

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/08/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IVYSTONE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110</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 #: NJ 00185622</p> <p>Census: 103</p> <p>Sample Size: 9</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 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/08/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IVYSTONE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110</b>
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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00185622</p> <p>Based on observation, interview, and record review, it was determined that the facility Executive Director (ED) failed to ensure staff followed and implemented facility policy and procedures titled, "Incident and Accident Reporting and Notification and Documentation Protocol for Police involved Incidents," regarding <b>NJ Exec Order 26.4b1</b> for 4 of 9 residents reviewed, Resident #'s 1, 2, 3, and #5. This deficient practice was evidenced by the following:</p> <p>On 5/6/25 at 11:15 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed a resident move in date in <b>NJ Exec Order 26.4b1</b> with a diagnosis of <b>NJ Exec Order 26.4b1</b>.</p> <p>During surveyor review of the MR, the surveyor observed that the ED on <b>NJ Exec Order 26.4b1</b> at 3:28 p.m., documented in the "Progress Notes (PN)" that he spoke with Resident #1 regarding <b>NJ Exec Order 26.4b1</b> from Resident #2.</p> <p>At 11:45 a.m., the surveyor reviewed the closed MR of Resident #2, which revealed a resident move in date in <b>NJ Exec Order 26.4b1</b> with a diagnosis of <b>NJ Exec Order 26.4b1</b> (<b>NJ Exec Order 26.4b1</b> related to <b>NJ Exec Order 26.4b1</b>), and a discharge date in <b>NJ Exec Order 26.4b1</b>.</p> <p>During review of the MR, the surveyor observed</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>that the ED on [redacted] at 9:16 a.m., documented in the PN that Resident #2 mentioned an [redacted] with Resident #1, when Resident #2 asked Resident #1 to [redacted] at 8 p.m., and Resident #1 wanted the lights [redacted]. Resident #2 [redacted] and the resident's [redacted]</p> <p>At 11:51 a.m., the surveyor interviewed the ED regarding his documentation in the MR for an [redacted] between Resident #1 and Resident #2. The ED stated that the residents were [redacted] who [redacted]. In addition, the ED stated that it was a [redacted], and he was not aware or notified of any [redacted] involvement.</p> <p>At 2:11 p.m., the surveyor interviewed the Director of Nursing (DON) regarding the [redacted] between Resident #1 and Resident #2. The DON stated that Resident #2 probably called the [redacted] for [redacted] Resident #1, staying in the [redacted] too long.</p> <p>On 5/6/25 the surveyor was unable to interview Resident #1 regarding the [redacted] with Resident #2 due to the resident not being available at the facility.</p> <p>On 5/8/25 at 1:56 p.m., the surveyor interviewed a Certified Medication Aide (CMA) #1, who worked on [redacted], regarding the [redacted] between Resident #1 and Resident #2. During the interview, CMA #1 stated that she did not recall the [redacted]</p> <p>On 5/16/25 at 3:30 p.m., the surveyor reviewed the [redacted] Investigation Report [redacted] which revealed that on [redacted] the [redacted] were called to the facility by Resident #2 for [redacted] of a</p>	A 310		

