New Jersey Department of Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BOILDING		C			
		15C000	B. WING		06/16/2022			
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	.DDRESS, CITY, STA	TE, ZIP CODE				
IVVSTONE	IVYSTONE SENIOR LIVING 7999 ROUTE 130 NORTH							
IVISIONE	SENIOR LIVING	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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE			
A 000	Initial Comments		A 000					
	Initial Comments: TYPE OF SURVEY: COMPLAINT #: NJ00 NJ00154952	Complaint 0154747, NJ00154759,						
	CENSUS: 67							
	SAMPLE SIZE: 4							
	all of the standards in Administrative Code & Licensure of Assisted Comprehensive Person Assisted Living Programsubmit a plan of correct completion date for eather the plan is impler	3:36, Standards for Living Residences, onal Care Homes and ams. The facility must ection, including a ach deficiency and ensure mented. Failure to correct alt in enforcement action in isions of New Jersey Fitle 8, Chapter 43E,						
A1433		nsive Personal Care Homes	A1433					
	comply with the follow through 15, 16.8(c), 1 17.5(a)4), and 18 thro comprehensive perso with the following: N	6.15, 16.16, 17 (except						
	by:	is not met as evidenced						

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

TITLE (X6) DATE

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New Jersey Department of Health

I SCOOD    SUMMANY STATEMENT OF DEFICIENCES   TOWN OF THE PERSON OF THE PERSON OF CORRECTION   TOWN OF THE PERSON OF CORRECTION SHOULD SEE   PERSON OF CORRECTION   TOWN OF THE PERSON OF CORRECTION   TOWN OF THE PERSON OF CORRECTION   TOWN OF THE PERSON OF CORRECTION OF CORRECTION OF CORRECTION OF THE PERSON OF CORRECTION OF CORECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  TYPSTONE SENIOR LIVING  SUMMARY STATEMENT OF DEFIDIENCES  TYPSTONE SENIOR LIVING  PREFIX TAG  SUMMARY STATEMENT OF DEFIDIENCES  (EACH DEFIDIENCY MUST BE PRECEDED BY FILL  RESULATORY OR LSC DIENTIFYING MYCRIMATION)  A1433  Continued From page 1  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:  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:  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  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.  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.  2. On 6/16/22 at 12:15 p.m., the surveyor reviewed the closed MR of Resident #2 which identified that Resident #	ANDILAN	JI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMIL	LILD	
PREFIX   SUMMARY STATEMENT OF DEFICIENCISS   CAPACITY   PROMODER'S PLAN OF CORRECTION   PREFIX TAG   PROMODER'S PLAN OF CORRECTION   PROMODER'S PLAN OF CROSS-REFERENCED TO THE APPROPRIATE   CORRECTION   CROSS-REFERENCED TO THE APPROPRIATE   CORRECTION   CROSS-REFERENCED TO THE APPROPRIATE   CORS-REFERENCED TO THE APPROPRIATE   CO			15C000	B. WING		1		
CALL   DESIGNATION   PENNSAUKEN, N.J. 08110	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  A1433  Continued From page 1  determined that the facility failed to ensure that medical records were maintained and available for surveyor review in accordance with N.J.A.C.  8.38-15.2 for 1 of 4 residents, Resident #2. This deficient practice was evidenced by the following:  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:  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  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.  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.  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	IVYSTONE	E SENIOR LIVING						
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:  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:  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  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.  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 system and she (the ED) was not able to obtain access to the electronic records or reviewed the closed MR of Resident #2' which identified that Resident #2 which identified that Resident #2 would into the facility	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE	
in April 2021 with diagnoses of EX Order 26 § 4b1  Further	A1433	determined that the famedical records were for surveyor review in 8:36-15.2 for 1 of 4 redeficient practice was On 6/16/22 at 10:20 a conference with the Extreme the surveyor requested documents:  a. Census and list of the b. Admission and Discension and Polymer 1 and Technic System to redischarge records or (MR) prior to March 2 was able to locate Remide MR.  On 6/16/22 at 12:10 procession and resident records relectronic system and to obtain access to the to retrieve admission MR's prior to March 2  On 6/16/22 at 12:10 procession and Polymer 1 and Po	acility failed to ensure that a maintained and available a accordance with N.J.A.C. esidents, Resident #2. This is evidenced by the following:  a.m., during the entrance Director of Nursing (DON) ed the following facility  residents acharge Record for January 5, 2022 and staff schedules  ed that the facility was under ectronic record company and have access to the retrieve admission and resident medical records 2022. However, the DON esident #2's closed paper  o.m., the Executive Director reveyor that all documentation were located in the dishe (the ED) was not able are electronic records in order and discharge records or 2022.  15 p.m., the surveyor MR of Resident #2 which and #2 moved into the facility gnoses of EX Order 26 § 4bt	A1433				

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		A. BOILDING.			С		
	15C000	B. WING		06	6/16/2022		
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE				
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IVYSTONE SENIOR LIVING	IVYSTONE SENIOR LIVING PENNSAUKEN, NJ 08110						
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
A1433 Continued From pareview of the MR, the documented under Information" on 4/2 EX Order 26 § 4b1 Compared and the Plan (GSP), a discipled destination documed On 6/16/22 at 12:3 the GSP was not a because the facility medical records (Esurveyor that all case in the inaccessible On 6/16/22 at 1:10 Resident #2 was didischarges and evisystem and that she to the medical record are review which include the compared to the medical record and the parents of the facility failed to were maintained and review which include the compared to the medical record and the parents of the parents of the medical record and the parents of the par	he surveyor observed the "Admission/Readmission 2/21 that resident #2 utilized a and was at moderate risk for rveyor review of Resident #2's ed to identify a General Service harge date, or a discharge ented in the MR.  0 p.m., the DON explained that vailable for Resident #2 had no access to electronic MR). The DON informed the re notes prior to 3/2022 were EMR.  p.m., the ED explained that scharged and that all ctions were in the electronic e, the ED, did not have access	A1433					