STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	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 #: NJ00174145 CENSUS: 105 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 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/28/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined that the facility failed to implement and enforce the facility's policy and procedure titled, "Personal Needs Allowance" for 1 of 3 residents reviewed for Personal Needs Allowances (PNA), Resident #2. This deficient practice was evidenced by the following:

On 5/31/2024 at 10:04 a.m., the surveyor interviewed the facility Business Office Manager (BOM) who stated that in NJ ex order 26.4b1 staff from the facility NJ ex order 26.4b1 from Resident #2 for safe keeping due to the resident at the facility's aides. The BOM stated that all the money had been given back to Resident #2 NJ ex order 26.4b1. The BOM also stated that Resident #2's NJ ex order 26.4b1 At that time the surveyor requested all receipts for monies received and dispensed for Resident #2.

At 10:20 a.m., the surveyor interviewed the facility's Unit Secretary (US) who stated that NJ ex or of Resident #2's money after the resident NJ ex order 26.4b1 and NJ ex order 26.4b1 The US stated that she gave the money, in an envelope, to the facility's Director of Nursing (DON) and wrote a "Progress Note" (PN) in the resident's electronic medical record.

At 11:53 a.m., the surveyor interviewed Resident

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A 310	Continued From page 2 #2 who stated that the facility did not return all of the money that was taken by the facility staff for safe keeping. Resident #2 stated that the facility's US NJ ex order 26.4b1 Resident #2 alleged that the facility NJ ex ord Resident #2 also stated that the BOM NJ ex order 26.4b1 to him/her NJ ex order 26.4b1. Resident #2 alleged the facility owed him/her NJ ex order 26 out of the NJ ex order 26.4b1. At 11:45 a.m. the surveyor reviewed Resident #2's Medical Record (MR) which revealed an admission date of NJ ex order 26.4b1 and diagnoses which included NJ ex order 26.4b1 and NJ ex order 26.4b1. Continued review of Resident #2's MR PNs revealed a documented a late entry dated NJ ex order 26.4b1 and timed at 5:27 p.m., which indicated that the resident had a NJ Exec Order 26.4b1. A PN dated NJ ex order 26.4b1 at 11:29 a.m., written by the facility's US, indicated the US NJ ex order 26.4b1 Resident #2 and gave it to the facility's DON. Resident #2's MR also revealed a PN dated NJ ex order 26.4b1 at 5:05 p.m., written by the facility US, that indicated the resident NJ ex order 26.4b1. And a PN dated NJ ex order 26.4b1 at 3:30 p.m., written by the facility's DON, which indicated Resident #2 NJ ex order 26.4b1 At 12:54 p.m., the surveyor interviewed the facility' s DON NJ ex order 26.4b1 from the facility's US for Resident #2, and she gave it to the facility's BOM because the BOM manages residents' finances.	A 310		

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A 310	Continued From page 3 At 1:00 p.m., during surveyor interview with the facility's BOM, the BOM gave the surveyor one receipt for payment of Resident #2's phone bill. The BOM also gave the surveyor a sheet of paper with the resident's name on it, NJ ex order 26.4b1 [redacted] The BOM then stated that that money was not payment from social security and therefore did not have to be recorded. The surveyor then inquired about the facility's PNA policy. The BOM replied that NJ ex order 26.4b1 to the resident, and maintained on the facility's ledger. The BOM was unable to produce receipts to show how and when, and the rationale for money taken from the resident's fund, and was unable to provide documentation of the amount of Resident #2's remaining funds. The surveyor reviewed the facility policy and procedure titled, "Personal Needs Allowance" which revealed, "Policy and Procedure: It is the Residence policy to responsibly hold any money that is entrusted to the home in accounts with easy access and to be able to provide residents with information about their accounts with the home ... 2. Written records shall be maintained, such as a ledger, including the date each payment was received, the amount of payment, the date of each disbursement, the reason for each disbursement, and to whom the disbursement was made."	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and	A 401		

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A 401	Continued From page 4	A 401		

assisted living programs. Each resident is entitled to the following rights:

22. The right to live in safe and clean conditions in a facility that
does not admit more residents than it can safely accommodate
while providing services and care;

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined that the facility failed to ensure that the resident's right for [redacted] was maintained for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 5/31/2024 at 10:20 a.m., the surveyor interviewed the facility's Unit Secretary (US) who stated that she gives Resident #2 [redacted].
The US stated that [redacted] that [redacted] the resident.

At 11:04 a.m., the surveyor interviewed the facility's Home Health Aide (HHA) who confirmed and stated that the US gives Resident #2 [redacted] and that Resident #2 [redacted] The HHA confirmed an incident which occurred in [redacted] and stated that Resident #2 [redacted] Additionally, during surveyor interview with Resident #2, [redacted].

At 11:21 a.m., the surveyor reviewed Resident

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A 401	Continued From page 5 #2's electronic medical record, however, the surveyor was unable to locate a current Physician's order NJ ex order 26.4b1 . The Administrator stated that she NJ ex order 26.4b1 . At 11:30 a.m., during surveyor interview with the facility's Administrator, and Alternate Administrator, and via telephone, the Director of Nurses (DON), all stated that they were unaware that Resident #2 NJ ex order 26.4b1 from the facility's US. The facility Administrator and DON both stated that the US should not have given Resident #2 NJ ex order 26.4b1. At 1:30 p.m., the surveyor reviewed Resident #2's electronic medical record which revealed a "Nurse Practitioner Note" dated NJ ex order 26.4b1 and timed 11:06 a.m. The note documented the following, "NJ ex order 26.4b1 . NJ ex order 26.4b1 At 1:45 p.m., the surveyor conducted a follow up interview with the facility's US, who stated that NJ ex order 26.4b1 to Resident #2. The US stated that she gave Resident #2 NJ ex order 26.4b1 The surveyor requested to see the bottle of alcohol. Review of the NJ ex order 26.4b1 revealed a NJ ex order 26.4b1	A 401		

