

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 03/08/2024
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 #: NJ00165921 CENSUS: 76 SAMPLE SIZE: 3 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 963	8:36-11.5(f) Pharmaceutical Services (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00165921 Based on interview and record review, it was	A 963		

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

TITLE

(X6) DATE

04/05/24

New Jersey Department of Health

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A 963	<p>Continued From page 1</p> <p>determined that the facility failed to ensure medications were administered to facility's residents in accordance with prescriber's orders and the facility failed to document the rationale as to why the prescribed medications were not administered for 4 of 4 residents reviewed for medication administration, Resident #'s 1, 2, 3, and 4. This deficient practice was evidenced by the following:</p> <p>1. On 3/8/2024 at 11:30 a.m., the surveyor observed a Licensed Practical Nurse (LPN) prepare to administer Ex Order 26.4B1 to Resident #3. The surveyor reviewed Resident #3's Medication Administration Record (MAR) for the month of Ex Order 26.4B1, and observed that Resident #3's prescribed 9 p.m. dose of Ex Order 26.4B1 was not documented as administered on Ex Order 26.4B1 and Ex Order 26.4B1. At that time, the surveyor interviewed the LPN who stated that she was not sure if the Ex Order 26.4B1 was administered to Resident #3 on Ex Order 26.4B1 but that there should have been documentation regarding the doses located on the MAR (a document utilized to record medications to be administered). Resident #3's MAR did not reflect the reason the medication was not administered.</p> <p>At 1:30 p.m., the surveyor reviewed Resident #3's Medical Record (MR) and observed a document titled, "Admission Record (AR)" which indicated that revealed Resident #3 had an admission date of Ex Order 26.4B1 and diagnoses that included Ex Order 26.4B1 Ex Order 26.4B1 Ex Order 26.4B1</p> <p>2. On 3/8/2024 at 1:15 p.m., the surveyor reviewed Resident #1's MR and observed that according to the AR, Resident #1 had an admission date of Ex Order 26.4B1 and diagnoses that</p>	A 963		

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A 963	<p>Continued From page 2</p> <p>included Ex Order 26.4B1. Further review of Resident #1's MR revealed a MAR for the month of Ex Order 26.4B1 which indicated that Resident #1 was prescribed a Ex Order 26.4B1 and it was not documented as administered on Ex Order 26.4B1.</p> <p>3. On 3/8/2024 at 1:53 p.m., the surveyor reviewed Resident #4's MR and observed on the AR that Resident #4 had an admission date of Ex Order 26.4B1 and diagnoses that included Ex Order 26.4B1. Further review of Resident #4's MR revealed a MAR for the month of Ex Order 26.4B1 which indicated that Resident #4 was prescribed a 4:00 p.m., dose of Ex Order 26.4B1 and it was not documented as administered on Ex Order 26.4B1.</p> <p>4. On 3/8/2024 at 2:05 p.m., the surveyor reviewed Resident #2's MR and observed on the AR that Resident #2 had an admission date of Ex Order 26.4B1 and diagnoses which included Ex Order 26.4B1.</p> <p>Further review of Resident #2's MR revealed a MAR for the month of Ex Order 26.4B1 which indicated that Resident #2 was prescribed at 7:30 a.m., and 4:00 p.m., a dose of Ex Order 26.4B1 but it was not documented as administered on Ex Order 26.4B1. The MAR dated Ex Order 26.4B1 also revealed that Resident #2's prescribed 8:00 p.m., dose of Ex Order 26.4B1 was not documented as administered on Ex Order 26.4B1.</p> <p>On 3/8/2024 at 2:10 p.m., the surveyor interviewed the Director of Nursing (DON), in the presence of the Alternate Administrator, who stated that the MARs mentioned above should have been documented completely. The DON also stated that if the doses of Ex Order 26.4B1 mentioned</p>	A 963		

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A 963	Continued From page 3 above were not administered, the staff member should have documented why the NJ EXEMPT ORDER was not administered on the back of the MAR.	A 963		
A1051	8:36-15.2 Resident Records The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00165921 Based on interview, and record review it was determined that the facility failed to provide the survey team with access to the facility's electronic Medical Record (EMR) system for 4 of 4 residents reviewed for medication administration, Resident #'s 1, 2, 3, and 4. This deficient practice was evidenced by the following: On 3/8/2024 at 10:50 a.m., during the survey entrance conference with facility's Alternate Administrator (AA) Surveyor #2 requested access to the facility's electronic EMR system. At 12:20 p.m., Surveyor #2 was given a temporary log-in ID and password for the facility's EMR. At that time, Surveyor #2 attempted to access the facility's EMR system and was unable to access the EMR to view the EMRs for Resident #'s 1, 2, 3, or 4. At 12:30 p.m., Surveyor #2 informed the AA that the temporary log-in ID and password did not	A1051		

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A1051	<p>Continued From page 4</p> <p>allow the survey team to access the EMRs of Resident #'s 1, 2, 3, and 4.</p> <p>At 12:45 p.m., the AA emailed Surveyor #2 the EMR system website link to assist the survey team accessing the EMR system.</p> <p>At 1:09 p.m., Surveyor #2 attempted to access the EMR system via the link provided by the AA. Surveyor #2 was still unable to access the EMR system.</p> <p>At 1:32 p.m., Surveyor #2 attempted to access the facility's EMR system, however, access was still not granted.</p> <p>At the time of the survey access to the facility's EMR system was not granted, however, the facility's AA and Director of Nursing provided the survey team with printed copies of the requested documents that were unable to be accessed via the EMR system.</p> <p>Surveyor review of the facility's policy titled, "Resident Record" indicated, Under Policy and Procedure: included: "... 5. All records shall be kept available on the premises for review at any time by representatives of the Department of Health..."</p>	A1051			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/15/2024
NAME OF FACILITY IVYSTONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0963	Correction	ID Prefix A1051	Correction	ID Prefix	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. # 8:36-15.2	Completed	Reg. #	Completed
LSC	04/15/2024	LSC	04/15/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/8/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			