

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 08/02/2024
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 #: NJ00175151 CENSUS: 116 SAMPLE SIZE: 2 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

09/03/24

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00175151</p> <p>Based on interview, review of medical records, and pertinent facility documents, it was determined that the facility failed to implement or develop a comprehensive policy for resident General Service Plans (GSPs) and Health Service Plans (HSPs). Additionally, the facility failed to ensure that an assessment was conducted by a Registered Nurse upon the resident's NJ ex order 26.4b1 for 1 of 2 residents reviewed, Resident #2, for which an Imminent Danger was identified. The deficient practice was evidenced by the following:</p> <p>On 7/2/24, the surveyor reviewed Resident #2's medical record (MR) which revealed a move in date of NJ ex order 26.4b1, and diagnoses that included NJ ex order 26.4b1. Resident #2's MR revealed a facility document with specific areas of "focus" that included: NJ ex order 26.4b1</p> <p>On 7/2/24 at 12:30 p.m., the surveyor interviewed the facility Director of Nursing (DON), who stated that she was aware Resident #2 NJ ex order 26.4b1, and that he/she NJ ex order 26.4b1. The DON identified a document as the resident's GSP</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>but stated the document was also used as the HSP. The surveyor reviewed the GSP/HSP and noted an entry dated [REDACTED] NJ ex order 26.4b1, that indicated the social worker from addiction services informed the facility that Resident #2 would not be welcomed back to the program as the physician indicated that Resident #2 NJ ex order 26.4b1 [REDACTED]. The surveyor observed no indication that the GSP/HSP was updated to reflect that Resident #2 NJ ex order 26.4b1 [REDACTED] or that the goals and/or interventions were reviewed and/or revised.</p> <p>Additionally, there was no specific Health Service Plan (HSP) observed by the surveyor that reflected Resident #2's NJ ex order 26.4b1 [REDACTED].</p> <p>During continued surveyor interview with the DON, she further stated that NJ Ex Order 26.4b1 [REDACTED] was attempted, however Resident #2's NJ ex order 26.4b1 [REDACTED] and Resident #2 returned to the facility. The surveyor asked if an assessment was NJ ex order 26.4b1 [REDACTED] and she stated that Resident #2 NJ ex order 26.4b1 [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>The surveyor reviewed an undated policy titled, "Policy and Procedures" which revealed the following: "...V. Care Plans 1. Individual care plans shall be developed by the staff for each resident...3. Review of Care Plans. Each care plan and functional assessment, developed upon admission to determine the resident's appropriateness for placement, shall be reviewed, evaluated for its effectiveness, and updated at</p>	A 310		

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A 310	Continued From page 3 least quarterly or more frequently if indicated by changing needs of the resident." The Imminent Danger (ID) was reported to the Licensed Assisted Living Administrator on NJ ex order 20 at 3:00 p.m., that included information about failure to develop or implement facility policy on General and Health Service Plans. On 8/2/24 the surveyor completed a revisit survey and verified that the Removal Plan was implemented that included new policies titled, "Care plans/ HSP/GSP", "Assessments", and an additional policy titled, "Change in a Resident's Condition or Status."	A 310		
A 735	8:36-7.2(e)(1-5) Resident Assessments and Care Plans (e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following: 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 4. The time intervals at which the resident's response to treatment will be reviewed; and 5. The measures to be used to assess the effects of treatment.	A 735		

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A 735	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00175151</p> <p>Based on interview and review of medical records, it was determined the facility failed to ensure that a resident health service plan was developed for a resident's individual health care needs that included as NJ ex order 26.4b1 and NJ ex order 26.4b1, for 1 of 2 residents reviewed, Resident #2 for which an Imminent Danger was identified. The deficient practice was evidenced by the following:</p> <p>On 7/2/24 the surveyor reviewed Resident #2's medical record that revealed a move in date of NJ ex order 26.4b1, and diagnoses which NJ ex order 26.4b1. Further review of the MR revealed a progress note (PN) titled 'NJ ex order 26.4b1' dated NJ ex order 26.4b1 with a time of 8:22 p.m., written by a facility Licensed Practical Nurse (LPN), which indicated Resident #1 NJ ex order 26.4b1. Surveyor review of the PN revealed that NJ ex order 26.4b1 to Resident #2 NJ ex order 26.4b1. The PN further indicated that the NJ Ex Order 26.4(b) then arrived and Resident #2 NJ ex order 26.4b1.</p> <p>On 7/2/24 at 12:30 p.m., the surveyor interviewed the facility Director of Nursing (DON), who stated that she NJ ex order 26.4b1 that Resident #2 NJ ex order 26.4b1.</p>	A 735		

