

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>15C000</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   |  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/26/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>IVYSTONE SENIOR LIVING</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7999 ROUTE 130 NORTH</b><br><b>PENNSAUKEN, NJ 08110</b>                      |  |   |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE  |
| H2090   | <p>8:43E-10.1(a)(1-2) Pt or Res Safty Reqmnts &amp; Reprt Evnts</p> <p>The purpose of this subchapter is as follows:</p> <ol style="list-style-type: none"> <li>1. To implement the Patient Safety Act, N.J.S.A. 26:2H-12.23 through 12.25, to increase the safety of patients and residents in health care facilities by reducing the frequency and severity of preventable adverse events; and</li> <li>2. To assure the Department receives timely notification of various events in health care facilities that may significantly affect their ability to continue to deliver health care services and/or may pose a danger to the life or safety of patients or residents, employees, medical staff or the public.</li> </ol> <p>This REQUIREMENT is not met as evidenced by:<br/>Complaint#: NJ00179887</p> <p>Based interview and record review, it was determined that the facility failed to report an incident of alleged <b>NJ Exec Order 26.4b1</b> that involved the <b>NJ Exec Order 26.4b1</b> being called. This deficient practice was evidenced by the following:</p> <p>On <b>NJ ex order 26.4b1</b> the New Jersey Department of Health (NJDOH) received a complaint via the</p> | H2090   |  |  |   |

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

TITLE

(X6) DATE

02/03/25

New Jersey Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>IVYSTONE SENIOR LIVING</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7999 ROUTE 130 NORTH</b><br><b>PENNSAUKEN, NJ 08110</b> |   |   |
| (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  |
| H2090   | <p>Continued From page 1</p> <p>NJDOH complaint hotline that alleged a facility staff member <b>NJ Exec Order 26.4b1</b> between Resident #2 and the facility's Administrator. The complaint also alleged that the facility staff member <b>NJ Exec Order 26.4b1</b> of Resident #2, and the <b>NJ Exec Order 26.4b1</b> was called to the facility following the incident.</p> <p>On 11/26/2024 at 10:16 a.m., while conducting a complaint survey, the surveyor interviewed the facility's Administrator who confirmed that Resident #2 called the <b>NJ Exec Order</b> following an incident involving Resident #2 and the facility's maintenance staff member. During continued surveyor interview, the facility's Administrator stated that he did not report the incident to the NJDOH due to being present during the incident and denied that the alleged <b>NJ Exec Order</b> occurred. The Administrator also stated that Resident #2 <b>NJ Exec Order 26.4b1</b> to participate in an investigation. In addition, the Administrator stated that he reported the incident to the facility's Business Development Officer (BDO).</p> <p>At 10:35 a.m., the surveyor interviewed the facility's BDO who stated that she was made aware of the incident but did not report the incident due to reviewing camera footage of the incident that did not confirm the allegations of <b>NJ Exec Order 26.4b1</b>.</p> <p>At 11:52 a.m., the surveyor reviewed the video footage provided by the facility's BDO related to the above mentioned incident on <b>NJ ex order 26.4b1</b>. The surveyor did not observe the maintenance staff member <b>NJ Exec Order</b> at Resident #2 or <b>NJ ex order 26.4b1</b> Resident #2's <b>NJ Exec Ord</b>.</p> <p>At 12:55 p.m., the surveyor reviewed Resident #2 MR which revealed a document titled,</p> | H2090   |   |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>IVYSTONE SENIOR LIVING</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7999 ROUTE 130 NORTH</b><br><b>PENNSAUKEN, NJ 08110</b>                      |  |  |
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| H2090   | Continued From page 2<br><br>"ADMISSION RECORD" which revealed Resident #2 had an admission date of <b>NJ ex order 26.4b1</b> and diagnosis that included <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> .<br><br>At 1:00 p.m., the surveyor interviewed the facility's Administrator and BDO, who both stated the incident should have been reported to the NJDOH due to the <b>NJ Exec Order 26.4b1</b> being called regarding the incident.<br><br>The surveyor did not receive any policy related to this deficient practice.  | H2090  |  |  |  |
| A 000   | Initial Comments<br><br>Initial Comments:<br>TYPE OF SURVEY: Complaint<br><br>COMPLAINT #: NJ00179887<br><br>CENSUS: 109<br><br>SAMPLE SIZE: 3<br><br>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  |  |  |  |

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| A 517   | Continued From page 3  | A 517  |  |  |  |
| A 517   | <p>8:36-5.6(b)(1-7) General Requirements</p> <p>(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <ol style="list-style-type: none"> <li>1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment;</li> <li>2. Emergency plans and procedures;</li> <li>3. The infection prevention and control program;</li> <li>4. Resident rights;</li> <li>5. Abuse and neglect;</li> <li>6. Pain management;</li> <li>7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.</li> </ol> | A 517  |  |  |  |

