

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18001AL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00171737</p> <p>CENSUS: 65</p> <p>SAMPLE SIZE: 4</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 563	<p>8:36-5.10(a)(2) General Requirements</p> <p>(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:</p> <p>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</p>	A 563		

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

TITLE

(X6) DATE

09/27/24

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A 563	<p>Continued From page 1</p> <p>extent of damages;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00171737</p> <p>Based on interview, and review of medical records, it was determined that the facility failed to notify the New Jersey Department of Health (NJDOH) of an elopement from the facility's secured memory care community for 1 of 4 residents reviewed, Resident #2, for which an Imminent Danger was identified. The deficient practice was evidenced by the following:</p> <p>On 8/2/24, the surveyor reviewed Resident #2's medical record (MR) and observed a move in date of [redacted], and diagnoses that included [redacted], [redacted], and [redacted].</p> <p>The surveyor reviewed a progress note (PN) dated [redacted] written by the facility Assistant Director of Nursing/Registered Nurse (ADON/RN), that indicated Resident #2 was [redacted] in the parking lot of the facility, was [redacted], redirected, and medicated for [redacted]. The PN also indicated that the [redacted] was notified of the facility's concern for Resident #2's safety and [redacted].</p>	A 563		

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A 563	<p>Continued From page 2</p> <p>The surveyor reviewed a PN dated [redacted], written by the ADON/RN, that indicated the facility Executive Director (ED) and the ADON discussed their concerns with the [redacted], and options to enhance Resident #2's [redacted] Resident #2 to [redacted]</p> <p>The surveyor reviewed a PN dated [redacted] written by the facility ADON, that indicated the [redacted]</p> <p>1.) Continued surveyor review of Resident #2s PNs on [redacted], written by the facility Director of Health Services (DHS), stated that Resident #2 [redacted] who was leaving at the end of her shift. The PN indicated that Resident #2 [redacted] but [redacted] " The PN indicated that Resident #2 had a blanket, books, a purse and a small jacket on and keys. The PN further indicated that Resident #2 [redacted]</p> <p>2.) The surveyor reviewed a PN dated [redacted], written by the facility ADON that indicated at 3:15 p.m., Resident #2 [redacted], [redacted], [redacted] Review of the PN further indicated that Resident #2 [redacted] the [redacted], and a [redacted] Resident #2 to [redacted]. The surveyor reviewed a PN dated [redacted] that indicated Resident #2 [redacted]</p>	A 563		
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A 563	<p>Continued From page 3</p> <p>MC on 1/26/24.</p> <p>3.) Upon further review of the MR the surveyor reviewed a PN dated [redacted], by a facility Licensed Practical Nurse (LPN), that indicated Resident #NJ ex order 26.4b1 NJ ex order 26.4b1 [redacted] and that two staff members NJ ex order 26.4b1 Resident #2 NJ ex order [redacted].</p> <p>On 8/2/24 at 1:11 p.m., during surveyor interview with the facility Excecutive Director (ED) she stated that she was aware of the incident that occurred on [redacted], when Resident #2 NJ ex order 26.4b1 [redacted]; however, that Resident #2 NJ ex order 26.4b1 [redacted].</p> <p>The ED stated that NJ ex order 26.4b1 [redacted] the receptionist at the front desk NJ ex order 26.4b1 [redacted].</p> <p>The ED stated that when the family member exited the MC door, that Resident #2 NJ ex order 26.4b1 [redacted] and NJ ex order 26.4b1 [redacted]; and, the receptionist saw Resident #2 NJ ex order 26.4b1 [redacted], and immediatedly NJ ex order 26.4b1 [redacted] and NJ ex order 26.4b1 [redacted]. The ED additionally stated that Resident #2 NJ ex order 26.4b1 [redacted], and that staff stayed with him/her and accompanied Resident #2 NJ ex order 26.4b1 [redacted].</p> <p>On 8/2/24 at 2:03 p.m., the surveyor interviewed a facility LPN, who stated that she was working in the facility the evening of [redacted], and was called by one of the facility aides, who stated that Resident #2 NJ ex order 26.4b1 [redacted] and staff NJ ex order 26.4b1 [redacted] Resident #2 NJ ex order 26.4b1 [redacted]. The LPN further explained that CHHA #1, and another CHHA</p>	A 563		