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A 735	<p>Continued From page 5</p> <p>NJ ex order 26.4b1. The facility DON further stated that NJ ex order 26.4b1 however, Resident #2's insurance would not cover NJ Ex Order 26.4b1 and Resident #2 returned to the facility. During continued surveyor interview, the DON clarified that there was a General Service Plan that was also used as the Health Service Plan (HSP); however, there was not a specific HSP that included Resident #2's NJ ex order 26.4b1</p> <p>An Imminent Danger (ID), was reported to the Licensed Assisted Living Administrator on NJ ex order 26.4b1 at 3:00 p.m., that included information about failure to develop or implement facility policy on General and Health Service Plans.</p> <p>On 8/2/24 the surveyor completed a revisit survey and verified that the Removal Plan was implemented which included documentation that the DON was educated on Health Service Plans and General Service Plans. Additionally pertinent health information was added to the GSP/HSP including information about the NJ ex order 26.4b1 as NJ ex order 26.4b1, and that Resident #2 NJ ex order 26.4b1</p>	A 735		
A 751	<p>8:36-7.3(b) Resident Assessments and Care Plans</p> <p>(b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p>	A 751		

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A 751	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00175151</p> <p>Based on staff interview and review of medical records, it was determined that the facility failed to ensure that a Health Service Plan (HSP) was revised based on the resident's response to the care provided and any changes in the resident's status, for 1 of 2 facility residents reviewed, Resident #2, NJ ex order 26.4b1</p> <p>The deficient practice was evidenced by the following:</p> <p>On 7/2/24, the surveyor reviewed Resident #2's Medical Record (MR), which revealed a move-in-date of NJ ex order 26.4b1, and diagnoses that NJ ex order 26.4b1. The MR revealed a progress note (PN) titled, "Transfer to Hospital Summary", dated NJ ex order 26.4b1 with a time of 8:22 p.m., by a facility Licensed Practical Nurse (LPN), that indicated Resident #2 NJ ex order 26.4b1</p> <p>The PN further indicated that a NJ ex order 26.4b1 to Resident #2 NJ ex order 26.4b1 and Resident #2 NJ ex order 26.4b1</p> <p>On 7/2/24 at 12:30 p.m., the surveyor interviewed the Director of Nursing (DON) who stated that NJ ex order 26.4b1 that Resident #2 NJ ex order 26.4b1 and that he/she NJ ex order 26.4b1</p> <p>Resident #2's NJ ex order 26.4b1</p>	A 751		

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A 751	<p>Continued From page 7</p> <p>During continued surveyor interview, the DON stated that there was a General Service Plan for Resident #2; however, there was no specific HSP that included information about Resident #2's NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 to the Licensed Assisted Living Administrator on NJ ex order 26.4b1 at 3:00 p.m. The Administrator was presented with the ID template which included information about the failure to review and revise the Health Service Plan for Resident #2.</p> <p>On 8/2/24 the surveyor completed a revisit survey and verified that the Removal Plan was implemented which included documentation that the facility DON was educated on Health Service Plans and General Service Plans. Additionally pertinent health information was added to the service plan that included information about the overdose, NJ ex order 26.4b1, and that Resident #2 NJ ex order 26.4b1 and NJ ex order 26.4b1 on NJ ex order 26.4b1</p>	A 751		
A 763	<p>8:36-7.4(b) Resident Assessments and Care Plans</p> <p>(b) A registered professional nurse shall be responsible for developing nursing practice policies and procedures and the coordination of all health care services required in the resident's health service plan.</p> <p>This REQUIREMENT is not met as evidenced</p>	A 763		

