

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 09/26/2024
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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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(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	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #'s: NJ00158165, NJ00158496, NJ00167884, NJ00160042, NJ00170735, NJ00170738, NJ00175315, NJ00175582, NJ00175907, NJ00176137, NJ00176417, NJ00176492, NJ00176494, NJ00175656</p> <p>Census: 111</p> <p>Sample Size: 24</p> <p>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.</p>	A 000		
A 357	<p>8:36-4.1(a)(2) Resident Rights</p> <p>(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 assisted living programs. Each resident is entitled to the following rights:</p> <p>2. The right to receive a level of care and services that addresses the resident's changing physical and</p>	A 357		

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

TITLE

(X6) DATE

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A 357	<p>Continued From page 1</p> <p>psychosocial status;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00170738; NJ00176417</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide residents with a level of care and services that addressed [redacted] in their [redacted] and NJ Exec Order 26.4b1 for 4 of 24 residents reviewed, Residents #16, #17, #18, and #19. This deficient practice was evidenced by the following:</p> <p>1. On 9/4/24 at 11:19 a.m., the surveyor interviewed an unsampled resident who stated that he/she was admitted to the facility approximately [redacted] and that he/she had not yet met his/her roommate (Resident #19).</p> <p>The surveyor reviewed Resident #19's electronic Medical Record (MR), which documented that the resident was admitted to the facility on [redacted] with diagnoses of [redacted]</p> <p>[redacted]. The surveyor reviewed Resident #19's "Resident Assessment," completed on [redacted] by the Director of Nursing (DON), which documented, "Resident [redacted] from [redacted]</p> <p>[redacted] ... Resident noticed to have [redacted] and [redacted] during</p>	A 357		

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A 357	<p>Continued From page 2</p> <p>assessment ... NJ Exec Order 26.4b1 ..." The surveyor then reviewed Resident #19's "Functional Assessment," completed by the DON, which documented, "Resident admitted to facility on NJ Exec Order 26.4b1</p> <p>In addition, the surveyor reviewed a Progress Note (PN) dated NJ Exec Order 26.4b1 written by a Nurse Practitioner (NP) at the facility, which indicated that the NP seen Resident #19 at the bedside for a clinical assessment and follow-up on the resident's current NJ Exec Order 26.4b1</p> <p>The PN documented that Resident #19 had NJ Exec Order 26.4b1</p> <p>The surveyor then reviewed a PN dated NJ Exec Order 26.4b1 written by a Licensed Practical Nurse (LPN), which documented, "... Resident NJ Exec Order 26.4b1 and was sent via NJ Exec Order 26.4b1 to [a local hospital] ..." This PN was created four days after the DON assessed Resident #19 and observed that the resident had NJ Exec Order 26.4b1 since his/her prior assessment and had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1</p> <p>The surveyor also reviewed a PN dated NJ Exec Order 26.4b1 written by a Certified Medication Aide (CMA), which documented, "Resident NJ Exec Order 26.4b1 at [local NJ Exec Order 26.4b1</p> <p>On 9/4/24 at 12:59 p.m., the surveyor interviewed the DON to inquire about Resident #19's whereabouts, and the DON stated that the resident went to NJ Exec Order 26.4b1 following his/her NJ Exec Order 26.4b1 (on NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1). In addition, the DON stated that on admission Resident #19 did NJ Exec Order 26.4b1</p>	A 357		

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A 357	<p>Continued From page 3</p> <p>Later, the surveyor reviewed a PN dated [redacted] written by the previously stated NP, which documented, "The patient [Resident #19] was seen today [redacted] at the bedside for clinical assessment and follow-up on the current [redacted] of [redacted] of NJ Exec Order 26.4b1 [redacted]) ... Patient is [redacted] with [redacted] NJ Exec Order 26.4b1 [redacted] [redacted] " However, the surveyor reviewed the census provided by the Executive Director (ED) at the facility dated [redacted] NJ Exec Order 26.4b1 [redacted], which revealed Resident #19 was on [redacted] NJ Exec Order 26.4b1 [redacted] ".</p> <p>On 9/13/24 at 2:56 p.m., the surveyor interviewed the ED via telephone to inquire if Resident #19 returned to the facility, and the ED confirmed that Resident #19 was still in [redacted] NJ Exec Order 26.4b1 [redacted] and had [redacted] NJ Exec Order 26.4b1 [redacted] to the facility.</p> <p>Resident #19 was observed to have [redacted] NJ Exec Order 26.4b1 [redacted] on [redacted] NJ Exec Order 26.4b1 [redacted] but was not sent out for evaluation and treatment until [redacted] NJ Exec Order 26.4b1 [redacted], four days later.</p> <p>2. On 1/30/24, the Department of Health (DOH) received a Reportable Event Record (RER) submitted by the former Administrator on [redacted] NJ Exec Order 26.4b1 [redacted] for a significant event that occurred on [redacted] NJ Exec Order 26.4b1 [redacted]. The RER documented that Resident #17 came out of his/her room, as a staff member pushed a vending cart down the hallway, and Resident #17 [redacted] NJ Exec Order 26.4b1 [redacted]. The RER also documented that Resident #17 endured a [redacted] NJ Exec Order 26.4b1 [redacted] and that the resident was sent to the [redacted] NJ Exec Order 26.4b1 [redacted], where he/she received [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>On 9/5/24 at 1:00 p.m., the surveyor interviewed Resident #17 to inquire about the incident</p>	A 357		
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A 357	<p>Continued From page 4</p> <p>mentioned above, and Resident #17 confirmed what was stated in the RER. Resident #17 stated that one of the boxes on the [redacted] NJ Exec Order 26.4b1 and that he/she went to the [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1. In addition, Resident #17 stated that his/her [redacted] NJ Exec Order 26.4b1 took a [redacted] NJ Exec Order 26.4b1, and that it required [redacted] NJ Exec Order 26.4b1, which had just recently been discontinued. The surveyor inquired if the nursing staff at the facility assisted the resident with [redacted] NJ Exec Order 26.4b1, and Resident #17 stated that they did not. Resident #17 stated that every time he/she went to the nursing office for [redacted] NJ Exec Order 26.4b1, the nursing staff would ask the resident to come back later. Resident #17 stated that eventually he/she performed his/her own [redacted] NJ Exec Order 26.4b1.</p> <p>At 1:55 p.m., the surveyor interviewed Resident #18, to inquire about his/her [redacted] NJ Exec Order 26.4b1. Resident #18 stated that he/she received [redacted] NJ Exec Order 26.4b1, who changed his/her [redacted] NJ Exec Order 26.4b1 once a week. The surveyor then inquired if the resident received [redacted] NJ Exec Order 26.4b1 treatments from the facility, and Resident #18 stated that he/she would go to the nursing station for [redacted] NJ Exec Order 26.4b1 the facility did not have the [redacted] NJ Exec Order 26.4b1. In addition, Resident #18 stated that most times the nursing staff would tell the resident to come back later, and that he/she [redacted] NJ Exec Order 26.4b1 to return.</p> <p>The surveyor reviewed the MR of Resident #18, who was admitted to the facility in [redacted] NJ Exec Order 26.4b1 with diagnoses of [redacted] NJ Exec Order 26.4b1. The surveyor reviewed the resident's general service plan, last revised on [redacted] NJ Exec Order 26.4b1, which documented that the resident had [redacted] NJ Exec Order 26.4b1 related to [redacted] NJ Exec Order 26.4b1. The surveyor also reviewed</p>	A 357		
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A 357	<p>Continued From page 5</p> <p>a PN dated [redacted] written by a [redacted], which documented, "[Resident #18] seen today for [redacted] ... present for [redacted] ... [Patient] admits [he/she] is not [redacted] in getting treatments [redacted] ... [Resident #18] reports [he/she] will [redacted]. This has been an [redacted] for about [redacted]. Today, [Resident #18] states that [he/she] only had [his/her] [redacted] at my last visit the previous [redacted] and presents with a [redacted]. Treatment: [redacted] [redacted] to [redacted] with [redacted] with [redacted]. Every other day (ideally [redacted] daily but patient is [redacted] with directions)"</p> <p>The surveyor reviewed Resident #18's Treatment Administration Record (TAR) for [redacted], which did not document any [redacted] treatments. The surveyor did not observe any TAR for [redacted]</p> <p>Resident #18 did not receive [redacted] care services that addressed his/her [redacted] and [redacted]</p> <p>3. On 9/5/24 at 10:32 a.m., the surveyor interviewed Resident #16 to inquire about [redacted] care. Resident #16 [redacted] [redacted]). The surveyor inquired if Resident #16 had any concerns with [redacted], if the resident was [redacted] for long periods of time, and if the resident had to ever wait longer than an hour to be assisted with [redacted] care, and Resident #16 responded [redacted] to all.</p>	A 357		
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A 357	<p>Continued From page 6</p> <p>At 10:33 a.m., Resident #16's roommate, Resident #20, stated that he/she had been Resident #16's roommate for NJ Exec Order 26.4b1, and that he/she had to NJ Exec Order 26.4b1 for Resident #16 daily so that the resident could be NJ Exec Order 26.4b1. In addition, Resident #20 stated that the facility did not have call bells, and that he/she had to transfer into his/her wheelchair and search for staff if they needed assistance. Resident #20 also stated that NJ Exec Order 26.4b1 an aide entered the room when Resident #16 needed assistance, and the aide stated that she was not assigned to Resident #16, and then left the room. Resident #20 stated that he/she did not know the aide's name. Resident #20 then stated that another aide came to assist Resident #16 over an hour later.</p> <p>The surveyor reviewed the MR of Resident #16, who was admitted to the facility in NJ Exec Order 26.4b1 with diagnoses of NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed a PN dated NJ Exec Order 26.4b1, written by the NP, which documented, "[Resident #16] c/o (complains of) NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Returned from the ER NJ Exec Order 26.4b1 ..."</p> <p>Resident #16 did not receive care and services that addressed his/her status or NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the facility policy titled, "Resident Rights," which documented, "A statement of resident rights ... will be posted and distributed: Provide personalized services and care to meet resident's needs ... It is the resident's right to receive adequate and</p>	A 357		