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A 563	<p>Continued From page 4</p> <p>(CHHA #2), stayed with Resident #2, as he/she got onto the elevator from the ^{NJ EX 03} however, were NJ ex order 26.4b1. During continued surveyor interview, the LPN stated that the 2 CHHA's remained with Resident #2 ^{NJ 03}, and NJ ex order 26.4b1, which was when one of the aides called the LPN for help.</p> <p>The LPN stated she could not recall which of the 2 aides called, her, CHHA #1 or CHHA #2, but NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1. The LPN additionally stated she examined Resident #2, and NJ ex order 26.4b1.</p> <p>During continued surveyor interview with the ED, she stated that she was NJ ex order 26.4b1, and that she did not feel it was reportable to the state since Resident #2 NJ ex order 26.4b1 and staff NJ ex order 26.4b1. When the surveyor discussed the prior incidents of Resident #2 NJ ex order 26.4b1 the ED stated that she did not report those incidents because Resident #2 NJ ex order 26.4b1.</p> <p>Surveyor review of facility policy with a revised dated 3/29/2016, titled, "Elopement-Missing Resident Program" revealed "1. General Considerations The Elopement-Missing Resident Program is comprised of five elements. These procedures, training, drills, and associated tools/documents provide a comprehensive plan for all required notifications, on-site and off-site searches and procedures for minimizing future risk to the resident and legal exposure to the company. The elements of the program are as</p>	A 563		
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A 563	<p>Continued From page 5</p> <p>follows: ...2. Steps to be taken if Elopment-Missing Resident occurs: Community Staff...E. Executive Director or Director of Health Services (DOHS) will report the elopement to the appropriate state/local authorities per the state/local rules and regulations..."</p> <p>The Imminent Danger (ID) was reported to the Licensed Assisted Living Administrator on NJ ex order 26 at 3:30 p.m. The Administrator (ED) was presented with the ID template that included information about the above issues.</p> <p>On 8/29/24, the surveyor completed a revisit survey and verified that the Removal Plan was implemented that included licensed staff education on exit seeking behaviors, interventions and reporting.</p>	A 563		
A 751	<p>8:36-7.3(b) Resident Assessments and Care Plans</p> <p>(b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and review of medical records, it was determined that the facility failed to review and revise the Health Service Plan to reflect the individual needs, behaviors, and response to interventions, for 1 of 4 residents reviewed for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 Resident #2, for which an</p>	A 751		

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A 751	<p>Continued From page 6</p> <p>Imminent Danger was identified. The deficient practice was evidenced by the following:</p> <p>On 8/2/24, the surveyor reviewed Resident #2's medical record (MR) and observed a move in date of [redacted], and diagnoses that included NJ ex order 26.4b1</p> <p>The surveyor reviewed a progress note (PN) dated [redacted], written by the facility Assistant Director of Nursing/Registered Nurse (ADON/RN), that indicated Resident #2 [redacted], was [redacted]. The PN also indicated that the [redacted] was notified of the facility's concern for Resident #2's [redacted].</p> <p>The surveyor reviewed a PN dated [redacted], written by the ADON, that indicated the facility Executive Director (ED) and the ADON discussed their concerns with the [redacted] NJ ex order 26.4b1 and options to enhance Resident #2's safety that included [redacted] Resident #2 to [redacted] or NJ ex order 26.4b1. The surveyor observed a PN dated [redacted] by the facility ADON, that indicated the [redacted] was in agreement with moving Resident #2 to [redacted].</p> <p>The surveyor reviewed a PN dated [redacted] written by the facility Director of Health Services (DHS), that indicated Resident #2 [redacted] and [redacted] who was leaving at the end of her shift. The PN indicated that Resident #2 NJ ex order 26.4b1 [redacted] but [redacted]. The PN indicated that Resident #2 had a blanket, books,</p>	A 751		

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A 751	<p>Continued From page 7</p> <p>a purse and a small jacket on and keys. The PN further indicated that Resident #2 NJ ex order 26.4b1 and telling staff that he/she NJ ex order 26.4b1.</p> <p>The surveyor reviewed a PN dated NJ ex order 26.4b1, written by the facility ADON that indicated at 3:15 p.m., Resident #2 was seen NJ ex order 26.4b1 NJ ex order 26.4b1. Review of the PN further indicated that Resident #2 NJ ex order 26.4b1 the NJ ex order 26.4b1, and a NJ ex order 26.4b1 Resident #2 to NJ ex order 26.4b1. The surveyor reviewed a PN dated NJ ex order 26.4b1 that indicated Resident #2 NJ ex order 26.4b1.</p> <p>Upon further review of the MR the surveyor reviewed a PN dated NJ ex order 26.4b1, by a facility Licensed Practical Nurse (LPN), that indicated Resident #2, NJ ex order 26.4b1 " and that two staff members went outside to help Resident #2 NJ ex order 26.4b1.</p> <p>On 8/2/24 at 10:30 a.m., during surveyor interview with the facility DHS, she stated that the facility utilizes the EMR document titled, "Service Plan", as both the General and Health Service Plan combined. The DHS further stated that the resident Service Plans are updated upon admission, every NJ ex order 26.4b1. The DHS NJ ex order 26.4b1.</p> <p>At 12:00 p.m., the surveyor reviewed a Service</p>	A 751		

