STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		С
		15C000	B. WING		03/06/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
IVYSTONE	SENIOR LIVING	7999 RO	UTE 130 NORTH		
TVTOTONE	OEMON EIVING	PENNSA	UKEN, NJ 08110	0	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
A 000	Initial Comments		A 000		
	Initial Comments: TYPE OF SURVEY: 0 COMPLAINT #: NJ15 NJ151154, NJ145616 CENSUS: 47 SAMPLE SIZE: 10	·			
	The facility is not in so all of the standards in Administrative Code & Licensure of Assisted Comprehensive Personal Assisted Living Program Complaint Survey. The facility must submincluding a completion and ensure that the poto correct deficiencies action in accordance	3:36, Standards for Living Residences, onal Care Homes and ams, based on this nit a plan of correction, n date for each deficiency lan is implemented. Failure s may result in enforcement with provisions of New Code Title 8, Chapter 43E,			
A1205	(a) The housekeeping in paragraphs 1 throu Application of this requindividual living environsideration resident style of living:	g and sanitation conditions gh 12 below shall be met. puirement with respect to the comment shall take into ts' personal preferences for safe controls shall be used	A1205		
	to minimize and elimi				

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

TITLE (X6) DATE

New Jers	sey Department of Heal	<u>itn</u>					
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
					С		
	15C000		B. WING		0.	3/06/2022	
		10000	L			HOOIZOZZ	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
IVASTONI	E SENIOR LIVING	7999 ROI	UTE 130 NORTH	!			
IVISIONE	2 SENIOR LIVING	PENNSA	UKEN, NJ 0811	0			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
A1205	Continued From page	= 1	A1205				
	the facility;						
	ine racility,						
	This REQUIREMENT	is not met as evidenced					
	by:						
	Repeat Deficiency						
	,						
	Complaint Intakes: No NJ151154	J149756, NJ146407, and					
		n, interview, and record					
		ined that the facility failed to					
	have an effective pes	st control program in place to					
		ce of pests in the facilit which					
	_	residents (Resident #'s 3, 4,					
		and had the potential to					
		his same deficient practice					
	was cited during the 3	3/30 21 survey.					
	Findings included:						
	On 3/5/22 surveyors	reviewed the following					
		cuments which revealed that					
	'	-going pest control problem:					
	life facility flad all off	going poor control problem.					
	1. Resident Council N	Aeeting minutes:					
	Resident Council min	outes dated NJ Ex Order 26.4b1,					
		ed better extermination. All					
	they are doing is usin	ng chemicals from [a big box					
		and it is not strong enough					
	to control the pest	"					
		nutes dated NJ Ex Order 26.4b1,					
		nts reported there was a					
		m for over a week. They					
		ved "but no one had come to					
	get it."						

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		C		
		15C000	B. WING		1	, 6/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
IVYSTONI	SENIOR LIVING		ITE 130 NORTH				
040.15	CLIMMADY CT		JKEN, NJ 0811		N	0.5	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE	
A1205	Continued From page	e 2	A1205				
	indicated that resider the exterminator was rooms. The Director of reported a new extern continue treatment for provide new mouse to Resident Council min revealed that bed bug problem. Resident #8 their clothes and in the bedroom. The meeting were often skipped we present. During the mindicated, "Residents report "NESTORMENT CONCE	minator had been hired to be bugs and would raps as well. Jutes dated were in the bags in Resident #8's ag minutes indicated rooms when the exterminator was the heeting, the minutes also were counseled on how to the front desk so it did for were to the front desk so it did for were would for the exterminator was the for the front desk so it when they					
	Resident Counce according to the Assis (AED), the NJ Ex Order 20 minutes could not be responsible were not 2. NJ Ex Order 26.4b1 services until NJ Ex Order 26.4b1 had activities through activities through which included NJ Ex Order 26.4b1 activities through activities through activities through the NJ Ex Order 26.4b1 activities through activities through activities through activities through the NJ Ex Order 26.4b1 activities through activities ac	was reviewed from was reviewed from literon li					
	Surveyor #1						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		15C000	B. WING		C 03/06/2022	2
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
IVYSTONE	E SENIOR LIVING		'E 130 NORTH (EN, NJ 0811)			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMP	(5) PLETE ATE
A1205	Continued From page	3	A1205			
	the facility which incluand residents' halls. No that time. On 03/05/2022 at 1:50	5 PM, the surveyor toured ided the main dining room No Suecords were observed at				
	closet by the door, on and one by the door g	J Ex Order 26.4b1 in the e near Resident #4's bed going out of Resident #4's				
	that Resident #4 were placed on the w	observed two other New October 1 had purchased. The New October 1 indow frame and the second				
	conditioner unit, the o	ed under the heater and air ne on the window frame				
	were empty at the tim	ne ^{NEX Order 28} on. The NEX Order e. An observation under es revealed no NEX Order 25 451.				
	and Resid					
	hard because most of rooms. Surveyor also	f residents kept food in their conducted a tour in his/her				
	the room. The	three NJ Ex Order 26.4b1 in were observed in Resident nder the air conditioner unit				
		by the door on the way out of ont #5's snack were observed				
	containers. He/she inca week since a	dicated that it had been over was trapped in one of the				
	were empty at t	ne surveyor observed that nat time. Resident #5 also ntenance staff provided				
	alcohol water to spray	on the beds to the the way was placed on the bed				