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A 357	Continued From page 7 appropriate health care and protective and support services.	A 357		
A 473	<p>8:36-5.1(g) General Requirements</p> <p>(g) The assisted living residence, comprehensive personal care home, or assisted living program shall adhere to applicable Federal, State, and local laws, rules, regulations, and requirements.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determine that the facility failed to ensure the name on all facility documents, and the name on the sign outside of the facility matched the name on the license issued by the New Jersey Certificate of Need and Licensing Program. This deficient practice was evidenced by the following:</p> <p>On 9/4/24 upon arrival to the facility, the surveyor observed the facility sign in front of the building read another name other than that which was on record with the New Jersey Department of Health (DOH).</p> <p>During surveyor interview with the facility Administrator, in the presence of other DOH staff and another facility Administrator, the Administrator stated that the facility was doing business as (DBA), the other name observed on facility documents.</p>	A 473		

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A 473	Continued From page 8 Surveyor review of the facility license, provided by the Administrator during the survey revealed the name known to the DOH, and not the name the facility was DBA.	A 473		
A 563	8:36-5.10(a)(2) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00176137 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to notify the Department of	A 563		

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A 563	<p>Continued From page 9</p> <p>Health (DOH) immediately by telephone and in writing within 72 hours after 1 of 24 residents [redacted] at the facility, Resident #14. This deficient practice was evidenced by the following:</p> <p>On [redacted], the DOH received a Facility Reportable Event (FRE) submitted by the Executive Director (ED) for a significant event that occurred on [redacted]. The FRE documented that Resident #14 had a [redacted] and was sent to the [redacted].</p> <p>On 9/4/24 at 10:45 a.m., the surveyor interviewed Resident #14 to inquire about the [redacted] incident mentioned above. During the interview, Resident #14 stated that the [redacted] mentioned above was the [redacted] he/she had at the facility. Resident #14 stated that he/she [redacted] on [redacted] the [redacted] and [redacted] time, and [redacted] the [redacted] time.</p> <p>The surveyor reviewed a Progress Note (PN) dated [redacted] written by a Licensed Practical Nurse (LPN), which documented, "a resident came to the med room reporting [Resident #14] was on the [redacted] on the [redacted] in [his/her] wheelchair. When this nurse arrived [the] resident was noted [redacted] [redacted] .. other nursing staff that [were on] duty stated they administered [redacted] and [directed the LPN] to call [redacted]."</p> <p>In addition, the surveyor reviewed another PN dated [redacted] written by the Director of Nursing (DON), which documented, "I was notified that [Resident #14] was [redacted] in [his/her] [redacted] around 10 pm. [redacted] was called [redacted] was given."</p>	A 563		
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A 563	<p>Continued From page 10</p> <p>Further, the surveyor reviewed another PN dated [redacted] written by a Certified Medication Aide (CMA), which documented, "[Resident #14] was found [redacted] NJ Exec Order 26.4b1 . The resident [redacted] NJ Exec Order 26.4b1 . The resident was [redacted] NJ Exec Order 26.4b1 to [redacted] NJ Exec Order 26.4b1 ... DON made aware via text."</p> <p>At 12:59 p.m., the surveyor requested all investigation reports and Reportable Event Records (RER) for Resident #14 from [redacted] NJ Exec Order 26.4b1 from the DON.</p> <p>On 9/5/24 at 12:26 p.m., the surveyor interviewed the DON to inquire about Resident #14's [redacted] NJ Exec Order 26.4b1 at the facility. During the interview, the DON stated that Resident #14 [redacted] NJ Exec Order 26.4b1 at the facility three times. The surveyor then inquired if the [redacted] NJ Exec Order 26.4b1 incidents were reported to the DOH, and the DON stated that she did not know if all the incidents were reported to the DOH. In addition, the DON stated that she was not able to locate any investigation reports for Resident #14's [redacted] NJ Exec Order 26.4b1 that occurred on [redacted] NJ Exec Order 26.4b1 . At this time, the surveyor requested any RER for Resident #14 from [redacted] NJ Exec Order 26.4b1 a [redacted] NJ Exec Order 26.4b1 .</p> <p>On 9/6/24 at 11:49 a.m., the surveyor interviewed the DON to inquire if she was able to locate any RER for the incidents mentioned above, and the DON stated, "What I gave, is what I have, whatever I didn't give, I don't have."</p> <p>The surveyor reviewed the facility policy titled, "Reportable Events," which documented, "The community will report all reportable events as required by law and regulations ... Reportable incidents/ conditions may include ... Drug overdose ... All reportable events will be reported by the Executive Director/ designee to the</p>	A 563		
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A 563	Continued From page 11 Department's assisted living office within 24 hours." Reference: 8:36-7.4(c)(1) A-0765	A 563		
A 605	8:36-5.14(b) General Requirements (b) In an emergency situation, as stated in N.J.A.C. 8:36-5.1(d), for the protection of the life and safety of the resident or others, the facility or program may transfer the resident without 30 days notice. The Department shall be notified in the event of such discharge. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00176137 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to notify the Department of Health (DOH) of an [redacted] [redacted] for 1 of 24 residents, Resident #15. This deficient practice was evidenced by the following: The surveyor reviewed the closed electronic Medical Record (MR) of Resident #15 and observed a Progress Note (PN) dated [redacted] written by a Licensed Practical Nurse (LPN) which documented, "The resident was transferred to the [redacted] for evaluation due to [redacted] and [redacted] that [redacted] the facility's [redacted]. The surveyor did not observe any other PN regarding Resident #15's [redacted] from the facility. On 9/4/24 at 12:59 p.m., the surveyor interviewed	A 605		

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(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 605	<p>Continued From page 12</p> <p>the Executive Director (ED) to inquire the reason Resident #15 was discharged from the facility. The ED stated that Resident #15 was discharged from the facility on NJ Exec Order 26.4b1 facility due to NJ Exec Order 26.4b1, which included the resident NJ Exec Order 26.4b1 other residents.</p> <p>On 9/5/24 at 12:26 p.m., the surveyor interviewed the Director of Nursing (DON) to inquire the reason Resident #15 was discharged from the facility. The DON stated that Resident #15 had NJ Exec Order 26.4b1, was sent out NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 and did NJ Exec Order 26.4b1. The surveyor then inquired if a discharge PN was completed to document the details of Resident #15's discharge, and if the DOH was notified. The DON stated that she was on vacation when Resident #15 was discharged from the facility, and she did not know if a note was done or if the DOH was notified. The DON was not able to provide the surveyor with documented evidence of the NJ Exec Order 26.4b1 or DOH notification.</p> <p>The surveyor reviewed the facility policy titled, "Involuntary Discharge," which documented, " ... In the case of an emergency situation ... for the protection of life and safety of the resident or others, the Residence may transfer the resident without 30-day notice. The department shall then be notified of discharge."</p> <p>In addition, the surveyor reviewed the facility policy titled, "Admission, Discharge, Termination, Transfer, & Re-Admission," which documented, "... Update the resident's records to reflect the termination and ensure all required documentation is completed."</p> <p>The surveyor also reviewed the facility policy titled, "Reportable Events," which documented,</p>	A 605		

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A 605	Continued From page 13 "The community will report all reportable events as required by law and regulations ... Reportable incidents/ conditions may include ... Incidents requiring emergency services ... Emergencies in which emergency procedures are initiated ... relocation of the residents ... All reportable events will be reported by the Executive Director/ designee to the Department's assisted living office within 24 hours."	A 605		
A 615	8:36-5.15(b) General Requirements (b) Notification of any occurrence noted in (a) above shall be documented in the resident's record. The documentation with regard to an occurrence noted in (a)4 above shall include confirmation and written documentation of that notification. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00175656 Based on interview and record review it was determined that the facility failed to maintain documented evidence in the resident's medical record that the Responsible Party (RP) was notified about the resident's "Managed Risk Agreement (MRA)" and 30-day discharge for 1 of 23 residents reviewed, Resident #13. This deficient practice was evidenced by the following: On 9/5/24 at 2:20 p.m., the surveyor reviewed Resident #13's Medical Record (MR) that revealed a NJ Exec Order 26.4b1 , and diagnoses of NJ Exec Order 26.4b1 [REDACTED] A review of the resident's Progress Notes (PNs) revealed no	A 615		

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A 615	<p>Continued From page 14</p> <p>documented evidence that the facility notified the RP of the MRA and 30-day discharge.</p> <p>A review of a document titled, "Managed Risk Agreement (MRA)" dated [redacted] revealed that Resident #13 [redacted] the facility's House Rules policy and included a statement that if he/she continued to [redacted] "a 30-day discharge will be issued." The MRA revealed Resident #13's signature on the document.</p> <p>A review of a document titled, "Formal 30-day Notice of Discharge" dated [redacted] revealed Resident #13 had a continued [redacted] of the MRA.</p> <p>On 9/6/24 at 8:40 a.m., the surveyor interviewed the Director of Nursing (DON) and when she was asked if the facility had a policy for "Family/Physician Notification," she stated that she was unsure.</p> <p>On 9/6/24 at 11:00 a.m., the surveyor interviewed the Administrator, when asked if he notified the RP for Resident #13 about the MRA and 30-day discharge, he replied that he called the family on [redacted] for the MRA and on [redacted] for the 30-day discharge. In the same interview, when the surveyor asked him, where it was documented, the Administrator stated that he writes a note in the PNs, but that he didn't see any notes and that it was his fault, and confirmed that there was no other documentation.</p> <p>Surveyor review of an undated policy, titled "Admission, Discharge, Termination, Transfer & Re-Admission" which revealed, "...2. Discharge Procedure included 2.1 Initiation Discharge can be initiated by the resident, the representative, or the community due to changes in health status,</p>	A 615		

