

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11A017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/29/2023
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD AT HAMILTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 KUSER ROAD HAMILTON, NJ 08691
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A 000	<p>Initial Comments</p> <p>Initial Comments: Survey Type: Complaint #NJ00152344</p> <p>Survey Date: 09/29/23</p> <p>Sample Size: 3</p> <p>Census: 101</p> <p>The facility is not in substantial compliance with N.J.A.C. Title 8 Chapter 36- Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs for this Complaint Investigation: C#NJ00152344</p> <p>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 235	<p>8:36-2.4(d) Licensure Procedures</p> <p>(d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.</p> <p>This REQUIREMENT is not met as evidenced by: #NJ00152344 Based on interview and record review, it was determined the facility failed to provide the</p>	A 235		

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

TITLE

(X6) DATE

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A 235	<p>Continued From page 1</p> <p>surveyors access to the electronic medical records to review files for 3 of 3 residents reviewed, Resident #1, #2, and #3.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 09/29/2023 at 10:05 AM, the surveyor reviewed Resident #1 and Resident #2's medical record (MR) who no longer resides at the facility. The files had missing documentation which included no Ex Order 26. 4B1 notes for four physician orders, no fall risk assessments for [redacted] which occurred in [redacted] and [redacted] of [redacted], no incident investigation report for [redacted] which occurred in [redacted], and no evidence that there was family notification for a new diagnosis or that Ex Order 26. 4B1 was initiated, and no evidence that the Department of Health was notified of the [redacted].</p> <p>At 10:40 AM, the surveyor interviewed the Director of Nursing (DON) who stated she reached out to corporate and was told they are new owners and they would not provide the surveyors access to the system but would bring in the medical paper files for review and would print out and make copies of any additional documents needed.</p> <p>At 1:40 PM, after the surveyors reviewed the paper files and did not find Ex Order 26. 4B1 notes for Resident #1 and Resident #2, the surveyors requested all [redacted] notes for the 2 residents. The DON revealed that [redacted] was completed at the [redacted] and she would have to reach out to the [redacted] to get the [redacted] notes for Resident #1 and Resident #2.</p> <p>The DON confirmed that the documents were not</p>	A 235		

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A 235	Continued From page 2 available in the paper medical records that were given to the surveyors and the documents were not available to print from their system (the system that the surveyors were denied access to) and provide the 2023 notes to the surveyors. The DON was also unable to provide any of the additional documents the surveyors requested above which should have been available in the paper medical record files provided or in the electronic system.	A 235		
A 355	8:36-4.1(a)(1) Resident Rights comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, 1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan; This REQUIREMENT is not met as evidenced by: Complaint # NJ00152344 Based on review of facility and other documentation it was determined that the facility failed to a.) provide Ex Order 26. 4B1 to Resident #1 after it was ordered by the physician, b.) failed to notify Resident #1 family following a new	A 355		

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A 355	<p>Continued From page 3</p> <p>diagnosis and a new medication added, and c.) complete an incident report and [redacted] for Resident #1 following [redacted] and was evidenced by the following:</p> <p>a. On 09/29/23 at 12:15 PM, the surveyor reviewed the provided paper chart for Resident #1. In the chart there were three written prescription copies. The first was for a [redacted] and [redacted] evaluation and treatment for a diagnosis of [redacted]. The prescription had an order date of [redacted]. The surveyor could not locate any [redacted] notes in the provided medical record and the facility could not provide the surveyor with any [redacted] notes following the order date of [redacted].</p> <p>Further review of Resident #1 medical record revealed the resident had a fall on [redacted] and was taken to the [redacted] and had sustained an [redacted]. Following return to the facility on the same day there was a prescription for [redacted] evaluation and treatment, status post [redacted].</p> <p>Review of the progress notes indicated Resident #1 received [redacted] on [redacted] and the [redacted] recommended a [redacted].</p> <p>b. On 09/29/23 at 12:40 PM, the surveyor reviewed the progress notes which revealed that on [redacted] the resident was observed to have a [redacted]. The resident received [redacted] and the physician was notified. Further record review indicated that on [redacted] the resident was started on [redacted] for a [redacted].</p> <p>The surveyor could not locate any documentation that the family or resident representative was</p>	A 355		