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		A. BOILDING.		С		
		15C000	B. WING		03/06/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
IVYSTONE	E SENIOR LIVING		TE 130 NORTH			
	OLUMBA DV OT		KEN, NJ 08110	T		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPERTY)	BE COMPLETE	
A1205	Continued From page	4	A1205			
	On 03/05/2022 at 5:0 interviewed Resident resident stated that the see them in the hallw the surveyor five Resident #4 indicated bad that they had to prame at night. Resided had been alcohol spray was given. On 03/05/2022 at 5:2	7 PM, the surveyor #4. During the interview, the ne facility was so and that one could ays. Resident #4 showed in his/her room. If the verons infestation was so out a verons on the window ent #4 also stated that their with the verons on the window ent #4 the verons of				
	interviewed Resident asked if they had eve and/or second in the indicated that they sa Resident #3 also indicated that they so bad in the put their snacks on the put their snacks on the showed the surveyor that were in the resident empty at the time. How that in the morning, o somewhere.	#3 and Resident #7 and r seen any Serons Nutrocated that Serons and the facility that they had to e windows to prevent the heir food. Resident #3 three NJ Ex Order 26.4b1 ent's room. The Nutrocated that were wever, the resident stated ne would see one or two				
	interview with Reside that the building was he/she stated that the control in their room. put something under from coming int On 03/05/2022 at 6:4 that there were #6 indicated they had	were under Resident #9 indicated they the door nightly to prevent to the room. 5 PM, Resident #6 stated everywhere. Resident				

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AND FLAN) CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPL	EIEU
		15C000	B. WING		03/0) 6/2022
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	55/5	0,2022
полотом	- OFNIOD LIVING	7999 ROUT	E 130 NORTH			
IVYSTONI	E SENIOR LIVING	PENNSAUP	KEN, NJ 08110)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
A1205	Continued From page	5	A1205			
AIZUS	while at the resident's observed a NJ Ex Order 26.4b1 while at the resident's observed a mattress up towards in the surveyor observed that there were no do doors at the end of the head o	Additionally, a room, the surveyor on the side of the Resident #6. The resident ith their fingers onto floor	Alzus			
	was also conducted. the Director of Culina indicated that he had since NUEX OTHER 20.451. Sur	hree months ago.				
	facility had issues with last seen [MEXOREF 25.45] in He/she stated that the new room NJEX Order 25.45] in the root the move to a new root the move to a new room presence of two room. On 03/06/2022 at 3:30	#8. He/she indicated the harmonic and had their room last month. ey had to be transferred to a Resident #8 stated that the oms helped a lot, and that om helped more with the e surveyor observed the order 26,411 inside the resident's				
		#10 who also indicated that problem at the facility with				

STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY	
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
	15C000		B. WING		03/0)6/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
постоли	E OFFILOD LIVENO		E 130 NORTH				
IVYSTONI	E SENIOR LIVING	PENNSAU	KEN, NJ 0811	0			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
A1205	Continued From page	e 6	A1205				
	indicated that they har room, but that the in that new room. Surveyor #2 2. Surveyor's review or record revealed that the interest of a physician revealed an order for which indicated, "Apple "indications for use: On 03/05/2022 at 5:1 with Licensed Practic stated Resident #6 with indicated in the indicated in	Resident #10 ad been moved to a different problem was also present of Resident #6's medical the resident has history of A 's order dated N Ex order 28.451					
	everywhere. Re had WEX Order 26.4b1 to to was being treated with was made of Resider this surveyor observed to have healed buring an observation surveyor observed at the mattress up toware resident NJ Ex Order 2 onto the floor and state on 03/06/2022 at 1:1 interview was conducted birector (RD). The RI ongoing treatment plates.	th a state of the resident #6's and the defence of the resident #6's and the defence of the resident's and the side of the resident #6. The constant with his/her fingers thed, "That is a state of the defence of the d					

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		7 56.25 16.		С				
	15C000	B. WING		03/06/2022				
NAME OF PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE, ZIP CODE					
IVYSTONE SENIOR LIVING 7999 ROUTE 130 NORTH								
QUI II A DV QT		AUKEN, NJ 08110						
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
A1205 Continued From page	÷ 7	A1205						
requested a plan of co	orrection for NJ Ex Order 26.4b1.							
plan of correction in p were currently working telephone interview of the ED stated that the correction to the state Jersey Department of Inspection Department inspector had been g issues, however, corresponding with his concerns. Surveyor's review of t titled, "Insect and Roc comprehensive plans address the facility's p review of this policy re Residence shall be m and rodents at all time 1. Control services are pest control firm on a 2. All windows and do	w with the Executive b stated that they had put a lace for the lace fo							