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A 401	Continued From page 6 The facility failed to ensure resident safety by NJ ex order 26.4b1 to Resident #2 which [redacted]. On 5/31/2024 the facility was issued an Imminent Danger Template and the facility provided the Department of Health with a Removal Plan which was approved on 6/3/2024.	A 401		
A 709	8:36-7.2(d)(1-18) Resident Assessments and Care Plans (d) Each health care assessment by the registered professional nurse shall include, at a minimum, evaluation of the following: 1. Need for assistance with "activities of daily living"; 2. Cognitive patterns; 3. Communication/hearing patterns; 4. Vision patterns; 5. Physical functioning and structural problems; 6. Continence; 7. Psychosocial well-being; 8. Mood and behavior problems; 9. Activity pursuit patterns; 10. Disease diagnoses; 11. Health conditions and preventive health	A 709		

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A 709	Continued From page 7 measures, including, but not limited to, pain, falls, and lifestyle; 12. Oral/nutritional status; 13. Oral/dental status; 14. Skin conditions; 15. Medication use; 16. Special treatment and procedures; 17. Restraint use; 18. Outside service utilization. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure a Registered Nurse (RN) completed an assessment for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 5/31/2024 at 11:45 a.m., the surveyor reviewed Resident #2 Medical Record (MR) which revealed an admission date of NJ ex order 26.4b1 and diagnoses which included NJ ex order 26.4b1 [redacted] Continued review of Resident #2's MR revealed in a "Progress Notes" (PN) documented as a late entry dated NJ ex order 26.4b1 and timed 5:27 p.m., which indicated Resident #2 NJ ex order 26.4b1 [redacted] Additionally there was a PN dated	A 709		

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A 709	Continued From page 8 NJ ex order 26.4b1 and timed at 7:38 p.m., which revealed that Resident #2 NJ ex order 26.4b1 [redacted] At the time of the survey the resident NJ ex order 26.4b1 [redacted]. The surveyor did not see a RN assessment to indicate the NJ ex order 26.4b1 [redacted]. At 12:54 p.m., the surveyor interviewed the facility's Director of Nursing (DON) who stated that Resident #2 NJ ex order 26.4b1 and NJ ex order 26.4b1 and NJ ex order 26.4b1 [redacted] The DON stated that there NJ ex order 26.4b1 RN assessment completed after Resident #2's change in status. The DON also confirmed that a RN assessment should have been completed when Resident # NJ ex order 26.4b1 [redacted].	A 709		
A1021	8:36-13.2 Social Work Services The facility shall arrange for the provision of social work services to residents who require them, by social workers licensed in accordance with N.J.S.A. 45:15BB and N.J.A.C. 13:44G. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to arrange social work services to prevent the financial exploitation of funds for 1 of 3 residents, Resident #2. This	A1021		

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A1021	Continued From page 9 deficient practice was evidenced by the following: On 5/31/2024 at 10:04 a.m., the surveyor interviewed the facility Business Office Manager (BOM) who stated that Resident #2 head [redacted] BOM for safe keeping and given to the resident on request. She stated that it was taken from the resident due to Resident #2 [redacted] and [redacted] At 10:20 a.m., the surveyor interviewed the facility's Unit Secretary (US) who stated that she collected and counted Resident #2's [redacted] that he/she [redacted] at the facility aides. At 11:45 a.m., the surveyor reviewed Resident #2 Medical Record (MR) which indicated an admission date of [redacted] and diagnoses which included [redacted] Continued review of Resident #2's MR revealed a late entry progress note dated [redacted] at 5:27 p.m.,which revealed indicated that Resident #2 [redacted]. At 11:53 a.m., the surveyor interviewed Resident #2 who stated that the facility [redacted] Resident #2 [redacted]. At 12:09 p.m., the surveyor interviewed the facility's Executive Director (ED) who stated that Resident #2 [redacted]	A1021		

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A1021	Continued From page 10 NJ ex order 26.4b1 [redacted] At 12:12 p.m., the surveyor conducted a telephone interview with the facility's Business Development Personnel (BDP) who stated that Resident #2 NJ ex order 26.4b1 [redacted] The BDP also stated that the facility was contacted by Resident #2 NJ ex order 26 [redacted] Resident #2 NJ ex order 26.4b1 [redacted] At 12:54 p.m., the surveyor interviewed the facility's Director of Nursing and the facility's Administrator who both stated that Resident #2 NJ ex order 26.4b1 [redacted] and NJ ex order 26.4b1 [redacted] Resident #2 NJ ex order 26.4b1 [redacted] NJ ex order 2 [redacted]. During continued surveyor interview, the DON and Administrator stated that Resident #2 NJ ex order 26.4b1 [redacted]. The surveyor reviewed the facility policy and procedure titled, "Qualification of Social Workers and Services" which revealed, "Policy and Procedure: ... 4. Social work services shall be provided upon the resident's request and based on resident need". The surveyor reviewed the facility policy and procedure titled, "Social Work Services" which revealed, "Policy and procedure: The Residence shall arrange for the provision of social work services to residents who require them, in accordance with N.J.S.A 45:15BB".	A1021		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
15C000 Y1	A. Building B. Wing Y2	7/24/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	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 A0310	Correction	ID Prefix A0401	Correction	ID Prefix A0709	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.2(d)(1-18)	Completed
LSC	06/23/2024	LSC	06/07/2024	LSC	06/30/2024
ID Prefix A1021	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-13.2	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/15/2024	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	
6/3/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO