New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		С	
	15 C 000		B. WING		_	, 5/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
IVYSTON	IE SENIOR LIVING		TE 130 NOF			
	CUIMMA DV CTA	TEMENT OF DEFICIENCIES	JKEN, NJ 08		ON.	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 000	Initial Comments		A 000			
	Initial Comments: TYPE OF SURVEY	•				
	COMPLAINT #: NJ	100158496				
	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 563	8:36-5.10(a)(2) Ger	neral Requirements	A 563			
	Facility Survey and by telephone at (60)	notify the Division of Health Field Operations immediately 9) 633-9034 (609) 392-2020 if s, followed within 72 hours by n, of the following:				
	unusual nature, incl limited to, all fire and all deaths resul or incidents in the services. Reports of contain informa	es, disasters, any elopements; ting from accidents he facility or related to facility f such incidents shall tion about injuries to residents isruption of services, and				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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A 563	This REQUIREMENT by: COMPLAINT #: NJ Based on observatifailed to report an ir a result of a blockage contaminated water the New Jersey Der This deficient practicall residents of the free community at large. The deficient practical tresident practicall residents of the free community at large. The deficient practical tresident practically sustained Sunday, 10/2/2022, Marshal. The computer NJDOH on 10/3/202 into the basement to NJDOH. During a Director (ED) at 11: the event was called.	NT is not met as evidenced 100158496 on and interview, the facility interruption of water service as ge and subsequent flooding of r containing waste products to partment of Health (NJDOH). It is to a the potential to affect facility as well as the ce includes the following: The dareportable event on as reported by the state Fire plaint was received by the 22 involving a sewer backup that the facility failed to report an interview with the Executive 30 A.M., the surveyor asked if d into the department. The ED at was not reported to the to the NJDOH.	A 563			
A1179	8:36-17.1(a) Housekeeping-San	itation-Safety-Maintenance	A1179			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MULTIPL	E CONSTRUCTION	(X3) DATE	CLIDVEV	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				COMP		
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		15C000	B. WING		10/0	5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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IVISION	NE SENIOR LIVING	PENNSAL	JKEN, NJ 08	3110		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
A1179	Continued From pa	ge 2	A1179			
	(a) The facility shall provide and maintain a sanitary and safe environment for residents.					
	This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00158496					
	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:					
	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.					
	the surveyor observe square foot basemed surface area covered surveyor asked the from and why it was explained that the subacked up from a congathered here comparts.	the bottom of the stairway, yed approximately 1000 ent space with 60% of the floor ed in stagnant water. The MD where this water came is pooling on the floor. The MD sewer of the facility had elog and the water pooled and ing up from the facility grease				
	At 9:30 A.M., d	uring an interview with the MD,			l	

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENT		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		15C000	D. WING		10/0	5/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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A1179	the MD explained to the surveyor that the flooded water contained waste water combined with kitchen and NJ Ex Order 26.4BJ. 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		A1179			
A1227	recommendations. 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.		A1227			
	This REQUIREMEN	NT is not met as evidenced				

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A1227	Continued From pa	ige 4	A1227			
	by: COMPLAINT #: No Based on observatifailed to properly di in accordance with Protection (DEP) re deficient practice have residents and the complete to the facility with the surveyor observation to the basement of the basement of the stated that they use which was in the compump had a pipe exasked the MD to show the servation of the basement of the stated that they use which was in the compump had a pipe exasked the MD to show the servation of	J00158496 ion and interview, the facility spose of biohazardous waste Department of Environmental ecommendations. This as the potential to affect all				
	extended up the bakitchen storage are rear kitchen exit on back of the facility. water was pumped flow freely. The MI the water was remosurveyor then requestrived on the day of the Pennsauken Fire	and MD followed the pipe which sement stairs, across the a and then finally out of the to the pavement outside the The surveyor asked if the out to this location and left to D responded yes that was how oved from the basement. The ested the contact information ement agencies who had of the event. These included re Investigation Unit, as well unty Department of Public				

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	ING:		LETED
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A1227	The surveyor or received images or The surveyor then on number for the DPS day of the event. The DPS's responding of who stated the facility form of physical stotche waste water. The waste water in struck, or perhaps 5 facility to make the informed the local of waste into potential back of the facility, The DPS report the facility that day the clean-up. DPS of the facility was part with local waste dis	ontacted the Fire Official and a disk of the original event. was provided a contact S official who was on site the he surveyor discussed with official and their supervisor lity was instructed to get some orage and transportation for he official mentioned removing such things as a vacuum 5-gallon drums but left it to the decision. The surveyor then official of the pump ejecting the I drainage areas outside in the ted they would be returning to to give further instruction on did confirm that the practice icipating in was not up to code	A1227			
A1247	(d) The sewage dis maintained in good compliance with N. Uniform Construction local ordinances and This REQUIREMENT by: COMPLAINT #: N. Based on observation determined that the	NT is not met as evidenced	A1247			

NAME OF PROVIDER OR SUPPLIER TYSTOME SENIOR LIVINO TYPE PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TYPENSAUKEN, N. 08110 PREPRI EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG A1247 Continued From page 6 resulted in a back up and flood of waste material. The facility falled 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: 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 Public Safety (Df 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 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." In an interview at 9.40 A.M., the surveyor was also told by the maintenance director (MD) that the backup was from the sever and grease trap, and the pipe was carrying the material to the rear of the facility. The contaminated waste was not removed in accordance with the fire investigation Unit or the Camden County Department of Public Safety. 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.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110 CALL DEPICIENCY MUSTS BE PRECEDED BY FULL FRACE CONTINUE ACTION SHOULD BE						С	
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DEFINITION SUMMARY STATEMENT OF DEFICENCES PRECIDE BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LSC IDENTIFY OR LSC			7999 ROU	TE 130 NOR	тн		
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Refer to N.J.A.C. 8:36-17.4(a)	A1247	resulted in a back of The facility failed to in accordance with Investigation Unit, a Department of Publiby the following: On 10/4/2022 at 9:4 observed a hose frok kitchen threaded up the back yard of the water and waste magrease trap. Per a restate Fire Marshald stated, "At first the ingrease trap issue be maintenance directed back up and a plum maintenance dire	p and flood of waste material. dispose of the waste material the Pennsauken Fire is well as the Camden County ic Safety (DPS) as evidenced as the basement under the estairs and out the door into efficility for the removal of aterial as a result of a clogged eport from the New Jersey to the Department of Health inspector was told that it was a put then was told by the for also told the inspector that was called. The for also told the inspector that was entered into the rear parking lot elation." 40 A.M., the surveyor was intended in the sewer and grease trap, arrying the material to the rear experience was not removed in the fire Investigation Unit or the experiment of Public Safety. Sted a copy of the facility intive maintenance of the ter system. The Executive at the facility had no such	A1247			