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A 763	<p>Continued From page 8</p> <p>by: NJ00175151</p> <p>Based on interview, review of medical records and pertinent facility documents, it was determined that the facility failed to provide coordination of services for 1 of 2 facility residents reviewed, Resident #2, [REDACTED] for which an Imminent Danger was identified. The deficient practice was evidenced by the following:</p> <p>On 7/2/24 the surveyor reviewed Resident #2's medical record (MR) which revealed a move in date of [REDACTED], and diagnoses that included NJ ex order 26.4b1 [REDACTED]. Further review of the MR revealed a progress note (PN) titled, "NJ ex order 26.4b1 [REDACTED]", dated [REDACTED] with a time of 8:22 p.m., by a facility Licensed Practical Nurse (LPN), that indicated Resident #2 NJ ex order 26.4b1 [REDACTED]. The PN further indicated that the NJ ex order 26.4b1 [REDACTED], a NJ Ex Order 26.4(b)(1) [REDACTED] was administered to Resident #2 with [REDACTED], and then a NJ ex order 26.4b1 [REDACTED]. The PN further indicated that the NJ ex order 26.4b1 [REDACTED] and Resident #2 was transferred to the ambulance via stretcher.</p> <p>On 7/2/24 at 12:30 p.m., the surveyor interviewed the facility Director of Nursing (DON) who stated that she was aware that Resident #2 had [REDACTED] and that he/she was NJ Ex Order 26.4(b)(1) [REDACTED] when he/she came to the facility. The DON stated that Resident #2 [REDACTED] was administered and that NJ Ex Order 26.4b1 [REDACTED] was</p>	A 763		

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A 763	<p>Continued From page 9</p> <p>NJ ex order 26.4b1; however, Resident #2's NJ ex order 26.4b1 and Resident #2 NJ ex order 26.4b1.</p> <p>The surveyor reviewed the General Service Plan/Health Service Plan (GSP/HSP) and noted an entry dated NJ ex order 26.4b1, that indicated the NJ ex order 26.4b1 informed the facility that Resident #2 NJ ex order 26.4b1 as the physician indicated that Resident #2 NJ ex order 26.4b1. The surveyor review of the MR that included progress notes (PNs) showed NJ ex order 26.4b1 to Resident #2.</p> <p>The surveyor additionally asked the DON if an assessment was conducted by a Registered Nurse (RN), upon the resident's NJ ex order 26.4b1, and she stated that Resident #2 NJ ex order 26.4b1.</p> <p>Further surveyor review of the MR revealed a PN written by the DON, dated NJ ex order 26.4b1, that indicated Resident #2 NJ ex order 26.4b1 about Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1. The PN further indicated that the DON educated the resident on the NJ ex order 26.4b1.</p> <p>On 7/2/24, the surveyor interviewed one of the facility owners who stated that the facility had psychiatric support available for the facility residents that included a Licensed Clinical Social Worker (LCSW) that visits the facility four evenings a week from the hours of 5:00 p.m. to 9:00 p.m., and another that visits on Fridays and Saturdays. The owner stated that additionally</p>	A 763		

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A 763	<p>Continued From page 10</p> <p>there is a NJ Ex Order 26.4(b)(1) Advanced Practioner Nurse (APN) that visits as well.</p> <p>Further review of the MR revealed no indication that Resident #2 was seen by the facility LCSW for NJ Ex Order 26.4(b)(1) or documentation of communication between the facility and NJ Ex Order 26.4(b)(1).</p> <p>NJ ex order 26.4b1 was reported to the Licensed Assisted Living Administrator on NJ ex order 26.4b1 at 3:00 p.m. The Administrator was presented with the ID template which included information about the facility's NJ ex order 26.4b1 for Resident #2 NJ ex order 26.4b1.</p> <p>At the time of the survey, there was no documented evidence provided of NJ Ex Order 26.4b1 visits and NJ Ex Order 26.4b1 for Resident #2.</p> <p>On 8/2/24 the surveyor completed a revisit survey and verified that the Removal Plan was implemented which included documentation that the facility DON was educated on coordination of services and referrals. Additionally, pertinent health information was added to the GSP/HSP that included information about the NJ ex order 26.4b1 NJ ex order 26.4b1, and that Resident #2 NJ ex order 26.4b1.</p>	A 763		
A 765	<p>8:36-7.4(c)(1) Resident Assessments and Care Plans</p> <p>(c) Written policies and procedures shall be developed and implemented to ensure, but not be</p>	A 765		

