

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/30/2021
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NAME OF PROVIDER OR SUPPLIER IVY STONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110
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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 # NJ 140691</p> <p>CENSUS: 85</p> <p>SAMPLE SIZE: 7</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		
A1205	<p>8:36-17.3(a)(10) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(a) The housekeeping and sanitation conditions in paragraphs 1 through 12 below shall be met. Application of this requirement with respect to the individual living environment shall take into consideration residents' personal preferences for style of living:</p> <p>10. Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility;</p>	A1205		

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

TITLE

(X6) DATE

07/01/21

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A1205	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 140691</p> <p>Based on observation, interview and record review, it was determined that the facility failed to have an effective pest control program in place to eliminate the presence of pests in the facility. This deficient practice was evidenced by the following:</p> <p>On 3/30/21 at 9:00 a.m., during the entrance conference of the survey with Executive Director (ED), the surveyor requested copies of the last Local Sanitary Inspection, Pest Control Vendors (PCV) contract, PCV pest sighting log book, and the last four months of the Resident Council meeting minutes for review.</p> <p>Starting at 9:21 a.m., the surveyor toured the kitchen and observed inside the dry storage room below the two electrical panels, 12 mouse droppings on the floor to the left of the panels, and six (6) mouse droppings on the floor to the right of the panels.</p> <p>At 9:41 a.m., the surveyor toured the basement. The surveyor observed one (1) dead mouse on the floor.</p> <p>Later at 11:14 a.m., the surveyor told Resident #5, who approached the surveyor in the hallway, he will interview the resident in his/her room regarding the resident's concern about mice in the building.</p>	A1205		

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A1205	<p>Continued From page 2</p> <p>The surveyor interviewed the following residents:</p> <ol style="list-style-type: none"> At 10:58 a.m., the surveyor interviewed Resident #1 regarding sightings of mice or bugs, the resident stated, "yes." Resident #1 stated that he/she caught a couple of mice in his/her room "two weeks ago." At 11:19 a.m., the surveyor interviewed Resident #'s 2 and #3 and were also asked if there were sightings of any mice or bugs in the building. Both residents stated that they had seen mice and roaches. The surveyor then asked both residents as to when they saw mice or roaches, Resident #3 stated, "Right now." <p>The surveyor asked the residents if he could check the bathroom hot water temperature, both residents said, "yes." The surveyor then turned on the light in the bathroom and saw a live roach on the wall. The surveyor then killed the roach and flushed it down the toilet.</p> <ol style="list-style-type: none"> At 12:40 p.m., the surveyor interviewed Resident #'s 5 and 6 and asked if they have seen any mice or bugs in the area. Resident #5 said, "Yes, there were three (3) killed last week and I saw one last night. We also have bed bugs here." The surveyor observed three (3) mouse sticky traps located inside the apartment. The traps were empty at the time. At 12:56 p.m., the surveyor interviewed Resident #7 and asked if he/she ever seen any mice or bugs in the building, the resident said, "Mice, roaches and bed bugs, all the time." <p>Later, a review of the Resident Council meeting minutes for November 2020, December 2020,</p>	A1205		

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A1205	<p>Continued From page 3</p> <p>January 2021, and February 2021, identified the following issues:</p> <p>November 25, 2020: One Resident stated, "There are bugs everywhere in their room. States that this place is terrible. Whatever crawls they have it here at the facility."</p> <p>February 24, 2021: One resident stated, "Pests are all over and the walls are dirty."</p> <p>A review of the facility provided Local Sanitary Inspection dated 3/12/2021 read, "... The kitchen is not in compliance: ...</p> <p>N.J.A.C. 8:24-6.2(n)10 Door outer opening in the kitchen does not protect the entry of insects, rodents and other animals. Except as specified in N.J.A.C.- 6.2(n) 2 and 3 outer openings of a food establishment shall be protected against the entry of insects and rodents by filling or closing holes and other gaps along floors, walls and ceilings ... Visible physical evidence of rodent activity observed in the dry storage, COS: The area was cleaned during inspection ...</p> <p>N.J.A.C. 8:24-6.2(k)2 The presence of insects, rodents and other pests shall be controlled to minimize their presence on the premises by routinely inspecting premises for evidence of pests ... Inspection comments: According to the Food Director, the building has rodent problems and they have a pest control company weekly"</p> <p>The surveyor reviewed the facility "Pest Sighting Log Book" which revealed that between 1/17/21 and 3/28/21, there were 40 different times pests such as mice, roaches, bed bugs, and ants were</p>	A1205		
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A1205	Continued From page 4 sighted at resident apartments, lobby, front desk, kitchen/kitchen office, and the Administrator's office. Further review of the "Pest Sighting Log Book" revealed that this logbook did not include initials or signatures of technicians or persons responsible for addressing the pest sightings problem. There was no documented evidence that these pest sightings, at least 40 times, were being addressed. The facility had an on-going issue with pests for over three months and have not resolved the issue.	A1205		
A1243	8:36-17.6(b) Housekeeping-Sanitation-Safety-Maintenance (b) The temperature of the hot water used for bathing and handwashing shall be at least 105 degrees and shall not exceed 120 degrees Fahrenheit. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 140691. Based on observations and interview, it was determined that the facility failed to maintain the Domestic Hot Water (DHW) temperature used by residents for bathing and hand washing between 105 degrees Fahrenheit (F) and 120 degrees F to ensure the safety and prevent burns of the residents, as evidenced by the following: On 3/30/21 at 11:19 a.m., the surveyor toured the	A1243		

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A1243	<p>Continued From page 5</p> <p>building, in the presence of the facility Maintenance Worker (MW) and inspected the apartment of Resident #'s 2 and 3. During this inspection, the surveyor interviewed Resident #3 asked the resident regarding the temperature of the hot water, he/she said, "It's very hot." At this time the surveyor turned on the bathroom sink DHW. The surveyor let the DHW run for approximately two (2) minutes and at 11:29 a.m., used the work-issued digital thermometer and obtained a water temperature reading of 132 degrees F. The surveyor requested the MW to lower the temperature of the DHW. The MW said that he would comply with the request.</p> <p>Later at 12:40 p.m., the surveyor inspected the apartment of Resident #'s 5 and 6. The surveyor interviewed Resident #6 regarding the temperature of the hot water. The resident said that the hot water was "really on the hot side." The surveyor then turned on the bathroom sink DHW, waited approximately two (2) minutes and at 12:44 p.m., used the work-issued digital thermometer and obtained a water temperature reading of 95 degrees F.</p> <p>At 12:51 p.m., the surveyor returned to Resident #3's apartment to re-check the bathroom sink DHW temperature. The surveyor obtained a temperature reading of 104 degrees F of the bathroom sink DHW.</p> <p>The facility failed to ensure that the DHW in residents' bathroom sinks were consistently kept within the required safe range of 105 -120 degrees F.</p>	A1243		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/30/2021 Y3
NAME OF FACILITY IVY STONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110	

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 A1205	Correction	ID Prefix A1243	Correction	ID Prefix	Correction
Reg. # 8:36-17.3(a)(10)	Completed	Reg. # 8:36-17.6(b)	Completed	Reg. #	Completed
LSC	06/30/2021	LSC	05/31/2021	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	
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 3/30/2021		<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		