

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 06/16/2022
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	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00154747, NJ00154759, NJ00154952</p> <p>CENSUS: 67</p> <p>SAMPLE SIZE: 4</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			
A1433	<p>8:36-22.2 Comprehensive Personal Care Homes</p> <p>Each comprehensive personal care home shall comply with the following: N.J.A.C. 8:36-1 through 15, 16.8(c), 16.15, 16.16, 17 (except 17.5(a)4), and 18 through 22. Each comprehensive personal care home shall comply with the following: N.J.A.C. 8:36-1 through 15, 16.8(c), 16.15, 16.16, 17 (except 17.5(a)4), and 18 through 22.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was</p>	A1433			

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

TITLE

(X6) DATE

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A1433	<p>Continued From page 1</p> <p>determined that the facility failed to ensure that medical records were maintained and available for surveyor review in accordance with N.J.A.C. 8:36-15.2 for 1 of 4 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 6/16/22 at 10:20 a.m., during the entrance conference with the Director of Nursing (DON) the surveyor requested the following facility documents:</p> <ul style="list-style-type: none"> a. Census and list of residents b. Admission and Discharge Record for January 2022 through June 15, 2022 c. List of employees and staff schedules <p>1. The DON explained that the facility was under transition to a new electronic record company and he (the DON) did not have access to the electronic system to retrieve admission and discharge records or resident medical records (MR) prior to March 2022. However, the DON was able to locate Resident #2's closed paper MR.</p> <p>On 6/16/22 at 12:10 p.m., the Executive Director (ED) informed the surveyor that all documentation and resident records were located in the electronic system and she (the ED) was not able to obtain access to the electronic records in order to retrieve admission and discharge records or MR's prior to March 2022.</p> <p>2. On 6/16/22 at 12:15 p.m., the surveyor reviewed the closed MR of Resident #2 which identified that Resident #2 moved into the facility in April 2021 with diagnoses of EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED] Further</p>	A1433		

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A1433	<p>Continued From page 2</p> <p>review of the MR, the surveyor observed documented under the "Admission/Readmission Information" on 4/22/21 that resident #2 utilized a EX Order 26 § 4b1 and was at moderate risk for EX Order 26 § 4b1. Continued surveyor review of Resident #2's medical record failed to identify a General Service Plan (GSP), a discharge date, or a discharge destination documented in the MR.</p> <p>On 6/16/22 at 12:30 p.m., the DON explained that the GSP was not available for Resident #2 because the facility had no access to electronic medical records (EMR). The DON informed the surveyor that all care notes prior to 3/2022 were in the inaccessible EMR.</p> <p>On 6/16/22 at 1:10 p.m., the ED explained that Resident #2 was discharged and that all discharges and evictions were in the electronic system and that she, the ED, did not have access to the medical records.</p> <p>The facility failed to ensure that medical records were maintained and available for surveyor review which included the GSP, documentation of discharge and destination, for Resident #2.</p>	A1433		