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A 751	<p>Continued From page 8</p> <p>Plan (SP) for Resident #2 with an "Activation Date", of [redacted], a "Last Modified By", date of [redacted], and a "Date Scheduled", of [redacted] that had an identified need titled, [redacted]. The SP had a management plan that include [redacted] and additionally indicated that Resident #2 [redacted] within the residence and [redacted]; but, that [redacted] for Resident #2 or or others. The SP additionally included that Resident #2's [redacted] and that nurses were to be notified if Resident #2 [redacted], [redacted].</p> <p>The surveyor review of Resident #2's SP showed no indication that it was reviewed, revised or updated to reflect the [redacted] on the dates of [redacted].</p> <p>The surveyor reviewed an additional SP for Resident #2 with an "Activation Date", of [redacted], and a "Last Modified By" date of [redacted] and a "Date Scheduled", of [redacted].</p> <p>On 8/2/24 at 1:11 p.m., during surveyor interview with the facility Excecutive Director (ED) she stated that she was aware of the incident that occurred on [redacted] when Resident #2 [redacted] however, that Resident #2 [redacted] that [redacted].</p> <p>The ED stated that when the [redacted] the receptionist at the front desk [redacted].</p> <p>The ED stated that</p>	A 751		

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A 751	<p>Continued From page 9</p> <p>when the family NJ ex order 26.4b1, that Resident #2 NJ Exec Order 26.4b1 and, that the receptionist saw Resident #2 NJ ex order 26.4b1, and NJ ex order 26.4b1. The ED additionally stated that Resident #2 NJ ex order 26.4b1 and that staff stayed with him/her and accompanied Resident #2 NJ ex order 26.4b1.</p> <p>On 8/2/24 at 2:03 p.m., the surveyor interviewed a facility LPN, who stated that she was working in the facility the evening of NJ ex order 26.4b1, and was called by one of the facility aides, who stated that Resident #2 had NJ ex order 26.4b1, was NJ ex order 26.4b1, and NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1. The LPN further explained that CHHA #1, and another CHHA (CHHA #2), NJ ex order 26.4b1 Resident #2, as he/she NJ ex order 26.4b1; however, NJ ex order 26.4b1. During continued surveyor interview, the LPN stated that the 2 CHHA's NJ ex order 26.4b1 with Resident #2 as he/she NJ Exec Order 26.4b1, and NJ ex order 26.4b1 which was when NJ ex order 26.4b1.</p> <p>The LPN stated she could not recall which of the 2 aides called, her, CHHA #1 or CHHA #2, but NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1. The LPN additionally stated she examined Resident #2, and NJ ex order 26.4b1.</p> <p>On 8/2/24 at 2:03 p.m., the surveyor interviewed a facility LPN who stated that NJ ex order 26.4b1 and was called by one of the facility aides, who was with another</p>	A 751		

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A 751	<p>Continued From page 10</p> <p>facility aide, who stated that Resident #2 [redacted] and that [redacted] NJ ex order 26.4b1, and [redacted] NJ ex order 26.4b1. The LPN stated that [redacted] NJ ex order 26.4b1, Certified Home Health Aide (CHHA #1) or CHHA #2. The LPN stated that CHHA #1 and CHHA #2 remained with Resident #2 as he/she got onto the [redacted] NJ Exec Order 26.4b1, but were [redacted] NJ Exec Order 26.4b1 him/her [redacted] NJ ex order 26.4b1 and they stayed with Resident #2 [redacted] NJ ex order 26.4b1 [redacted] which was when the aides [redacted] NJ ex order 26.4b1 the LPN for help. The LPN stated that [redacted] NJ ex order 26.4b1 Resident #2 [redacted] NJ ex order 26.4b1 and then to the [redacted] NJ Exec Order 26.4b1 where the LPN stated [redacted] NJ ex order 26.4b1 [redacted]</p> <p>The Imminent Danger (ID) was reported to the Licensed Assisted Living Administrator on [redacted] NJ ex order 26.4b1 at 3:30 p.m. The Administrator (ED) was presented with the ID template that included information about the above issues.</p> <p>On 8/29/24, the surveyor completed a revisit survey and verified that the Removal Plan was implemented that included licensed staff education on [redacted] NJ Exec Order 26.4b1, interventions and reporting.</p>	A 751		
A1179	<p>8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for residents.</p>	A1179		

