

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13A303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARBOR TERRACE OF MIDDLETOWN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1800 HIGHWAY 35 SOUTH MIDDLETOWN, NJ 07748</b>
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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: Complaint</p> <p>COMPLAINT #'s NJ00169971 and NJ00168475</p> <p>CENSUS: 61</p> <p>SAMPLE SIZE: 4</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		
A1057	<p>8:36-15.4 Resident Records</p> <p>All records shall be maintained for a period of 10 years after the discharge of a resident from the assisted living residence, comprehensive personal care home or assisted living program.</p> <p>This REQUIREMENT is not met as evidenced by: C# NJ00169971 and C# NJ00168475 Based on interview and record review it was determined that the facility failed to provide the closed record of 1 of 4 residents reviewed,</p>	A1057		

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

TITLE

(X6) DATE

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A1057	<p>Continued From page 1</p> <p>Resident #4, during the surveyor's on-site visit to the facility on 1/17/24 . This deficient practice was evidenced by the following:</p> <p>On 1/17/2024 at 10 a.m., the surveyor reviewed the admission and discharge list which revealed that Resident #4 had been discharged from the facility on <a href="#">NJ ex order 26.4b1</a> The surveyor then requested the Director of Nursing (DON) to provide Resident #4's closed medical record for review.</p> <p>At 12:46 p.m., the DON confirmed to the surveyor that Resident #4 had been discharged on <a href="#">NJ ex order 26.4b1</a> and that they were trying to locate the resident's medical record. Later, the DON provided the surveyor with charting notes and a care plan that were not signed and dated to confirm when notes were written and its author.</p> <p>At 1:28 p.m., the surveyor was provided additional documentation, which included a face sheet and a physician assessment sheet for Resident #4.</p> <p>At 2:56 p.m., The DON stated that they could not locate Resident #4's closed medical record. The facility was unable to provide the requested documents including, but not limited to, the following: Resident #4's Universal Transfer Sheet, signed and dated care plans, <a href="#">NJ ex order 26.4b1</a> and other resident's pertinent health information documentation.</p> <p>The facility failed to ensure Resident #4's closed medical record were maintained and secured for a period of 10 years after discharge, in accordance with the regulations.</p>	A1057		