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A 310	<p>Continued From page 3</p> <p><b>NJ Exec Order 26.4b1</b>. In addition, the resident reported that he/she was in a <b>NJ Exec Order 26.4b1</b> with Resident #1 at the Nurse's Station. According to the <b>NJ Exec Order 26.4b1</b> report, the resident was a <b>NJ Exec Order 26.4b1</b> and the CMA on duty stated that <b>NJ Exec Order 26.4b1</b> between the two residents.</p> <p>In addition, the <b>NJ Exec Order 26.4b1</b> indicated that the <b>NJ Exec Order 26.4b1</b> interviewed Resident #1 regarding the <b>NJ Exec Order 26.4b1</b> with Resident #2. Resident #1 informed the <b>NJ Exec Order 26.4b1</b> that while waiting in line at the Nurse's Station for medication, a resident <b>NJ Exec Order 26.4b1</b> and he/she was communicating with that resident when Resident #2 <b>NJ Exec Order 26.4b1</b> and became <b>NJ Exec Order 26.4b1</b>. Resident #1 also informed the <b>NJ Exec Order 26.4b1</b> that he/she <b>NJ Exec Order 26.4b1</b> him/herself and then walked away.</p> <p>2. On 5/6/25 at 12:42 p.m., the surveyor reviewed Resident #3's MR which revealed a move in date in <b>NJ Exec Order 26.4b1</b> with a diagnosis of <b>NJ Exec Order 26.4b1</b>.</p> <p>In addition, the surveyor reviewed the resident's PN which revealed that on <b>NJ Exec Order 26.4b1</b> at 1:36 p.m., a CMA documented that Resident #3 was in an <b>NJ Exec Order 26.4b1</b> with Resident #5. The CMA also documented that Resident #5 alleged that Resident #3 <b>NJ Exec Order 26.4b1</b> him/her and Resident #5 called the <b>NJ Exec Order 26.4b1</b>.</p> <p>At 1:35 p.m., the surveyor reviewed Resident #5's MR which revealed a move in date in <b>NJ Exec Order 26.4b1</b> with a diagnosis of <b>NJ Exec Order 26.4b1</b>. During MR review, the surveyor did not observe any documentation regarding the <b>NJ Exec Order 26.4b1</b> with Resident #3.</p> <p>At 1:43 p.m., the surveyor interviewed the DON regarding the <b>NJ Exec Order 26.4b1</b> between</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>Resident #3 and Resident #5. The DON stated that she was not made aware of the details of the [redacted] or [redacted].</p> <p>At 1:51 p.m., the surveyor interviewed CMA #2 regarding the [redacted]. CMA #2 stated that Resident #3 and Resident #5 were outside the Nursing Station area [redacted] when Resident #5 [redacted] Resident #3, at that time [redacted] the [redacted] with [redacted]. In addition, CMA #2 stated that Resident #5 called the [redacted].</p> <p>During interview with CMA #2, the surveyor inquired if the DON or ED was notified of the [redacted]. The CMA #2 stated that the DON nor the ED were at the facility at the time of the [redacted] and was unsure if they were notified.</p> <p>At 2:22 p.m., the surveyor interviewed the ED regarding the [redacted] between Resident #3 and Resident #5 that involved the [redacted]. The ED stated that he was not notified of the [redacted].</p> <p>On 5/16/25 at 3:45 p.m., the surveyor reviewed the [redacted] which revealed that on [redacted] at approximately 12:54 p.m., the [redacted] met with the staff in response to a reported [redacted]. According to the staff, on [redacted] at approximately 4:30 p.m., they observed Resident #3 and Resident #5 in the hallway [redacted] but there was nothing [redacted]. In addition, the [redacted] revealed that the [redacted] interviewed the [redacted] Resident #5, who reported that Resident #3 with an [redacted] on the [redacted] of the [redacted] after [redacted] due to Resident #5 informing Resident #3 to [redacted]. The [redacted] reported that there were no [redacted] of [redacted] and Resident #5 stated to the [redacted] that</p>	A 310		

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A 310	<p>Continued From page 5</p> <p>he/she only wanted the <b>NJ Exec Order 26.4b1</b>.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Incident and Accident Reporting Policy" which revealed "...All incidents and accidents must be reported immediately to a supervisor, nurse, or administrator. ...Any incident or accident involving a resident must be documented in their individual care record. ..."</p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Notification and Documentation Protocol for Police-Involved Incidents" which revealed "...In the event that the police are called to the building for any incident, the following steps must be followed: ...The Administrator, or their designee must notify the New Jersey Department of Health within 24 hours of the police involvement. ...It is the responsibility of the Administrator, or their designee, to ensure that this policy is followed in the event of police involvement. Staff members are responsible for promptly reporting any incidents to the Administrator/designee and assisting in the preparation of required documentation. ..."</p>	A 310		

accepted  
8/29/25

Ivystone Senior Living  
NJ#15C000  
7999 Route 130 North  
Pennsauken, New Jersey 08110

Complaint Survey dated 05/08/2025

St- A 310 8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;

### 1 Immediate Correction of Deficiency

Administrators will be re-educated on the policy titled Incident & Accident Notification and documentation protocol for [redacted] involved incidents, and providing the Department of Health, all supporting documents. This includes incident reports, witness statements. Within 72 hours (will be completed by 7/16/2025). All staff will be re-educated on the importance of obtaining a witness Statement from any and all witnesses, staff and or residents. Resident #1 in doing well and lives in the community. Resident #2 was [redacted] and [redacted] in the community. Resident #3 & Resident #5 still live in the community, [redacted] and [redacted].

### 2. Residents with the potential to be affected

All residents at the facility have the potential to be affected.

### 3. Measures put in place to ensure the deficient practice will not re-occur

Director of Nursing (DON) or designee will ensure proper incident report documentation procedure and witness statements are done. Managers and staff were in-serviced by ED & DON on incident notification policy (will be completed by 7/16/25) and will be re-educated yearly on this going forward. Initially on on-boarding and yearly going forward. In morning meeting, daily, managers will review prior days activities to make sure all are on the same page and proper notification has happened.

### 4. How will the facility monitor that the deficient practice is being corrected and will not reoccur? (Including frequency of monitoring, person responsible, and a completion date

DON/ Designee will ensure the Proper documentation of incident reports & all witness statements. ED and DON will discuss incident to make sure both are on same page and if anything needs to be investigated or reported, so it is done in a timely manner. Monitoring will be done weekly and as incidents happen by ED & DON and reviewed in first three days to make sure we have all required items.

Completion date: 7/16/2025

accepted  
8/29/25

New Jersey Department of Health

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{A 000}	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ 00185622</p> <p>Census: 103</p> <p>Sample Size: 9</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}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/8/2025	Y3
NAME OF FACILITY IVYSTONE SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH 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 A0310	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/16/2025	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	
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 5/8/2025		<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		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/8/2025	Y3
NAME OF FACILITY IVYSTONE SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/16/2025	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	
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 5/8/2025		<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		