

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>02A001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/05/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FIVE STAR PREMIER RESIDENCES OF TEANECK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>655 POMANDER WALK TEANECK, NJ 07666</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Standard and Complaint</p> <p>COMPLAINT #: NJ00136651, NJ00141797, NJ00142731</p> <p>CENSUS: 34</p> <p>SAMPLE SIZE: 5</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 517	<p>8:36-5.6(b)(1-7) General Requirements</p> <p>(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <p>1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment;</p>	A 517		

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

TITLE

(X6) DATE

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A 517	<p>Continued From page 1</p> <ol style="list-style-type: none"> <li>2. Emergency plans and procedures;</li> <li>3. The infection prevention and control program;</li> <li>4. Resident rights;</li> <li>5. Abuse and neglect;</li> <li>6. Pain management;</li> <li>7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documented evidence that 3 of 6 employees, Employee #'s 4, 5 and 6 received the required in-service training of Assisted Living Concepts, Resident Rights, Infection Control, Abuse and Neglect, Dementia Training and Pain</p>	A 517		

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A 517	<p>Continued From page 2</p> <p>Management. These in-services were to be provided upon hire and annually thereafter. This deficient practice was evidenced by the following:</p> <p>On 10/5/22 at 12:00 p.m., the surveyor reviewed the employee personnel files and observed that the following employee files did not have documented evidence that the employees received the required in-services listed above:</p> <ol style="list-style-type: none"> <li>Employee #4 was hired on [redacted] as the Dishwasher/Utility worker. Upon review of the employee file there was no documented evidence that the employee received the required annual in-service training.</li> <li>Employee #5 was hired on [redacted] as a Laundry/Linen worker. There was no documented evidence of in-service training upon hire and annually thereafter.</li> <li>Employee #6 was hired [redacted] as a Resident Assistant. Upon review of the employee file there was no documented evidence that the employee received the required training upon hire.</li> </ol> <p>On 10/5/22 at 1:00 p.m., the surveyor interviewed the Executive Director (ED) who stated that the facility has an orientation checklist and provided the surveyor with a copy. The ED stated that the facility should have utilized the orientation checklist for each employee which included all of the required trainings.</p>	A 517		
A 563	<p>8:36-5.10(a)(2) General Requirements</p> <p>(a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if</p>	A 563		

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A 563	<p>Continued From page 3</p> <p>after business hours, followed within 72 hours by written confirmation, of the following:</p> <p>2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00141797</p> <p>Based on interview and record review, it was determined that the facility failed to notify the Department of Health (DOH) of <b>NJ Ex Order 26.4(b)(1)</b> for 1 of 5 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 10/5/22 at 9:50 a.m., the surveyor reviewed Resident #3's closed medical record which revealed that the resident's move-in date was <b>NJ Ex Order 26.4(b)(1)</b> with diagnoses which included <b>NJ Ex Order 26.4(b)(1)</b> and <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>The surveyor continued review of the medical</p>	A 563		

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A 563	<p>Continued From page 4</p> <p>record and identified an "Incident Report Form" dated <sup>NJ Ex Order 26.4(b)(1)</sup> at 4:30 p.m., which revealed, "In response to resident's pendant, resident was observed <sup>NJ Ex Order 26.4(b)(1)</sup> <sup>NJ Ex Order 26.4(b)(1)</sup>, unable to say how ... [Resident] <sup>NJ Ex Order 26.4(b)(1)</sup> LPN ... called 911. Resident transferred to ... hospital. Resident admitted for <sup>NJ Ex Order 26.4(b)(1)</sup> <sup>NJ Ex Order 26.4b1</sup> interventions. Resident placed <sup>NJ Ex Order 26.4(b)(1)</sup> Resident transferred to ... <sup>NJ Ex Order 26.4b1</sup>." According to the <sup>NJ Ex Order 26.4(b)(1)</sup> dated <sup>NJ Ex Order 26.4</sup>, the resident <sup>NJ Ex Order 26.4(b)(1)</sup>.</p> <p>At 10:55 a.m., the surveyor interviewed the Resident Service Director (RSD) regarding the above incident and inquired if the <sup>NJ Ex Order 26.4(b)(1)</sup> incident had been reported to the DOH when the facility became aware that Resident #2 <sup>NJ Ex Order 26.4(b)(1)</sup>. The RSD stated that she was not sure if the above incident was reported to the DOH. The RSD explained that she was not employed with the facility at the time of the incident but she was familiar with the resident. She stated that Resident #3 was <sup>NJ Ex Order 26.4(b)(1)</sup> and <sup>NJ Ex Order 26.4(b)(1)</sup> place and time and required a <sup>NJ Ex Order 26.4(b)(1)</sup> with <sup>NJ Ex Order 26.4(b)(1)</sup> and was given a pendant on admission to call for assistance. The RSD told the surveyor that the Licensed Practical Nurse (LPN) who was on duty at the time of the above incident no longer worked at the facility and was not available for interview.</p> <p>At 12:05 p.m., the RSD informed the surveyor that she was not able to locate a copy of a Reportable Event Report for Resident #3 and confirmed that the above incident was not reported to the DOH.</p> <p>The surveyor reviewed the facility's policy titled, "Incident Reporting and Investigation" with effective date of 5/20/22 which revealed,</p>	A 563		
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A 563	Continued From page 5  "Reportable Incidents : ... The following are reported to the applicable state agency within applicable timeframes: v. "Any major occurrence/incident of unusual nature."	A 563		
A 893	8:36-10.5(b) Dining Services  (b) A current diet manual shall be available to the dining service personnel and to the nursing service personnel.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to have a current diet manual available for nutrition reference and guidance to dining service and nursing personnel. This deficient practice was evidenced by the following:  On 10/3/22 at 12:00 p.m., the surveyor performed a tour of the kitchen area in the presence of the Food Service Director (FSD). During the tour, the surveyor asked the FSD to provide the dietary manual. The FSD explained that he was new in the position and did not know what the dietary manual was or where the dietary manual was kept.  On 10/3/22 at 12:14 p.m., the surveyor interviewed the Chef, and asked for the location of the dietary manual. The Chef explained to the surveyor that he did not know the location of the dietary manual.  On 10/5/22 at 11:30 a.m., the Resident Service Director (RSD) also explained that she was not	A 893		

