

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 10/05/2022
NAME OF PROVIDER OR SUPPLIER IVYSTONE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110		
(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00158496 CENSUS: 46 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.	A 000		
A 563	8:36-5.10(a)(2) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;	A 563		

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

TITLE

(X6) DATE

If continuation sheet 2 of 7

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 10/05/2022
NAME OF PROVIDER OR SUPPLIER IVYSTONE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110		
(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
A1179	<p>Continued From page 2</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for residents.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00158496</p> <p>Based on observation and interview, the facility failed to properly dispose of biohazardous waste in accordance with the Department of Environmental Protection (DEP) recommendations. This deficient practice has the potential to affect all residents and the community at large. The deficient practice is evidenced by the following:</p> <p>On 10/4/2022 at 9:15 A.M., upon arrival to the facility, the surveyor toured the facility with the maintenance director (MD) including a tour the kitchen. Upon arrival, the kitchen was in service and no visible leaks were present. During the tour, the MD brought the surveyor to the basement beneath the kitchen.</p> <p>At 9:20 A.M., at the bottom of the stairway, the surveyor observed approximately 1000 square foot basement space with 60% of the floor surface area covered in stagnant water. The surveyor asked the MD where this water came from and why it was pooling on the floor. The MD explained that the sewer of the facility had backed up from a clog and the water pooled and gathered here coming up from the facility grease trap.</p> <p>At 9:30 A.M., during an interview with the MD,</p>	A1179		

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 10/05/2022
NAME OF PROVIDER OR SUPPLIER IVYSTONE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110		
(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
A1179	Continued From page 3 the MD explained to the surveyor that the flooded water contained waste water combined with kitchen and <u>NJ Ex Order 26, 4B1</u> . This stagnant waste water caused an unsanitary and potentially dangerous condition in the facility. There was no fecal odor when the surveyor was present, but a residual stagnant water and grease smell was present. The facility failed to obtain professional cleaning services to sanitize the prior waste that had been present. The facility was told by the local health department to have a company clean and remove the biohazardous waste in conjunction with their standards. However, the facility removed the flood water from the basement into the backyard in contrast with the Department of Environmental Protection's recommendations.	A1179		
A1227	8:36-17.4(a) Housekeeping-Sanitation-Safety-Maintenance (a) All solid or liquid waste, garbage, and trash shall be collected, stored, and disposed of in accordance with the rules of the New Jersey State Department of Environmental Protection and this chapter. Solid waste which is stored within the building shall be stored in insect-proof, rodent-proof, fireproof, nonabsorbent, watertight containers with tight fitting covers and collected from storage areas regularly so as to prevent nuisances such as odors. Procedures and schedules shall be established and implemented for the cleaning of storage areas and containers for solid or liquid waste, garbage, and trash, in accordance with N.J.A.C. 8:24. This REQUIREMENT is not met as evidenced	A1227		

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 10/05/2022
NAME OF PROVIDER OR SUPPLIER IVYSTONE SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110		
(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
A1227	<p>Continued From page 4</p> <p>by: COMPLAINT #: NJ00158496</p> <p>Based on observation and interview, the facility failed to properly dispose of biohazardous waste in accordance with Department of Environmental Protection (DEP) recommendations. This deficient practice has the potential to affect all residents and the community at large. The deficient practice is evidenced by the following:</p> <p>On 10/4/2022 at 9:15 A.M. during a tour of the facility with the maintenance director (MD), the surveyor observed standing water in the basement. The surveyor asked the MD what had been done on the day of the backup of the water into the basement for cleaning purposes. The MD stated that they used the submersible pump which was in the corner of the basement. This pump had a pipe extending from it. The surveyor asked the MD to show where it ejected the potentially hazardous waste from the sewer backup.</p> <p>The surveyor and MD followed the pipe which extended up the basement stairs, across the kitchen storage area and then finally out of the rear kitchen exit onto the pavement outside the back of the facility. The surveyor asked if the water was pumped out to this location and left to flow freely. The MD responded yes that was how the water was removed from the basement. The surveyor then requested the contact information for the local enforcement agencies who had arrived on the day of the event. These included the Pennsauken Fire Investigation Unit, as well as the Camden County Department of Public Safety (DPS).</p>	A1227			

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 10/05/2022
NAME OF PROVIDER OR SUPPLIER IVYSTONE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110		
(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
A1227	Continued From page 5 The surveyor contacted the Fire Official and received images on a disk of the original event. The surveyor then was provided a contact number for the DPS official who was on site the day of the event. The surveyor discussed with DPS's responding official and their supervisor who stated the facility was instructed to get some form of physical storage and transportation for the waste water. The official mentioned removing the waste water in such things as a vacuum truck, or perhaps 55-gallon drums but left it to the facility to make the decision. The surveyor then informed the local official of the pump ejecting the waste into potential drainage areas outside in the back of the facility, The DPS reported they would be returning to the facility that day to give further instruction on the clean-up. DPS did confirm that the practice the facility was participating in was not up to code with local waste disposal procedures.	A1227		
A1247	8:36-17.6(d) Housekeeping-Sanitation-Safety-Maintenance (d) The sewage disposal system shall be maintained in good repair and operated in compliance with N.J.S.A. 52:27D-123 et seq., the Uniform Construction Code, N.J.A.C. 5:23, and local ordinances and codes. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00158496 Based on observation and interview, it was determined that the facility failed to maintain the sewage removal system in good repair which	A1247		

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 10/05/2022
NAME OF PROVIDER OR SUPPLIER IVYSTONE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110		
(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
A1247	<p>Continued From page 6</p> <p>resulted in a back up and flood of waste material. The facility failed to dispose of the waste material in accordance with the Pennsauken Fire Investigation Unit, as well as the Camden County Department of Public Safety (DPS) as evidenced by the following:</p> <p>On 10/4/2022 at 9:40 A.M., the surveyor observed a hose from the basement under the kitchen threaded upstairs and out the door into the back yard of the facility for the removal of water and waste material as a result of a clogged grease trap. Per a report from the New Jersey State Fire Marshal to the Department of Health stated, "At first the inspector was told that it was a grease trap issue but then was told by the maintenance director that it was definitely a sewer back up and a plumber was called. The maintenance director also told the inspector that he pumped the sewage into the rear parking lot which is another violation."</p> <p>In an interview at 9:40 A.M., the surveyor was also told by the maintenance director (MD) that the backup was from the sewer and grease trap, and the pipe was carrying the material to the rear of the facility.</p> <p>The contaminated waste was not removed in accordance with the fire Investigation Unit or the Camden County Department of Public Safety.</p> <p>The surveyor requested a copy of the facility policy for the preventive maintenance of the grease trap and water system. The Executive Director reported that the facility had no such policy.</p> <p>Refer to N.J.A.C. 8:36-17.4(a)</p>	A1247		