Business Office Manager on Cala. On January 8th, 2025, Executive Director, Director of Health and Wellness and Business Office Manager were educated on new practice regarding change in administrator moving forward needing to be reviewed by the Regional Director of Operations and/or Regional Director of Health and Wellness.
4. We completed training on January 8th, 2025, that if there is a change in the administrator of the community, it will be reviewed by the Regional Director of Operations or the Regional Director of Health and Wellness to ensure the person selected meets all regulatory requirements as set forth within N.J.A.C. 8:36.
5. Completion Date: January 09th, 2025

Approved 1/16/25

Plan of Correction for SOD December 4th, 2024 A310

1. No residents were identified as impacted by the alleged deficient practice.
2. All residents have the potential to be affected by this alleged deficient practice.
3. On December 15th 2024, Executive Director, completed all prerequisites to take the state board CALA test, which is scheduled on [REDACTED] NJ Ex Order 26.4b1. Until the Executive Director receives her CALA, the

Business Office Manager, is the administrator for the community. We notified the DOH via email on January 9, 2025 of the changes along with a copy of the Business Office Manager on Cala. On January 8th, 2025, Executive Director, Director of Health and Wellness and Business Office Manager were educated on new practice regarding change in administrator moving forward needing to be reviewed by the Regional Director of Operations and/or Regional Director of Health and Wellness.

4. We completed training on January 8th, 2025, if there is a change in the administrator of the community, it will be reviewed by the Regional Director of Operations or the Regional Director of Health and Wellness to ensure the person selected meets all regulatory requirements as set forth within N.J.A.C. 8:36. The Executive Director will monitor that all facility policies are followed and notify the DOH of any changes in the administrator if it occurs.

5. Completion Date: January 09st, 2025

Approved 1/10/25

Plan of Correction for SOD December 4th, 2024 A1061

1. On December 4, 2024 Resident #13 was included on census in PCC. On December 4, 2024 Resident #14 was included on census in PCC. Resident #19 no longer resides in the community.

2. All residents have the potential to be affected by this alleged deficient practice.

3. On January 8th, 2025, the Executive Director, Director of Health and Wellness and Business Office Manager were re-educated by the Regional Director of Health and Wellness on their roles in ensuring PCC resident census is kept accurate and meets the regulatory requirements set within N.J.A.C. 8:36. This includes admissions, discharges and discharge destination, and other changes being recorded within 48 hours. 5.

4. Beginning January 13th, 2025, the Director of Health and Wellness, Business Office Manager or designee will audit the PCC resident census three times weekly for four weeks then twice weekly for four weeks then weekly to ensure it is accurate and meets all regulatory requirements set forth within N.J.A.C. 8:36.

5. Completion Date: Jan 13th, 2025.

Approved 1/10/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 02A001	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/16/2025	Y3
NAME OF FACILITY FIVE STAR PREMIER RESIDENCES OF TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 655 POMANDER WALK TEANECK, NJ 07666		

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 <u>A0233</u>	Correction	ID Prefix <u>A0271</u>	Correction	ID Prefix <u>A0310</u>	Correction
Reg. # <u>8:36-2.4(c)</u>	Completed	Reg. # <u>8:36-3.2(a)(1-3)</u>	Completed	Reg. # <u>8:36-3.4(a)(1)</u>	Completed
LSC _____	01/13/2025	LSC _____	01/09/2025	LSC _____	01/09/2025
ID Prefix <u>A1061</u>	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # <u>8:36-15.5(a)(2)</u>	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	01/13/2025	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 12/4/2024		<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		