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A 615	Continued From page 15 personal choice, or non-compliance with community policies ... 2.5 Documentation indicated Update the resident's file to reflect the discharge and ensure all relevant documentation is completed and filed...."	A 615		
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 measures, including, but not limited to, pain, falls, and lifestyle;	A 709		

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A 709	<p>Continued From page 16</p> <p>12. Oral/nutritional status;</p> <p>13. Oral/dental status;</p> <p>14. Skin conditions;</p> <p>15. Medication use;</p> <p>16. Special treatment and procedures;</p> <p>17. Restraint use;</p> <p>18. Outside service utilization.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00175656</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that an assessment was completed by a Registered Nurse (RN) upon admission and after [redacted] incidents for 2 of 23 residents reviewed, Resident #'s 11 & 13. This deficient practice was evidenced by the following:</p> <p>1. On 9/5/24 at 1:00 p.m., the surveyor reviewed the medical record (MR) that revealed Resident #11 moved in to the facility in [redacted] with diagnoses that included [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>The surveyor reviewed Resident #11's Progress Notes (PNs) and there was no documented evidence of a RN Assessment done after an [redacted] NJ Exec Order 26.4b1 [redacted] with Resident #13.</p>	A 709		

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A 709	<p>Continued From page 17</p> <p>2. On 9/5/24 at 2:20 p.m., the surveyor reviewed Resident #13's MR that revealed a move-in-date of [redacted], and diagnoses of [redacted] with [redacted].</p> <p>a.</p> <p>The surveyor reviewed Resident #13's (PNs) that revealed a total of (5) [redacted] notes from [redacted].</p> <p>The surveyor reviewed Resident #13's late entry PN written on [redacted] at 12:58 p.m. by the Director of Nursing (DON) for an incident on [redacted] at 4:55 p.m. that revealed Resident #13 was in a [redacted] Resident #11 with [redacted].</p> <p>There was no documented evidence in the MR of RN assessments done for Resident #11 after each [redacted] incident, including the incident on [redacted]. Additionally, on Resident #13's initial admission did not indicate that residents's [redacted] was addressed.</p> <p>On 9/6/24 at 8:40 a.m., the surveyor interviewed the DON about the RN assessments. She stated that an RN assessment was done after an incident and was documented in the PNs, not on a separate form.</p> <p>Surveyor review of an undated facility policy titled, "Health Care Assessment" revealed "Policy" indicated "Upon participation, each client shall receive an initial assessment by a registered professional nurse to determine the client's needs. The information collected on the initial health care interview is utilized in the health care assessment." "Procedure" revealed "...4. Each health care assessment by the registered professional nurse shall include, at a minimum,</p>	A 709		
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A 709	Continued From page 18 evaluation of the following: ...h. Mood and behavior problems...."	A 709		
A 735	<p>8:36-7.2(e)(1-5) Resident Assessments and Care Plans</p> <p>(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:</p> <ol style="list-style-type: none"> 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. <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00175656</p> <p>Based on interview, and record review, it was determined that the facility failed to develop and implement a written health service plan (HSP) for a resident who had NJ Exec Order 20.461 for 1 of 23</p>	A 735		

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A 735	<p>Continued From page 19</p> <p>residents reviewed, Resident #13. This deficient practice was evidenced by the following:</p> <p>On 9/5/24 at 2:20 p.m., the surveyor reviewed Resident #13's MR that revealed that the resident moved in [redacted] with diagnoses that included NJ Exec Order 26.4b1 [redacted]. The surveyor reviewed Resident #13's Progress Notes (PNs) which revealed the following resident's [redacted] documented in the MR: [redacted] at 5:36 p.m., [redacted] at 3:30 p.m. and 3:37 p.m., [redacted] at 4:04 p.m., and [redacted] at 4:55 p.m.</p> <p>Upon further review of the MR for Resident #13 revealed that there was no HSP developed to address Resident #13's [redacted] to ensure that goals were set, interventions initiated, and effectiveness evaluated.</p> <p>On 9/6/24 at 8:40 a.m., the surveyor interviewed the Director of Nursing (DON). When asked if the resident had [redacted] identified, where would the [redacted] and interventions be documented. She stated that since [redacted] [redacted] are documented on the care plan, the general service plan. She continued to say that if there is a [redacted] incident, it should be on the general service plan.</p> <p>Surveyor review of an undated facility policy titled, "Health Care Assessment" revealed "Policy" indicated "Upon participation, each client shall receive an initial assessment by a registered professional nurse to determine the client's needs. The information collected on the initial health care interview is utilized in the health care assessment." "Procedure" revealed "...4. Each health care assessment by the registered</p>	A 735		
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A 735	<p>Continued From page 20</p> <p>professional nurse shall include, at a minimum, evaluation of the following: ...h. Mood and behavior problems; ...5. 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: a. Orders for treatment or services, medications and diet, if needed; b. The client's needs and preferences for himself/herself; c. The specific goals of treatment or services, if appropriate; d. The time intervals at which the client's response to treatment will be reviewed; e. The measures to be used to assess the effects of the treatment..."</p> <p>Surveyor review of an undated facility policy titled, "Resident Abuse -Resident to Resident" revealed, "Policy and Procedure:...4. Upon admission, if interventions to address identified behavior issues are appropriate, they shall be incorporated into the service plan. Periodic assessment shall be conducted and service plans updates as needed. 5. Documentation in the resident record regarding...changes in behavior, interventions and resident response shall be made...."</p>	A 735		
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 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</p>	A 765		

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A 765	<p>Continued From page 21</p> <p>hospital;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00176137; NJ00167884; NJ00170738</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that a Registered Nurse (RN) reassessed residents for a [redacted] in [redacted] upon return from the [redacted] following NJ Exec Order 26.4b1 [redacted] and following [redacted] for 3 of 24 residents reviewed, Residents #14, #15 and #17. This deficient practice was evidenced by the following:</p> <p>On 9/4/24 at 10:45 a.m., the surveyor interviewed Resident #14 to inquire if he/she was assessed by nursing staff on [redacted] when he/she returned from the [redacted] following a [redacted] that occurred on [redacted] following a [redacted] with Resident #15. Resident #14 stated that he/she was not assessed by nursing staff following the [redacted] with Resident #15 or upon return from the [redacted] following his/her [redacted]. Resident #14 stated that following the [redacted] with Resident #15, the [redacted] asked the residents if they wanted to go to the [redacted] Resident #14 stated that Resident #15 went to the [redacted] to be assessed, and [redacted].</p> <p>1. The surveyor reviewed the electronic Medical Record (MR) of Resident #14 who was admitted to the facility in [redacted] with diagnoses of [redacted] NJ Exec Order 26.4b1</p>	A 765		

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A 765	<p>Continued From page 22</p> <p>and did not observe any nursing assessments in Point Click Care (PCC).</p> <p>The surveyor reviewed a Progress Note (PN) dated [redacted] written by a Licensed Practical Nurse (LPN), which documented, "a resident came to the med room reporting [Resident #14] was on the [redacted] unit on the [redacted] in [his/her] wheelchair. When this nurse arrived [the] resident was noted [redacted] ... other nursing staff that [were on] duty stated they administered [redacted] and [instructed the LPN] to call [redacted]</p> <p>In addition, the surveyor reviewed another PN dated [redacted] written by the Director of Nursing (DON), which documented, "I was notified that [Resident #14] was [redacted] in [his/her] [redacted] around 10 pm. [redacted] was called [redacted] was given."</p> <p>The surveyor then reviewed another PN dated [redacted] written by the DON, which documented, "I received a call that [Resident #14] was [redacted] while in [his/her] room, I went to the room to find [the resident] in the chair [with his/her] [redacted] was called ... [redacted] was given, resident started to [redacted]"</p> <p>Further, the surveyor reviewed another PN dated [redacted] written by a Certified Medication Aide (CMA), which documented, "[Resident #14] was found [redacted] resident seem[s] like [he/she] [redacted] The resident was [redacted] [redacted] ... DON made aware via text."</p>	A 765		