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A 355	<p>Continued From page 4</p> <p>notified of the diagnoses or that Ex Order 26. 4B1 was initiated.</p> <p>c. On 09/29/23 at 1:30 PM, the surveyor reviewed Resident #1 progress notes which showed that the resident NJ Ex Order 26.4b1 on Ex Order 26. 4B1 which resulted in a Ex Order 26. 4B1 and NJ Ex Order 26.4b1 on Ex Order 26. 4B1, which resulted in a Ex Order 26.4B1 requiring Ex Order 26. 4B1. The surveyor asked the Director of Wellness for all of Resident #1 incident and accident reports. The facility provided the surveyor with an "Incident Reporting Form" which was dated Ex Order 26. 4B1 and it revealed the resident had an NJ Ex Order 26.4b1 and was noted to have a Ex Order 26. 4B1 with complaints of feeling NJ Ex Order 26.4b1. The physician and the family were notified, and the resident was sent to the Ex Order 26. 4B1 requiring a Ex Order 26. 4B1 admission. The surveyor asked for the incident report from Resident #1 NJ Ex Order 26.4b1 on Ex Order 26. 4B1. The facility could not locate the incident report for the NJ Ex Order 26.4b1.</p> <p>On 10/02/23 at 10:40 AM, the surveyor reviewed the policy titled "Fall Risk Policy", the policy had an effective date of 12/2014 and a revision date of 07/2019. Under the section titled Fall Risk Procedure, number three stated that a fall risk assessment and incident report are completed after each resident fall.</p> <p>On 10/02/23 at 10:45 AM, the surveyor reviewed Resident #1 Fall risk assessments, the resident had an assessment on admission Ex Order 26. 4B1 and another on Ex Order 26. 4B1. The facility did not provide NJ Ex Order 26.4b1 assessments following the NJ Ex Order 26.4b1.</p>	A 355		
A1073	8:36-15.6(b) Resident Records	A1073		

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A1073	<p>Continued From page 5</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: #NJ00152344 Based on staff interview and record review, it was determined that the facility failed to maintain documented evidence of information in order to retain a complete individual medical record for two of 3 residents, Residents #1 and #2.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 09/29/23 at 2:00 PM, the surveyor reviewed the closed medical record of Resident #1. A review of the resident's medical record failed to include documented evidence of ^{Ex Order 26.4B1} received from ^{NJ Ex Order 26.4b1} to accommodate three physician orders, there was no incident report or investigation available for the ^{NJ Ex Order 26.4b1} and no ^{NJ Ex Order 26.4b1} forms or ^{NJ Ex O} assessments available in the medical record regarding ^{NJ Ex Order 26.4b1} which occurred in ^{NJ Ex Order 26.4b1} and ^{NJ Ex Order 26.4b1} where the resident sustained a ^{Ex Order 26.4B1}. Upon further review of the medical record, there was no facility reportable event form available or provided for the ^{NJ Ex Order 26.4b1} to confirm that the Department of Health was notified and in</p>	A1073		
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A1073	<p>Continued From page 6</p> <p>addition, Resident #1 sustained a Ex Order 26. 4B1 and there was no evidence to support that the family was notified of the new diagnosis or that Ex Order 26. 4B1 was initiated.</p> <p>2. On 09/29/23 at 2:15 PM, the surveyor reviewed the closed record of Resident #2. A review of the resident's medical record failed to include documented evidence that Resident #2 received Ex Order 26. 4B1 to accommodate the physician's order.</p> <p>During an interview with the Director of Nursing (DON) on 09/29/23 at 11:45 a.m., the DON advised the surveyors that each resident received Ex Order 26. 4B1 from an Ex Order 26. 4B1 and stated she would have to reach out to the Ex Order 26. 4B1 to retrieve the information from them. The DON concurred that the medical record failed to contain the documented evidence.</p> <p>On 10/02/23 at 12:47 PM, the DON provided initial NJ Ex Order 26.4b1 notes dated NJ Ex Order 26.4b1 for Resident #1 and NJ Ex Order 26.4b1 notes were received for Resident #2. No additional documentation was provided.</p>	A1073		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 11A017	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/1/2024
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NAME OF FACILITY HOMESTEAD AT HAMILTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2560 KUSER ROAD HAMILTON, NJ 08691
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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 A0235	Correction	ID Prefix A0355	Correction	ID Prefix A1073	Correction
Reg. # 8:36-2.4(d)	Completed	Reg. # 8:36-4.1(a)(1)	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	02/28/2024	LSC	02/28/2024	LSC	04/29/2024
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	

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 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		