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| A 517   | <p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Complaint#: NJ00179887</p> <p>Based on interview and record review, it was determined that the facility failed to retain documentation that abuse training was completed for all facility employees. This deficient practice was evidenced by the following:</p> <p>On 11/26/2024 at 10:35 a.m., while conducting a complaint survey, the surveyor interviewed the facility's Administrator and requested the mandatory abuse training for all the facility's staff.</p> <p>At 12:00 p.m., the surveyor received the facility education binder from the facility's Director of Nursing (DON). The surveyor was unable to locate the facility's abuse training in the provided education binder.</p> <p>At 12:45 p.m., during surveyor interview, the facility's Administrator stated that he was unable to locate the facility's abuse training. During continued surveyor interview, the Administrator stated that the facility no longer utilized a computerized system for mandatory training and changed to in-person education.</p> <p>The surveyor did not receive any policy related to this deficient practice.</p> | A 517  |  |  |  |

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| A1073   | Continued From page 5  | A1073   |  |  |
| A1073   | <p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Complaint#: NJ00179887</p> <p>Based on interview and record review, it was determined that the facility failed to document a <b>NJ Exec Order 26.4b1</b> incident according to the standards of professional practice, for 1 of 3 residents reviewed for <b>NJ Exec Order 26.4b1</b> Resident #2. This deficient practice was evidenced by the following:</p> <p>On <b>NJ Exec Order 26.4b1</b> the New Jersey Department of Health (NJDOH) received a complaint via the NJDOH complaint hotline that alleged a facility staff member <b>NJ Exec Order 26.4b1</b> between Resident #2 and the facility's Administrator. The complaint also alleged that the facility staff member <b>NJ Exec Order 26.4b1</b> in the <b>NJ Exec Order 26.4b1</b> of Resident #2 and the <b>NJ Exec Order 26.4b1</b> was called to the facility, following the incident.</p> <p>On 11/26/2024 at 10:16 a.m., the surveyor interviewed the facility's Administrator who stated that he was present during the incident on <b>NJ ex order 26.4b1</b> between Resident #2 and the facility staff member but did not document the incident in</p> | A1073   |  |  |



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| A1073   | <p>Continued From page 6</p> <p>Resident #2's Medical Record (MR).</p> <p>At 10:35 a.m., the surveyor interviewed the facility's Director of Nursing (DON) who stated she was not aware of the incident that took place on <b>NJ Exec Order 26.4b1</b> and was unsure if the incident was documented.</p> <p>At 12:55 p.m., the surveyor reviewed Resident #2's MR which revealed a document titled, "ADMISSION RECORD" which revealed Resident #2 had an admission date of <b>NJ Exec Order 26.4b1</b> and diagnoses that <b>NJ ex order 26.4b1</b>. Resident #2's MR also included a document titled, "Progress Notes" which did not reveal documentation regarding the incident that took place on <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor did not receive any policy related to this deficient practice.</p> | A1073   |  |  |

## STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>15C000 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                       | DATE OF REVISIT<br>2/21/2025 |
| NAME OF FACILITY<br>IVYSTONE SENIOR LIVING                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7999 ROUTE 130 NORTH<br>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<br>Y4                                    | DATE<br>Y5                | ITEM<br>Y4   | DATE<br>Y5            | ITEM<br>Y4 | DATE<br>Y5 |
|---|---------------------------|--|-----------------------|------------|------------|
| ID Prefix H2090                               | Correction                | ID Prefix  | Correction            | ID Prefix  | Correction |
| Reg. # 8:43E-10.1(a)(1-2)                     | Completed                 | Reg. #   | Completed             | Reg. #     | Completed  |
| LSC   | 03/01/2025                | 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<br>STATE AGENCY                   | REVIEWED BY<br>(INITIALS) | DATE   | SIGNATURE OF SURVEYOR | DATE       |            |
| REVIEWED BY<br>CMS RO                         | REVIEWED BY<br>(INITIALS) | DATE   | TITLE                 | DATE       |            |
| FOLLOWUP TO SURVEY COMPLETED ON<br>11/26/2024 |                           | <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 |                       |            |            |



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| ITEM<br>Y4   | DATE<br>Y5                | ITEM<br>Y4   | DATE<br>Y5            | ITEM<br>Y4 | DATE<br>Y5 |
|--|---------------------------|--|-----------------------|------------|------------|
| ID Prefix A0517                                      | Correction                | ID Prefix A1073  | Correction            | ID Prefix  | Correction |
| Reg. # 8:36-5.6(b)(1-7)                              | Completed                 | Reg. # 8:36-15.6(b)  | Completed             | Reg. #     | Completed  |
| LSC  | 03/01/2025                | LSC  | 03/01/2025            | 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<br>STATE AGENCY <input type="checkbox"/> | REVIEWED BY<br>(INITIALS) | DATE   | SIGNATURE OF SURVEYOR | DATE       |            |
| REVIEWED BY<br>CMS RO <input type="checkbox"/>       | REVIEWED BY<br>(INITIALS) | DATE   | TITLE                 | DATE       |            |
| FOLLOWUP TO SURVEY COMPLETED ON<br>11/26/2024        |                           | <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 |                       |            |            |