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A 765	<p>Continued From page 23</p> <p>The surveyor then reviewed the Reportable Event Record (RER) submitted by the former Executive Director to the Department of Health (DOH) on [redacted] for a significant event that occurred on [redacted]. The RER indicated, "At approximately 11 am, [Resident #14] was entering through the door. [Resident #15] [redacted] to [Resident #14's] [redacted]. Both [residents] had [redacted] [Resident #15] went to [redacted], and was [later] discharged [from the [redacted] ..."</p> <p>2. The surveyor reviewed the electronic MR of Resident #15 who was admitted to the facility in [redacted] with diagnoses of [redacted] and did not observe any nursing assessments in PCC. The surveyor reviewed a PN dated [redacted] written by the DON, which documented, "Returned from [the] [redacted] around 1030-1100 [10:30 a.m.-11:00 a.m.] with [redacted] for 7 days, Resident appeared to be [redacted], Resident was observed to have [redacted] on [redacted] [redacted]."</p> <p>At 12:59 p.m., the surveyor requested nursing assessments from the DON for all the incidents mentioned above.</p> <p>On 9/5/24 at 12:26 p.m., the surveyor interviewed the DON to confirm how many times Resident #14 [redacted] at the facility. The DON stated that Resident #14 [redacted] at the facility [redacted]. At this time, the surveyor requested nursing assessments related to the incidents mentioned above a second time.</p> <p>3. Additionally, on [redacted] the DOH received a RER from the former Executive Director for a significant event that occurred on [redacted]. The</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 09/26/2024
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A 765	<p>Continued From page 24</p> <p>RER indicated on [redacted] at approximately 2:30 p.m., Resident #17 [redacted] of his/her room on his/her [redacted] and [redacted] with a staff member who wheeled a vending cart in the hallway. The RER documented that Resident #17 [redacted] a [redacted], was sent to the [redacted], and returned with [redacted].</p> <p>At 1:00 p.m., the surveyor interviewed Resident #17 to inquire if the resident was assessed by nursing staff upon his/her return from the [redacted] following the incidents mentioned above, and Resident #17 stated that he/she was not assessed.</p> <p>The surveyor reviewed the MR of Resident #17, who was admitted to the facility in [redacted] with diagnoses of [redacted] and did not observe any nursing assessments in PCC. The surveyor reviewed a PN dated [redacted] (three days after the incident) written by the DON, which documented, "Around 7pm, resident stated that she had gone to the [redacted] recently from a [redacted] while leaving the dining area. That [redacted] was located on the [redacted] had [redacted] present surrounded by a [redacted] ..."</p> <p>At 1:15 p.m., the surveyor requested the nursing assessment for Resident #17 for the incidents mentioned above.</p> <p>On 9/6/24 at 11:49 a.m., the surveyor interviewed the DON to inquire about the requested assessments, and the DON stated, "What I gave, is what I have, whatever I didn't give, I don't have." The DON stated that she did not have the requested nursing assessments.</p>	A 765		
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A 765	Continued From page 25 The surveyor reviewed the facility policy titled, "Assessments," Revised in July of 2024, which documented, "Assessments will be completed with residents upon admission, as required by the State, and when a significant change has occurred ... The following assessments may be completed on a resident, if necessary ... Skin/Wound ... Nursing Assessment ... Pain Assessment ... Drug Overdose." The surveyor reviewed the facility policy titled, "Resident Record," which documented, "A record shall be maintained for all residents residing in the assisted living residence ... The resident record shall contain information regarding the individual resident. Each record shall include at least the following ... All assessments and treatments by the health and service providers ... All records shall be kept available on the premises for review at any time by representatives of the Department of Health."	A 765		
A 783	8:36-7.5(e) Resident Assessments and Care Plans (e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing. This REQUIREMENT is not met as evidenced by:	A 783		

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A 783	<p>Continued From page 26</p> <p>Complaint#: NJ00175656</p> <p>Based on interview, record review, and review of other pertinent facility documents, it was determined that the facility failed to ensure that annual physical examinations were conducted and documented in the resident's record, and failed to ensure that annual certifications to ensure the resident's needs did not exceed the facility's ability to provide care were documented in the medical record for 2 of 23 residents reviewed, Resident #'s 11, and 13. This deficient practice was evidenced by the following:</p> <p>1. On 9/5/24 at 1:00 p.m., the surveyor reviewed the medical record (MR) that revealed Resident #11 had a move-in-date of [REDACTED], and diagnoses of NJ Exec Order 26.4b1. The surveyor reviewed a document titled, "Medical Evaluation (ME)" that revealed a Pre-Admission Medical Certification for Assisted Living that included a History and Physical (H&P) dated [REDACTED]. The surveyor observed that there was no other H&P with physician certification documented in the MR.</p> <p>2. On 9/5/24 at 2:20 p.m., the surveyor reviewed Resident #13's MR that revealed a move-in-date of [REDACTED] and diagnoses of NJ Exec Order 26.4b1. The surveyor reviewed the ME that revealed a H&P which included a Physician's Certification dated [REDACTED]. There was no other H&P with physician certification documented in the MR.</p> <p>On 9/6/24 at 8:40 a.m., the surveyor interviewed the Director of Nursing (DON), when asked about how often the physician certificate is done, she stated that the physician certificate was done</p>	A 783		

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A 783	<p>Continued From page 27</p> <p>every year.</p> <p>In the same interview, when the surveyor asked her, where is the physician certificate located in the resident's electronic MR, the DON continued to say that the current ones are under miscellaneous and under the H&P done annually. When the surveyor showed her, the last one done for Resident #13 was [REDACTED], the DON stated that he/she should have one for [REDACTED]</p> <p>Surveyor review of an undated policy titled, "Annual Physical Examination-Client" revealed "Policy Each client shall have an annual physical examination by a physician, advanced practice nurse or physician assistant. Procedure 1. The physician, advance practice nurse or physician assistant shall certify annually that the client does not have needs which exceed the care that our Facility is capable of providing. 2. The annual physical examination shall be documented in the client's record..."</p>	A 783		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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A 891	<p>Continued From page 28</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ000176492, NJ00176494</p> <p>Based on observation, interview, and in accordance with the New Jersey Administrative Code (N.J.A.C.) 8:24, it was determined that the dietary staff failed to monitor and record food temperatures in order to ensure meals were served at the proper temperatures, placing all residents at risk. This deficient practice was evidenced by the following:</p> <p>Reference: 8:24-3.2(f) "3. Potentially hazardous food that is cooked to safe cooking temperatures, and received hot shall be at a temperature of 135 degrees Fahrenheit or above."</p> <p>On 09/4/24 at 12:03 p.m., the surveyor interviewed the server regarding food temperatures. The server stated she is just a server and does not check food temperatures. The surveyor observed a paper hanging on the wall titled "Menu Wednesday" which indicated, "Lunch: BBQ Boneless Wings, French Fries, and Cole Slaw Dinner: Cheese Burgers Seasoned Potatoes Maccaroni Salad". Additionally, the server stated the kitchen was closed down by the local health department at the end of the day on Monday August 26, 2024, and since then the meals were catered from a restaurant.</p> <p>At 12:15 p.m., the surveyor interviewed the Food Service Director (FSD) regarding food temperature checks. The FSD stated that lunch and dinner had been catered from a restaurant since the kitchen was shut down and breakfast options were cold or continental breakfast except for residents who were on a puree diet. The FSD</p>	A 891		

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A 891	Continued From page 29 stated the residents on a puree diet received baby food. Additionally, the FSD stated no food temperatures were collected or documented since the kitchen was shut down. The facility failed provide documented evidence that food delivered to the facility were maintained at an appropriate and safe temperatures to prevent food borne-illnesses.	A 891		
A 901	8:36-10.5(c)(4) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days; This REQUIREMENT is not met as evidenced by: Complaint #: NJ000176492, NJ00176494 Based on observation and interview, it was determined that the facility failed to post menus with portion sizes where food was being served. This deficient practice was evidenced by the following:	A 901		

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A 901	<p>Continued From page 30</p> <p>On 9/4/2024 at 11:03 a.m., during a tour of the facility's dining room and serving area, the surveyor observed that there was no menu with portion sizes posted in the food preparation area.</p> <p>At 12:03 p.m., the surveyor interviewed a facility dietary worker, who stated that the facility did not utilize a menu with portion sizes while the kitchen was shut down. Additionally, it was revealed that the dietary workers did not use scoops following portion sizes. The dietary server stated that they just ensure the residents have enough food and give more if they asked.</p> <p>At 12:15 p.m., the surveyor interviewed the Director of Food Service, who confirmed that the menu with portion sizes was not posted in the preparation area and when food was delivered for the dietary workers to reference when they served lunch to facility residents.</p> <p>Surveyor review of the facility's policy titled "Menu Substitution" revealed, "Policy and Procedure: ...2. FSD (Food Service Director) or designee enters substitution, including portion indication, reason for substitution and diet for which substitution applies in the menu substitution book...."</p>	A 901		
A 903	<p>8:36-10.5(c)(5) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p> <p>5. Diets served shall be consistent with the diet manual, the dietitian's instructions, and, if applicable for special diets, shall be served in accordance with physicians' orders;</p>	A 903		

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A 903	<p>Continued From page 31</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00017649, NJ00176494</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that NJ Exec Order 26.4b1 provided per physician's order to 3 of 23 residents reviewed, Resident #'s: 18, 22, and 23. This deficient practice was evidenced by the following:</p> <p>Resident #18's Medical Record (MR) revealed a move-in date of NJ Exec Order 26.4b1, with diagnoses that included NJ Exec Order 26.4b1. A review of a facility document dated NJ Exec Order 26.4b1 titled "NJ Exec Order 26.4b1," revealed that Resident #18's NJ Exec Order 26.4b1 was a NJ Exec Order 26.4b1</p> <p>Resident #22's MR revealed a move-in date of NJ Exec Order 26.4b1, with a diagnosis of NJ Exec Order 26.4b1. A review of a facility document dated NJ Exec Order 26.4b1, titled "NJ Exec Order 26.4b1," revealed that Resident #22's NJ Exec Order 26.4b1 was a NJ Exec Order 26.4b1</p> <p>Resident #23's MR revealed a move-in date of NJ Exec Order 26.4b1, with a diagnosis of NJ Exec Order 26.4b1. A review of a facility document dated NJ Exec Order 26.4b1 titled "Diet Type Report," revealed that Resident #23's NJ Exec Order 26.4b1 was a NJ Exec Order 26.4b1</p> <p>On 9/4/2024 at 12:03 p.m., the surveyor</p>	A 903		