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A 893	Continued From page 6  aware of the where abouts of the dietary manual.  On 10/5/22 11:40 a.m., the surveyor interviewed the Executive Director (ED) regarding the dietary manual. The ED explained that the facility was being remodeled and that the dietary manual must have been misplaced.  The facility failed to ensure that a current dietary manual was available for dining service and nursing care staff for nutrition reference and guidance.	A 893		
A 901	8:36-10.5(c)(4) Dining Services  (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:  4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;  This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and document review, it was determined that the facility failed to ensure that the posted meal menus and the menus available to the residents identified the	A 901		

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A 901	<p>Continued From page 7</p> <p>portion sizes. This deficient practice was evidenced by the following:</p> <p>On 10/3/22 at 11:15 a.m., during tour of the dining and small kitchen area of the facility, the surveyor observed posted meal menus located on the wall and daily menus located on the dining tables. Upon review of the menu's, the surveyor observed that the menu's did not indicate portion sizes.</p> <p>On 10/3/22 at 12:00 p.m., the surveyor toured the main facility kitchen and observed that the menu was posted next to the food preparation area, however, the menu did not indicate portion sizes. The surveyor then asked the Food Service Director (FSD) about the portion sizes on the menu, and he explained that he was new to the position and was not aware that the menu's required portion sizes be identified on the menus.</p> <p>On 10/5/22 11:30 a.m., the surveyor requested a copy of the facility menu and neither the FSD nor the Executive Director were able to provide the surveyor with a menu with portion sizes identified on the menu</p> <p>The facility failed to ensure that portion sizes were identified on the meal menus that were posted and provided to the residents.</p>	A 901		



## PREMIER RESIDENCES

A FIVE STAR PREMIER SENIOR LIVING COMMUNITY

### **#A517 HR Training, onboarding practices**

1. No residents identified as impacted by this alleged deficient practice.
2. All residents have the potential to be affected by this alleged deficient practice.
3. Audit of all team members' files by HR Director of designee. Monthly education in-services confirmed with documentation will be conducted until all Team members are current with regulatory requirements. Completion date 11/20/2022
4. Hr. Director or designee responsible for auditing employee training monitoring within 30 days of hire and annually.

### **#A563 General requirements.**

1. The resident #1 identified **NJ Ex Order 26.4b1**.
2. All residents have the potential to be impacted by the alleged deficient practice.
3. All LPN's will be re-educated on NJ reporting requirements per NJ Regulations Chapter 36. Completion 11/20/2022
4. Executive Director or designee will report all resident deaths to NJDOH resulting from accidents or incidents within the community.

### **#A893 Culinary, Dining Services**

1. No residents were identified as impacted by this alleged deficient practice.
2. All residents have the potential to be impacted by this alleged deficient practice.
3. Diet Manual originally displaced with renovation has been located in food service area and returned to dining room office. Staff educated on the best practices for placement of Manual and reference value. Completion date 11/20/2022.
4. Auditing of location of Dietary Manual to be conducted by Executive Director or designee biannually.

**#A901 Dining Services.**

1. No residents were identified as impacted by this alleged deficient practice.
2. All residents have the potential to be impacted by this alleged deficient practice.
3. Community to implement Dietary support overview from qualified Dietician for menu nutrition, portion size. Additional overview to include signature and approved menus per policy 11/20/2022.
4. Auditing to be conducted by Food & Beverage Director or designee biannually.