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A 765	<p>Continued From page 11</p> <p>limited to, the following:</p> <p>1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, review of medical records and pertinent facility documents, it was determined the facility failed to ensure that an assessment was conducted by a Registered Nurse (RN) upon the resident's return from the hospital following a NJ ex order 26.4b1 for 1 of 2 facility residents reviewed, Resident #2, for which NJ ex order 26.4b1. The deficient practice was evidenced by the following:</p> <p>On 7/2/24 the surveyor reviewed Resident #2's medical record (MR) that revealed a move in date of NJ ex order 26.4b1, and diagnoses that NJ ex order 26.4b1. The MR additionally revealed a progress note (PN) titled, "NJ ex order 26.4b1", dated NJ ex order 26.4b1 with a time of 8:22 p.m., written by a facility Licensed Practical Nurse (LPN), that indicated Resident #2 NJ ex order 26.4b1. The PN further indicated that a NJ ex order 26.4b1 to Resident #2 with NJ Ex Order 26.4(b)(1), and then a NJ ex order 26.4b1. The PN further indicated that the NJ ex order 26.4b1 and Resident #2 NJ ex order 26.4b1.</p>	A 765		

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A 765	<p>Continued From page 12</p> <p>stretcher.</p> <p>Further review of the MR showed no indication that Resident #2 was assessed by a Registered Nurse (RN) NJ ex order 26.4b1. Additionally, the surveyor observed no documentation of Resident #2's NJ ex order 26.4b1.</p> <p>On 7/2/24 at 12:30 p.m., the surveyor interviewed the facility Director of Nursing/Registered Nurse (DON/RN), who stated that she was aware that Resident #2 NJ ex order 26.4b1, which she stated NJ ex order 26.4b1 Resident #2's NJ Ex Order 26.4b1 was attempted, however Resident #2's NJ ex order 26.4b1 and he/she returned to the facility. The surveyor asked the DON if an assessment was conducted upon Resident #2's NJ ex order 26.4b1, and she stated that Resident #2 NJ ex order 26.4b1.</p> <p>An Imminent Danger (ID) was reported to the Licensed Assisted Living Administrator on NJ ex order 26.4b1 at 3:00 p.m. The Administrator was presented with the ID template that included information about the failure to conduct an assessment upon Resident #2's NJ ex order 26.4b1.</p> <p>On 8/2/24 the surveyor completed a revisit survey and verified that the Removal Plan was implemented, which included an assessment by the DON/RN of Resident #2, and documentation that the DON/RN was educated on providing an RN assessment upon a resident's return from the hospital or change in condition.</p>	A 765		

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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 08/02/2024
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
H2640	<p>8:43E-10.6(a)(2)(i) Reporting Serious Preventable Adverse Events</p> <p>(a) A health care facility shall report to the Department or, in the case of a State psychiatric hospital, to the Department of Human Services, every serious preventable adverse event that occurs in the facility.</p> <p>2. Adult and pediatric day health care services facilities and facilities that provide home-based services, that is, home health care facilities, hospice facilities, assisted living residences, comprehensive personal care homes, and assisted living programs, shall report only those serious preventable adverse events that are within the control of the facility or directly caused by, or related to, services of the facility.</p> <p>i. With respect to serious preventable adverse events related to health care services provided directly to residents of an assisted living residence, comprehensive personal care home or assisted living program by another health care facility, the facility directly providing the service shall report the event to the Department.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00175151</p> <p>Based on staff interview, review of medical</p>	H2640		