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A 903	<p>Continued From page 32</p> <p>interviewed a facility dietary server about lunch and dinner being catered by an outside restaurant. The server indicated that residents are receiving the same meals despite diet orders. The dietary server explained that food was being served with plastic utensils, and she could not ensure proper portion sizes.</p> <p>At 12:15 p.m., the surveyor interviewed the Food Service Director (FSD), who indicated that typically 4 ounces (oz.) of protein and three oz. of vegetable and starch were served per meal. The FSD revealed he was unsure if the food was being served to the "standard."</p> <p>The menu posted on 9/4/2024 for facility dietary servers to reference indicated that lunch included barbeque boneless chicken wings, French fries with cole slaw, and a beverage. The menu did not include portion sizes for dietary servers to reference.</p> <p>On 9/5/2024 at 11:40 a.m., the surveyor observed assorted hoagies, individual bags of  potato chips, and a beverage being served for lunch.</p> <p>The menu posted on 9/5/2024 for facility dietary servers to reference indicated lunch was assorted hoagies, potato chips, celery sticks, and a beverage. Review of the menu did not include portion sizes for dietary servers to reference.</p> <p>At 2:49 p.m., the surveyor conducted a telephone interview with the facility's Registered Dietician (RD). The RD explained that the emergency menu was started on 8/26/2024. Food was delivered to the facility for lunch and dinner ensured that a protein, fruit or vegetable, and starch were served. The RD stated that the Director of Nursing relayed that the physicians of</p>	A 903		

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A 903	<p>Continued From page 33</p> <p>facility residents approved no specialized diets.</p> <p>Surveyor review of an undated facility policy titled "Standards for Diet Orders" revealed: "Policy and Procedure: 3. Low Fat, Low Cholesterol, Cardiac Diet and Gallbladder Diet: will be interpreted as Low Fat/Low Cholesterol Diet ... 8. Renal Diet will provide: 60-80 g. (grams) protein, 4 g. sodium, 3 g. potassium, 800-1200 mg phosphorus, and fluid as specified by physician's orders ..."</p> <p>On 9/5/2024 at 3:05 p.m., the surveyor interviewed a facility Administrator who confirmed that the policy was for the facility, even though the facility name was amiss.</p> <p>The facility failed to ensure residents were provided therapeutic diets ordered by their physicians to ensure residents' health and conditions were maintained at highest practicable level.</p>	A 903		
A 963	<p>8:36-11.5(f) Pharmaceutical Services</p> <p>(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ000175656 Based on observation, interview, and record</p>	A 963		

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A 963	<p>Continued From page 34</p> <p>review, it was determined that the facility failed to ensure medications were administered to a resident in accordance with prescriber's orders and the facility failed to document the rationale as to why the prescribed medications were not administered for 1 of 23 residents reviewed, Resident #13. This deficient practice was evidenced by the following:</p> <p>On 9/5/24 at 2:20 p.m., the surveyor reviewed Resident #13's MR that revealed a move-in-date of [redacted], and diagnoses of [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>The surveyor review of Resident #13's "Routine Medications (RM)" dated [redacted] NJ Exec Order 26.4b1 [redacted] which revealed the following medications that were not documented as administered per prescriber's orders as follows:</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] Take 1 tablet by mouth once a day on [redacted] NJ Exec Order 26.4b1 [redacted] at 8 am.</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] by mouth once a day on [redacted] NJ Exec Order 26.4b1 [redacted] 9am.</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] Take 1 capsule by mouth at bedtime on [redacted] NJ Exec Order 26.4b1 [redacted] at 6pm.</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] Take 1 tablet by mouth every day on [redacted] NJ Exec Order 26.4b1 [redacted] at 9am.</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] Take 1 tablet every day on [redacted] NJ Exec Order 26.4b1 [redacted] 9am.</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] Take 1 tablet by mouth once a day on [redacted] NJ Exec Order 26.4b1 [redacted] at 9am.</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] and take by mouth twice a day on [redacted] NJ Exec Order 26.4b1 [redacted] at 9am & 5pm.</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] Take 1 tablet by mouth twice a day on [redacted] NJ Exec Order 26.4b1 [redacted] at 9am & 5pm.</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] Take 2 tablets by mouth every day on [redacted] NJ Exec Order 26.4b1 [redacted] at 9am.</p> <p>[redacted] NJ Exec Order 26.4b1 [redacted] 1 tablet by mouth once a day in the morning on [redacted] NJ Exec Order 26.4b1 [redacted] at</p>	A 963		
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A 963	<p>Continued From page 35</p> <p>9am. NJ Exec Order 26.4b1 Take 1 tablet by mouth 3 times a day on NJ Exec Order 26.4b1 at 9am, 1pm and 5pm. NJ Exec Order 26.4b1 12 hours on and 12 hours off on NJ Exec Order 26.4b1 at 9am on. NJ Exec Order 26.4b1 Take 1 tablet by mouth on NJ Exec Order 26.4b1 at 9am. NJ Exec Order 26.4b1 Take 1 capsule by mouth every day on NJ Exec Order 26.4b1 at 9am.</p> <p>On 9/6/24 at 8:40 a.m., the surveyor interviewed the Director of Nursing (DON), when the surveyor asked about the blank spaces on the RM, she stated that the nurse or staff didn't sign the medications and that "not documented means not done, exactly what it is." The DON continued to say that when asked as to what is expected to be done when medications are adminuistered, she stated that medications are to be signed as given upon administration.</p> <p>In the same interview, when the surveyor asked the DON, if Resident #13 was in the facility on NJ Exec Order 26.4b1, she replied "yes." At the time of the survey, the staff who administered the medications on those days was not available for interview.</p> <p>Surveyor's review of undated policy titled "Administration of Medications" revealed the followibng: "...General Considerations ...3. Medications are administered in accordance with written orders of the physician or other authorized prescriber ...17. Medication is documented on the clients MAR [Medication Administration Record] at the time the medication is given by the person who administered the medication. 18. The client's MAR is initialed by the person administering a medication in the space provided under the date</p>	A 963		
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A 963	Continued From page 36 and on the line for that specific medication dose administration. Initials on the MAR are verified with a full signature in the space provided"	A 963		
A1057	<p>8:36-15.4 Resident Records</p> <p>All records shall be maintained for a period of 10 years after the discharge of a resident from the assisted living residence, comprehensive personal care home or assisted living program.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00160042</p> <p>Based on interview, closed medical record review, and review of pertinent facility documents, it was determined that the facility failed to maintain and/or retain a complete Medical Record (MR) for a resident that was discharged from the facility for 1 of 24 residents reviewed, Resident #24. This deficient practice was evidenced by the following:</p> <p>On 9/26/24, the Department of Health conducted a re-visit survey at the facility. The surveyor reviewed Resident #24's closed electronic MR and did not observe any documented nursing assessments.</p> <p>At 12:11 p.m., the surveyor requested nursing assessments for Resident #24 from the Director of Nursing (DON).</p> <p>At 12:51 p.m., the DON informed the surveyor that she was unable to locate Resident #24's</p>	A1057		

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A1057	Continued From page 37 nursing assessments or closed paper medical records. The DON also stated that she was in the process of hiring someone to help her organize the facility's medical records. The surveyor reviewed the facility policy titled, "Resident Record," which documented, "A record shall be maintained for all residents residing in the assisted living residence... The Resident record shall contain information regarding the individual resident. Each record shall include at least the following... All assessments and treatments by the health and service providers... All records shall be maintained for a period of 10 years after discharge of resident from the assisted living residence... All records shall be kept available on the premises for review at any time by representatives of the Department of Health."	A1057		
A1205	8:36-17.3(a)(10) Housekeeping-Sanitation-Safety-Maintenance (a) The housekeeping and sanitation conditions in paragraphs 1 through 12 below shall be met. Application of this requirement with respect to the individual living environment shall take into consideration residents' personal preferences for style of living: 10. Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility;	A1205		

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A1205	<p>Continued From page 38</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00160042</p> <p>Repeat deficiency cited in 3/6/22 and 3/30/21 surveys</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that an effective pest control program was in place to eliminate the presence of pests in the facility for 1 of 24 residents reviewed, Resident #24, and multiple unsampled residents. This deficient practice was evidenced by the following:</p> <p>On 9/26/24 at 11:45 a.m., the surveyor interviewed a housekeeper to inquire if she observed any pests within the facility. The housekeeper stated that she saw more [redacted] since the weather dropped, and that she saw [redacted] in the facility. In addition, the housekeeper stated that aides at the facility have informed her that they observed bed bugs in resident rooms.</p> <p>At 11:54 a.m. and 11:56 a.m., the surveyor interviewed two unsampled residents, who both stated that they saw [redacted] in the facility.</p> <p>1. The surveyor reviewed Resident #24's closed Medical Record (MR), which documented that Resident #24 was admitted to the facility with diagnoses of [redacted].</p> <p>On 10/16/24, the surveyor received an Emergency Department (ED) Facesheet from a [redacted] local to the facility, which documented that Resident #24 was sent to the [redacted] by the facility, admitted on [redacted] a diagnosis of</p>	A1205		

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A1205	<p>Continued From page 39</p> <p>NJ Exec Order 26.4b1, and discharged on NJ Exec Order 26.4b1. The document indicated that Resident #24, "presented to [the local NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 at [his/her] facility," and that, "[Resident #24] was NJ Exec Order 26.4b1 in the NJ Exec Order 26.4b1 [and] NJ Exec Order 26.4b1."</p> <p>On 9/4/24 another surveyor, in the presence of the Food Service Director, toured the facility kitchen and observed at 10:59 a.m., one (1) NJ Exec Order 26.4b1 crawling up the door frame from the kitchen leading into the assisted living dining room.</p> <p>On 9/4/24 the surveyor reviewed the facility's contracted pest control vendors "Pest NJ Exec Order 26.4b1 sighting log book for the month of NJ Exec Order 26.4b1 and observed the following:</p> <p>On NJ Exec Order 26.4b1:</p> <ul style="list-style-type: none"> - AL Room # NJ Exec Order 26.4b1. - AL Room # NJ Exec Order 26.4b1. - Rose Lane # NJ Exec Order 26.4b1. - AL Room # NJ Exec Order 26.4b1. - Rose Lane counters NJ Exec Order 26.4b1. - Rose Lane Room # NJ Exec Order 26.4b1. - Rose Lane Room # NJ Exec Order 26.4b1. - Rose Lane Room # NJ Exec Order 26.4b1. - Rose Lane Room # NJ Exec Order 26.4b1. <p>On NJ Exec Order 26.4b1 AL Room # NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 on his/her NJ Exec Order 26.4b1 while NJ Exec Order 26.4b1.</p> <p>On NJ Exec Order 26.4b1 Rose Lane Room # NJ Exec Order 26.4b1.</p> <p>On NJ Exec Order 26.4b1 AL Room # NJ Exec Order 26.4b1.</p> <p>On NJ Exec Order 26.4b1 Rose Lane # NJ Exec Order 26.4b1 crawling in room.</p> <p>On NJ Exec Order 26.4b1 AL Room # NJ Exec Order 26.4b1.</p> <p>On NJ Exec Order 26.4b1 AL Room # NJ Exec Order 26.4b1 in drawer.</p>	A1205		
A1243	8:36-17.6(b) Housekeeping-Sanitation-Safety-Maintenance	A1243		

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A1243	<p>Continued From page 40</p> <p>(b) The temperature of the hot water used for bathing and handwashing shall be at least 105 degrees and shall not exceed 120 degrees Fahrenheit.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure that the Domestic Hot Water (DHW) used by residents for bathing and hand washing was maintained between 105 degrees and 120 degrees Fahrenheit (dF) for 2 of 5 resident bathroom sinks. This deficient practice had the potential to create a resident safety hazard, and was evidenced by the following:</p> <p>On 9/4/24 during the entrance conference of the survey at approximately 9:12 a.m., with the facility management, the surveyor inquired if the facility monitored the temperature of the DHW and what the temperature range was for the hot water. The Maintenance Director (MD) stated that the facility did monitor the temperature and that the DHW ran between 116 dF and 120 dF.</p> <p>Beginning at approximately 8:30 a.m. on 9/5/24, in the presence of the MD, the surveyor toured and inspected five (5) apartments. The surveyor observed and recorded the following DHW temperatures, using the surveyor's calibrated digital thermometer, in the following locations:</p> <p>1. At 10:33 a.m., in resident apartment # [REDACTED] bathroom sink water temperature was 123.4 dF.</p>	A1243		

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A1243	Continued From page 41 2. At 10:45 a.m., resident apartment # [REDACTED] bathroom sink water temperature was 122 dF. At that time the surveyor made a request to the MD to lower the temperature of the DHW, and the MD complied with the request.	A1243		
A1411	8:36-21.2(a) Quality Improvement (a) The facility shall develop policies and procedures that support a restraint-free environment for all residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of medical records, and pertinent facility documents, it was determined the facility failed to develop a policy and procedure that supported a [REDACTED] NJ Exec Order 26.4b1 for all residents. The surveyor observed 3 of 24 facility residents seated in [REDACTED] NJ Exec Order 26.4b1 -chairs. This deficient practice was evidenced by the following: On 9/5/24 at 10:44 a.m., during the tour of the facility [REDACTED] NJ Exec Order 26.4b1), the surveyors observed three residents located in a common area, seated in [REDACTED] NJ Exec Order 26.4b1 [REDACTED] that were in a [REDACTED] NJ Exec Order 26.4b1. On 9/5/24 at 1:20 p.m., the surveyor interviewed a facility Certified Medication Aide (CMA), who identified the names of the three residents that were seated in the [REDACTED] NJ Exec Order 26.4b1 -chairs, as Resident #4, Resident #5, and Resident #6; and,	A1411		

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A1411	<p>Continued From page 22</p> <p>stated that the three residents were on [redacted] care. The CMA additionally stated that the [redacted] company provided the [redacted]-chairs, and that the [redacted]-chairs were utilized only for those residents that were receiving [redacted] services.</p> <p>1. The surveyor reviewed the Medical Record (MR), which revealed Resident #4 had an admission date of [redacted], and diagnoses that included [redacted]. The surveyor reviewed a MR document titled, [redacted] Aide Care Plan", dated [redacted], that documented, "Assistive Devices/ Equipment Used During Patient Care", with a check mark next to "wheelchair". The surveyor reviewed an additional [redacted] document titled, "Comprehensive Assessment", dated [redacted], that indicated Resident #4 required the [redacted] of one for [redacted] NJ Exec Order 26.4b1, and was [redacted] to the [redacted] or a [redacted].</p> <p>The surveyor additionally reviewed the General Service Plan (GSP), with an entry date of [redacted], which indicated Resident #4 was a [redacted]. The GSP also indicated that Resident #4 required the [redacted] NJ Exec Order 26.4b1. The surveyor observed a "Revision on" date of [redacted] and a "Target Date" of [redacted], however, there were no updates observed on the GSP that included information about a plan of care for the use of a [redacted]-chair.</p> <p>2. The surveyor reviewed the MR which revealed Resident #5 had an admission date of [redacted] of [redacted] and diagnoses which included, [redacted] NJ Exec Order 26.4b1. The surveyor observed the "Initial Plan</p>	A1411		
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A1411	<p>Continued From page 23</p> <p>of Care" for [redacted] dated [redacted], that indicated the use of durable medical equipment which included, "NJ Exec Order 26.4b1 [redacted]."</p> <p>The surveyor reviewed an additional [redacted] document titled, "Comprehensive Assessment", dated [redacted] that indicated Resident #5 required NJ Exec Order 26.4b1 and [redacted]. There was no documentation observed by the surveyor to indicate a plan of care for the use of a [redacted]-chair.</p> <p>The surveyor reviewed the General Service Plan (GSP), dated [redacted], that indicated Resident #5 used a wheelchair to [redacted] with [redacted] and additionally required the [redacted]. Although the surveyor observed a "Revision on" date of [redacted], there were no additional updates noted regarding [redacted] or plan of care for the use of a [redacted]-chair.</p> <p>3. The surveyor reviewed the MR which revealed Resident #6 had an admission date of [redacted] and diagnoses which included [redacted].</p> <p>The surveyor reviewed a MR document titled, "[redacted] Care Plan", dated [redacted], that indicated "Resident #6" required the use of a wheelchair. The [redacted] admission orders revealed "Activity Orders", which included that Resident #6 may be [redacted]."</p> <p>The surveyor reviewed the GSP which documented Resident #6 had a [redacted], [redacted], and [redacted] on the date of [redacted]. The GSP additionally indicated that Resident #6 required that [redacted], on the date of [redacted]. Although the surveyor observed a "Revision on" date of [redacted], there were no additional updates for [redacted] or [redacted] that</p>	A1411		
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A1411	Continued From page 44 included the use of a [redacted]-chair. On 9/5/24, the surveyor interviewed the facility Director of Nursing (DON), and inquired whether there was a facility policy on [redacted] and she stated that there was no policy on [redacted] because the facility did not use [redacted]	A1411		
A1413	8:36-21.2(b) Quality Improvement (b) The use of any restraining device shall be based on an assessment and shall require a physician, advanced practice nurse or physician assistant order. This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of medical records, and pertinent facility documents it was determined the facility failed to provide documentation that an assessment was conducted specifically for the use of a [redacted]-chair in a [redacted]; or, documentation of a physician, advanced practice nurse, or physician assistant order for the use of a [redacted]-chair, for 3 of 24 residents reviewed. On 9/5/24 at 10:44 a.m., during the tour of the facility [redacted], the surveyors observed three residents located in a common area, seated in [redacted]-chairs [redacted] [redacted] that were in a [redacted]. On 9/5/24 at 1:20 p.m., the surveyor interviewed a facility Certified Medication Aide (CMA), who	A1413		