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H2640	<p>Continued From page 14</p> <p>records and pertinent facility documents, it was determined that the facility NJ ex order 26.4b1 for 1 of 2 facility residents reviewed, Resident #2, for which an NJ ex order 26.4b1. The deficient practice was evidenced by the following:</p> <p>On 7/2/24 the surveyor reviewed Resident #2's medical record (MR), that revealed a move in date of NJ ex order 26.4b1, and diagnoses that included NJ ex order 26.4b1. Further review of the MR revealed a progress note (PN) titled, NJ ex order 26.4b1 Summary", dated NJ ex order 26.4b1 with a time of 8:22 p.m., written by a facility Licensed Practical Nurse (LPN), that indicated Resident #2 NJ ex order 26.4b1. The PN further indicated that the NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) was administered to Resident #2 NJ ex order 26.4b1. The PN further indicated that the NJ ex order 26.4b1 and Resident #2 NJ ex order 26.4b1.</p> <p>On 7/2/24 at 12:30 p.m., the surveyor interviewed the facility Director of Nursing (DON) who stated she was aware that Resident #2 NJ ex order 26.4b1. She additionally stated that Resident #2 NJ ex order 26.4b1. The DON stated that Resident #2 NJ ex order 26.4b1 after NJ ex order 26.4b1 however, Resident #2's NJ ex order 26.4b1 and Resident #2 NJ ex order 26.4b1.</p> <p>During continued surveyor interview, the DON</p>	H2640		

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H2640	<p>Continued From page 15</p> <p>clarified that there was a General Service Plan (GSP), that was also utilized as the facility Health Service Plan (HSP); however, there was no specific HSP observed that included Resident #2's NJ ex order 26.4b1</p> <p>The surveyor reviewed the GSP/HSP and noted an entry dated NJ ex order 26.4b1, that indicated the social worker from NJ Ex Order 26.4(b)(1) informed the facility that Resident #2 NJ ex order 26.4b1 that Resident #2 NJ ex order 26.4b1</p> <p>The surveyor observed no indication that the GSP/HSP was updated to reflect that Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1, or that the goals and/or interventions were reviewed and/or revised. Surveyor review of the PN's showed no indication that NJ Ex Order 26.4(b)(1) was offered to Resident #2.</p> <p>During the same interview, the surveyor asked the DON if an assessment was conducted by a RN upon the resident's NJ ex order 26.4b1 NJ ex order 26.4b1 and she stated that Resident #2 NJ ex order 26.4b1</p> <p>Further surveyor review of the MR revealed a PN written by the DON dated NJ ex order 26.4b1, that revealed Resident #2 NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1</p> <p>The PN further indicated that the DON educated the resident on the NJ ex order 26.4b1</p> <p>On 7/2/24, the surveyor interviewed one of the</p>	H2640		

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NAME OF PROVIDER OR SUPPLIER IVYSTONE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110		
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H2640	<p>Continued From page 16</p> <p>facility owners who stated that the facility had psychiatric support available for the facility residents that included a Licensed Clinical Social Worker (LCSW), that visited the facility four evenings a week from the hours of 5:00 p.m. to 9:00 p.m., and another that visited on Fridays and Saturdays. The owner stated that additionally there was a psychiatric Advanced Practitioner Nurse (APN) that came the facility to see residents.</p> <p>Further review of the MR showed no indication that Resident #2 NJ ex order 26.4b1 for NJ ex order 26.4b1; or, documentation of communication between the facility and NJ Ex Order 26.4(b)(1) for coordination of treatment. Additionally the facility NJ ex order 26.4b1 NJ ex order 26.4b1 Resident #2's NJ ex order 26.4b1</p> <p>At the time of the survey, NJ ex order 26.4b1 NJ ex order 26.4b1 PNs for Resident #2.</p>	H2640		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/3/2024
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 A0310 Correction		ID Prefix A0735 Correction		ID Prefix A0751 Correction	
Reg. # 8:36-3.4(a)(1) Completed		Reg. # 8:36-7.2(e)(1-5) Completed		Reg. # 8:36-7.3(b) Completed	
LSC 10/02/2024		LSC 10/02/2024		LSC 10/02/2024	
ID Prefix A0763 Correction		ID Prefix A0765 Correction		ID Prefix Correction	
Reg. # 8:36-7.4(b) Completed		Reg. # 8:36-7.4(c)(1) Completed		Reg. # Completed	
LSC 10/02/2024		LSC 10/02/2024		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	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/2/2024		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/3/2024
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H2640	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-10.6(a)(2)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/02/2024	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	
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 8/2/2024		<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			