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A1413	<p>Continued From page 45</p> <p>identified the names of the three residents that were seated in the reclined [redacted]-chairs, as Resident #4, Resident #5, and Resident #6; and, stated that the three residents were on [redacted] care. The CMA additionally stated that the [redacted] company provided the [redacted]-chairs, and that the [redacted]-chairs were utilized only for those residents that were receiving [redacted] services.</p> <p>1. The surveyor reviewed the Medical Record (MR), which revealed Resident #4 had an admission date of [redacted], and diagnoses that included [redacted]. The surveyor reviewed a MR document titled, "[redacted] Care Plan", dated [redacted], that documented, "Assistive Devices/ Equipment Used During Patient Care", with a check mark next to "wheelchair". The surveyor reviewed an additional [redacted] document titled, "Comprehensive Assessment", dated [redacted], that indicated Resident #4 required the [redacted] of [redacted] for [redacted], and was [redacted] to the [redacted] or a [redacted].</p> <p>The surveyor additionally reviewed the General Service Plan (GSP), with an entry date of [redacted], which indicated Resident #4 was a [redacted]. The GSP also indicated that Resident #4 required the [redacted]. The surveyor observed a "Revision on" date of [redacted] and a "Target Date" of [redacted], however, there were no updates observed on the GSP that included information about a plan of care for the use of a [redacted]-chair.</p> <p>2. The surveyor reviewed the MR which revealed Resident #5 had an admission date of [redacted].</p>	A1413		
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A1413	<p>Continued From page 46</p> <p>of [redacted] and diagnoses which included, NJ Exec Order 26.4b1 [redacted]. The surveyor observed the "Initial Plan of Care" for [redacted] dated [redacted], that indicated the use of durable medical equipment which included, "NJ Exec Order 26.4b1 [redacted]."</p> <p>The surveyor reviewed an additional [redacted] document titled, "Comprehensive Assessment", dated [redacted] that indicated Resident #5 NJ Exec Order 26.4b1 [redacted]. There was no documentation observed by the surveyor to indicate a plan of care for the use of a [redacted]-chair.</p> <p>The surveyor reviewed the General Service Plan (GSP), dated [redacted] that indicated Resident #5 used a NJ Exec Order 26.4b1 [redacted] and additionally required the NJ Exec Order 26.4b1 [redacted]. Although the surveyor observed a "Revision on" date of [redacted], there were no additional updates noted regarding [redacted] or plan of care for the use of a [redacted]-chair.</p> <p>3. The surveyor reviewed the MR which revealed Resident #6 had an admission date of [redacted], and diagnoses which included NJ Exec Order 26.4b1 [redacted]. The surveyor reviewed a MR document titled, "NJ Exec Order 26.4b1 Care Plan", dated [redacted], that indicated "Resident #6" required the use of a wheelchair. The [redacted] admission orders revealed "Activity Orders", which included that Resident #6 may be NJ Exec Order 26.4b1 [redacted]."</p> <p>The surveyor reviewed the GSP with an entry date of [redacted], which documented Resident #6 had a NJ Exec Order 26.4b1 [redacted]. The GSP additionally indicated that Resident #6 required the NJ Exec Order 26.4b1 [redacted].</p>	A1413		

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A1413	<p>Continued From page 47</p> <p>Although the surveyor observed a "Revision on" date of [redacted], there were no additional updates for [redacted] NJ Exec Order 26.4b1 that included a plan of care for the use of a [redacted] NJ Exec O -chair.</p> <p>On 9/6/24 at 8:48 a.m., the surveyor interviewed a Certified Home Health Aide (CHHA #1), in the presence of a facility CHHA, (CHHA #2), and a facility Certified Nursing Assistant (CNA), who stated that she was the [redacted] NJ Exec Order 26.4 aide caring for Resident #4, Resident #5, and Resident #6, and that she took care of them [redacted] NJ Exec Order 26.4b1. CHHA #1 additionally stated that Resident #4, Resident #5, and Resident #6 each used to be in wheelchairs, but [redacted] NJ Exec Order 26.4b1 [redacted] so the [redacted] NJ Exec O -chairs were ordered. When asked how CHHA #1 provided [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1, she stated that Resident #4 and Resident #5 [redacted] NJ Exec Order 26.4b1 but that Resident #6 was [redacted] NJ Exec Order 26.4b1 to [redacted] NJ Exec Order 26.4b1 care and that she provided [redacted] NJ Exec Order 26.4b1 care after assisting Resident #6 into [redacted] NJ Exec O CHHA #1 further stated that she provided [redacted] NJ Exec Order 26.4b1 care for the residents two times during the shift.</p> <p>On 9/6/24, during interview with the facility Director of Nursing (DON), the surveyor inquired about the location of [redacted] NJ Exec Order 26.4 documentation, including [redacted] NJ Exec Order 26.4 orders, and the Health Service Plans (HSP) for [redacted] NJ Exec Order 26.4b1 and she stated that all [redacted] NJ Exec Order 26.4 information, including the HSP's for [redacted] NJ Exec Order 26.4b1 were located in the [redacted] NJ Exec Order 26.4 binder", which could be found in the [redacted] NJ Exec Order binder".</p> <p>The surveyor reviewed the [redacted] NJ Exec Order 26.4 binder" which included the following:</p> <ol style="list-style-type: none"> 1. For Resident #4: Initial Plan of Care, Admission Orders, [redacted] NJ Exec Order 26.4b1 Aide Care Plan, Comprehensive Assessment, and [redacted] NJ Exec Order 26.4b1 and 	A1413		
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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 09/26/2024
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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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(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
A1413	<p>Continued From page 48</p> <p><small>NJ Exec Order 26.4b1</small> Care Coordinated Task Plan of Care. 2. For Resident #5: Initial Plan of Care, Admission Orders, Comprehensive Assessment, <small>NJ Exec Order 26.4b</small> and <small>NJ Exec Order 26.4b1</small> Care Symptom Management Recommendation, and <small>NJ Exec Order 26.4b</small> and <small>NJ Exec Order 26.4b1</small> Care Coordinated Task Plan of Care. The surveyor did not observe a <small>NJ Exec Order 26.4b</small> Aide Care Plan for Resident #5. 3. For Resident #6: Initial Plan of Care, Admission Orders, <small>NJ Exec Order 26.4b</small> Aide Care Plan, and <small>NJ Exec Order 26.4b</small> and <small>NJ Exec Order 26.4b1</small> Care Coordinated Task Plan of Care.</p> <p>The surveyor reviewed the hospice binder, the paper chart, and the Electronic Medical Record, that included the physician's active order summary, and found no indication that an assessment was conducted specifically for the use of <small>NJ Exec O</small>-chair for Resident #4, Resident #5 or Resident #6. Additionally, the surveyor observed no documentation of a physician order for the use of a <small>NJ Exec O</small>-chair for Resident #4, Resident #5 or Resident #6.</p>	A1413		
A1417	<p>8:36-21.2(d) Quality Improvement</p> <p>(d) A specific plan of care shall be developed for the use of any restraining device.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of medical records, and pertinent facility documents, it was determined that the facility failed to develop a specific plan of care for the safe use of a reclining <small>NJ EXEC O</small>-chair, that included assessment, interventions and timely evaluation of the plan of</p>	A1417		

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 09/26/2024
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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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(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
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A1417	<p>Continued From page 29</p> <p>care, for 3 of 24 residents reviewed. This deficient practice was evidenced by the following:</p> <p>On 9/5/24 at 10:44 a.m., during the tour of the facility (NJ Exec Order 26.4b1), the surveyors observed three residents located in a common area, seated in [redacted]-chairs [redacted] that were in a [redacted].</p> <p>On 9/5/24 at 1:20 p.m., the surveyor interviewed a facility Certified Medication Aide (CMA), who identified the names of the three residents that were seated in the [redacted]-chairs, as Resident #4, Resident #5, and Resident #6; and, stated that the three residents were on [redacted] care. The CMA additionally stated that the [redacted] company provided the [redacted]-chairs, and that the [redacted]-chairs were utilized only for those residents that were receiving [redacted] services.</p> <p>1. The surveyor reviewed the Medical Record (MR), which revealed Resident #4 had an admission date of [redacted], and diagnoses that included [redacted]. The surveyor reviewed a MR document titled, [redacted] Aide Care Plan", dated [redacted], that documented, "Assistive Devices/ Equipment Used During Patient Care", with a check mark next to "wheelchair". The surveyor reviewed an additional [redacted] document titled, "Comprehensive Assessment", dated [redacted], that indicated Resident #4 required the [redacted] of [redacted] for [redacted].</p> <p>The surveyor additionally reviewed the General</p>	A1417		
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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 09/26/2024
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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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(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
A1417	<p>Continued From page 50</p> <p>Service Plan (GSP), with an entry date of [redacted] NJ Exec Order 26.4b1, which indicated Resident #4 was a [redacted] NJ Exec Order 26.4b1. The GSP also indicated that Resident #4 required the [redacted] NJ Exec Order 26.4b1. The surveyor observed a "Revision on" date of [redacted] NJ Exec Order 26.4b1, and a "Target Date" of [redacted] NJ Exec Order 26.4b1, however, there were no updates observed on the GSP that included information about a plan of care for the use of a [redacted] NJ Exec Order 26.4b1 -chair.</p> <p>2. The surveyor reviewed the MR which revealed Resident #5 had an admission date of [redacted] NJ Exec Order 26.4b1 and diagnoses which included, [redacted] NJ Exec Order 26.4b1. The surveyor observed the "Initial Plan of Care" for [redacted] NJ Exec Order 26.4b1 dated [redacted] NJ Exec Order 26.4b1, that indicated the use of durable medical equipment which included, "[redacted] NJ Exec Order 26.4b1." The surveyor reviewed an additional hospice document titled, "Comprehensive Assessment", dated [redacted] NJ Exec Order 26.4b1 that indicated Resident #5 required [redacted] NJ Exec Order 26.4b1. There was no documentation observed by the surveyor to indicate a plan of care for the use of a [redacted] NJ Exec Order 26.4b1 -chair.</p> <p>The surveyor reviewed the General Service Plan (GSP), dated [redacted] NJ Exec Order 26.4b1 that indicated Resident #5 used a [redacted] NJ Exec Order 26.4b1, and additionally required the [redacted] NJ Exec Order 26.4b1. Although the surveyor observed a "Revision on" date of [redacted] NJ Exec Order 26.4b1, there were no additional updates noted regarding [redacted] NJ Exec Order 26.4b1 or plan of care for the use of a [redacted] NJ Exec Order 26.4b1 -chair.</p> <p>3. The surveyor reviewed the MR which revealed Resident #6 had an admission date of [redacted] NJ Exec Order 26.4b1 and diagnoses which included</p>	A1417		

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 09/26/2024
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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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A1417	<p>Continued From page 51</p> <p>NJ Exec Order 26.4b1 [REDACTED]. The surveyor reviewed a MR document titled, "NJ Exec Order 26.4b1 Aide Care Plan", dated NJ Exec Order 26.4b1, that indicated "Resident #6" required the use of a wheelchair. The NJ Exec Order 26.4b1 admission orders revealed "Activity Orders", which included that Resident #6 may be "NJ Exec Order 26.4b1."</p> <p>The surveyor reviewed the GSP with an entry date of NJ Exec Order 26.4b1 which documented Resident #6 had a NJ Exec Order 26.4b1 [REDACTED]. The GSP additionally indicated that Resident #6 required the NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 also on the date of NJ Exec Order 26.4b1. Although the surveyor observed a "Revision on" date of NJ Exec Order 26.4b1, there were no additional updates for NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 that included a plan of care for the use of a NJ Exec Order 26.4b1-chair.</p> <p>On 9/6/24 at 8:48 a.m., the surveyor interviewed a Certified Home Health Aide (CHHA #1), in the presence of a facility CHHA, (CHHA #2), and a facility Certified Nursing Assistant (CNA), who stated that she was the NJ Exec Order 26.4b1 aide caring for Resident #4, Resident #5, and Resident #6, and that she took care of them NJ Exec Order 26.4b1. CHHA #1 additionally stated that Resident #4, Resident #5, and Resident #6 each used to be in wheelchairs, but "NJ Exec Order 26.4b1 [REDACTED]", so the NJ Exec Order 26.4b1-chairs were ordered. When asked how CHHA #1 provided NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 she stated that Resident #4 and Resident #5 NJ Exec Order 26.4b1 [REDACTED], but that Resident #6 was NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 and that she provided NJ Exec Order 26.4b1 care after NJ Exec Order 26.4b1 Resident #6 into NJ Exec Order 26.4b1 CHHA #1 further stated that she provided NJ Exec Order 26.4b1 care for the residents two times during the shift.</p> <p>On 9/6/24, during interview with the facility</p>	A1417		
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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 09/26/2024
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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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(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
A1417	<p>Continued From page 52</p> <p>Director of Nursing (DON), the surveyor inquired about the location of [redacted] documentation, including [redacted] orders, and the Health Service Plans (HSP) for [redacted] and she stated that all [redacted] information, including the HSP's for [redacted] were located in the [redacted] binder", which could be found in the [redacted]</p> <p>The surveyor reviewed the "hospice binder" which included the following:</p> <ol style="list-style-type: none"> 1. For Resident #4: Initial Plan of Care, Admission Orders, [redacted] Aide Care Plan, Comprehensive Assessment, and [redacted] and [redacted] Care Coordinated Task Plan of Care. 2. For Resident #5: Initial Plan of Care, Admission Orders, Comprehensive Assessment, [redacted] and [redacted] Care Symptom Management Recommendation, and [redacted] and [redacted] Care Coordinated Task Plan of Care. The surveyor did not observe a [redacted] Aide Care Plan for Resident #5. 3. For Resident #6: Initial Plan of Care, Admission Orders, [redacted] Aide Care Plan, and [redacted] and [redacted] Care Coordinated Task Plan of Care. <p>The surveyor reviewed the hospice binder, the paper chart, and the Electronic Medical Record (EMR), and found no indication that a plan of care was developed specifically for the safe use of a [redacted]-chair, for Resident #4, Resident #5 and Resident #6.</p>	A1417		
A1437	<p>8:36-22.3(a)(2) Comprehensive Personal Care Homes</p> <p>(a) Each comprehensive personal care home shall, at a minimum:</p>	A1437		

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 09/26/2024
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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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A1437	<p>Continued From page 53</p> <p>2. Maintain a comprehensive automatic fire-suppression system throughout the facility. Buildings presently in Use Group I-2 or buildings which comply with the construction requirements for an I-2 use may apply to the Department for an exemption to this requirement, provided they can document compliance with the New Jersey Uniform Fire Code, N.J.A.C. 5:70, with regard to construction type;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility provided documentation on 9/4/24 and 9/5/24, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the facility, and failed to perform quarterly inspections of the building fire sprinkler system inspections, as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems. This deficient practice created a fire safety hazard and was evidenced by the following:</p> <p>Reference #1: International Building Code, based on use and occupancy group I-2, 903.2.6 Automatic sprinkler system. Smoke compartments containing patient sleeping units shall be equipped throughout with an automatic fire sprinkler system. The smoke compartment shall be equipped with approved quick-response or residential sprinklers.</p> <p>On 9/4/24 at 9:12 a.m., during the entrance conference with the facility Administrator (Adm),</p>	A1437		

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 09/26/2024
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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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(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
A1437	<p>Continued From page 54</p> <p>and Maintenance Director (MD), the surveyor requested a copy of the facility lay-out, which identifies the various rooms, and the mandatory inspections, including quarterly sprinkler system inspections, fire alarm and detection system inspections and kitchen suppression system inspections, that have been conducted from 1/1/23 to 9/3/24 for review later.</p> <p>At 9:37 a.m. on 9/4/24, and continued on 9/5/24, in the presence of the MD, the surveyors conducted a tour of the facility. During the building tour on 9/5/24 at 10:33 a.m. the surveyor inspected Resident Room # [REDACTED] and observed no evidence of fire sprinkler coverage inside the 31 inches by 37 inches closet within the room. At that time the surveyor interviewed the MD, who confirmed that there was no fire sprinkler inside the closet.</p> <p>Later during surveyor review of facility provided documentation, the surveyor observed the following fire sprinkler inspections: The facility had two (2) sprinkler systems for the facility and both systems had annual inspections performed on 2/6/24. The surveyor then requested the additional quarterly inspections of the fire sprinkler system from the MD. The MD did not provide any additional quarterly inspections of the sprinkler system.</p> <p>The Adm provided a copy of an email from the fire sprinkler inspection vendor, dated 9/5/24 that read in part: " Attached are all of the reports we have done from March 2023 to August 2024. I will change your account to quarterly inspections. We will start quarterly inspections in November to keep the Annual on track for February."</p> <p>The facility failed to ensure that the fire sprinkler</p>	A1437		

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 09/26/2024
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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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A1437	Continued From page 55 system was inspected quarterly according to the code as listed above.	A1437		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/4/2025	Y3
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 A0357	Correction	ID Prefix A0473	Correction	ID Prefix A0563	Correction
Reg. # 8:36-4.1(a)(2)	Completed	Reg. # 8:36-5.1(g)	Completed	Reg. # 8:36-5.10(a)(2)	Completed
LSC	03/01/2025	LSC	03/01/2025	LSC	03/01/2025
ID Prefix A0605	Correction	ID Prefix A0615	Correction	ID Prefix A0709	Correction
Reg. # 8:36-5.14(b)	Completed	Reg. # 8:36-5.15(b)	Completed	Reg. # 8:36-7.2(d)(1-18)	Completed
LSC	03/01/2025	LSC	03/01/2025	LSC	03/01/2025
ID Prefix A0735	Correction	ID Prefix A0765	Correction	ID Prefix A0783	Correction
Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-7.4(c)(1)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	03/01/2025	LSC	03/01/2025	LSC	03/01/2025
ID Prefix A0891	Correction	ID Prefix A0901	Correction	ID Prefix A0903	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. # 8:36-10.5(c)(4)	Completed	Reg. # 8:36-10.5(c)(5)	Completed
LSC	03/01/2025	LSC	03/01/2025	LSC	03/01/2025
ID Prefix A0963	Correction	ID Prefix A1057	Correction	ID Prefix A1411	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. # 8:36-15.4	Completed	Reg. # 8:36-21.2(a)	Completed
LSC	03/01/2025	LSC	03/01/2025	LSC	03/01/2025
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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/4/2025	Y3
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 A1413	Correction	ID Prefix A1417	Correction		
Reg. # 8:36-21.2(b)	Completed	Reg. # 8:36-21.2(d)	Completed		
LSC	03/01/2025	LSC	03/01/2025		

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 9/26/2024		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/4/2025
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NAME OF FACILITY IVYSTONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110
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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 A0473 Reg. # 8:36-5.1(g) LSC	Correction Completed 03/01/2025	ID Prefix A0615 Reg. # 8:36-5.15(b) LSC	Correction Completed 03/01/2025	ID Prefix A0709 Reg. # 8:36-7.2(d)(1-18) LSC	Correction Completed 03/01/2025
ID Prefix A0735 Reg. # 8:36-7.2(e)(1-5) LSC	Correction Completed 03/01/2025	ID Prefix A0783 Reg. # 8:36-7.5(e) LSC	Correction Completed 03/01/2025	ID Prefix A0891 Reg. # 8:36-10.5(a) LSC	Correction Completed 03/01/2025
ID Prefix A0963 Reg. # 8:36-11.5(f) LSC	Correction Completed 03/01/2025	ID Prefix A1205 Reg. # 8:36-17.3(a)(10) LSC	Correction Completed 03/01/2025	ID Prefix A1243 Reg. # 8:36-17.6(b) LSC	Correction Completed 03/01/2025
ID Prefix A1413 Reg. # 8:36-21.2(b) LSC	Correction Completed 03/01/2025	ID Prefix A1417 Reg. # 8:36-21.2(d) LSC	Correction Completed 03/01/2025	ID Prefix A1437 Reg. # 8:36-22.3(a)(2) LSC	Correction Completed 03/01/2025
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 9/26/2024	<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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