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A1179	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00171737</p> <p>Based on interview, observation and review of medical records, it was determined that the facility failed to maintain a safe environment for 1 of 4 facility residents reviewed, Resident #2, who demonstrated NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 for which an NJ ex order 26.4b1</p> <p>The deficient practice was evidenced by the following:</p> <p>On 8/2/24, the surveyor reviewed Resident #2's medical record (MR) and observed a move in date of NJ ex order 26.4b1, and diagnoses that included NJ ex order 26.4b1</p> <p>The MR also indicated that upon Resident #2's admission, he/she NJ ex order 26.4b1</p> <p>The surveyor reviewed a facility document titled "Physical Assessment & Physician Orders", that indicated Resident #2 NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1; and, was NJ Exec Order 26.4b1 but was NJ Exec Order 26.4b1</p> <p>The document additionally indicated that Resident #2 NJ ex order 26.4b1</p> <p>, and that NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>The surveyor reviewed a progress note (PN) dated NJ ex order 26.4b1, written by the facility Assistant Director of Nursing/Registered Nurse (ADON/RN), that indicated Resident # NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p>	A1179		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18001AL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807
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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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A1179	<p>Continued From page 12</p> <p>NJ ex order 26.4b1 The PN also indicated that the NJ ex order 26.4b1 of the facility's concern for Resident #2's NJ ex order 26.4b1.</p> <p>The surveyor reviewed an additional PN dated NJ ex order 26.4b1, written by the ADON, that indicated the facility Executive Director (ED) and the ADON discussed their concerns with the NJ Exec Order 26.4b1 NJ ex order 26.4b1, and options to enhance Resident #2's NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1. The surveyor reviewed a PN dated NJ ex order 26.4b1 by the facility ADON, that indicated the NJ Exec Order 26.4b1 NJ ex order 26.4b1 Resident #2 to NJ ex order 26.4b1.</p> <p>The surveyor reviewed a PN dated NJ ex order 26.4b1, written by the facility Director of Health Services (DHS), that indicated Resident #2 NJ ex order 26.4b1 and NJ ex order 26.4b1 NJ ex order 26.4b1. The PN indicated that Resident #2 NJ ex order 26.4b1 but NJ ex order 26.4b1." The PN indicated that Resident #2 NJ ex order 26.4b1. The PN further indicated that Resident #2 NJ ex order 26.4b1.</p> <p>The surveyor reviewed a PN dated NJ ex order 26.4b1 written by the facility ADON/RN that revealed at 3:15 p.m., Resident #2 NJ ex order 26.4b1, NJ ex order 26.4b1 NJ ex order 26.4b1. The PN further indicated that Resident #2 NJ ex order 26.4b1, the</p>	A1179		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18001AL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807
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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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A1179	<p>Continued From page 13</p> <p>NJ ex order 26.4b1, and a NJ ex order 26.4b1 NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 The surveyor reviewed a PN dated NJ ex order 26.4b1 that indicated Resident #2 NJ ex order 26.4b1 .</p> <p>Upon further review of the MR the surveyor reviewed a PN dated NJ ex order 26.4b1, by a facility Licensed Practical Nurse (LPN), that indicated Resident #2, NJ ex order 26.4b1 and that two staff members NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>On 8/2/24 at 10:30 a.m., during surveyor interview with the facility DHS, she stated that the facility utilized the EMR document titled, "Service Plan", as both the General and Health Service Plan combined. The DHS further stated that the resident Service Plans were updated upon admission, every 6 months and upon change in condition.</p> <p>At 12:00 p.m., the surveyor observed a Service Plan (SP) for Resident #2 with an "Activation Date", of NJ ex order 26.4b1, and a "Last Modified By", date of NJ ex order 26.4b1, that had an identified need titled, NJ ex order 26.4b1." The SP had a management plan that included NJ ex order 26.4b1 . The SP additionally indicated: NJ ex order 26.4b1 and that Resident #2 NJ ex order 26.4b1 , but, that it NJ ex order 26.4b1 of Resident #2. The surveyor observed that the SP additionally contained actions that included that Resident #2's NJ ex order 26.4b1 ; and, that the NJ ex order 26.4b1 if Resident #2 was</p>	A1179		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18001AL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807
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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
A1179	<p>Continued From page 14</p> <p>NJ ex order 26.4b1</p> <p>The surveyor reviewed an additional Service Plan (SP) for Resident #2 with an "Activation Date", of NJ ex order 26.4b1, and a "Last Modified By" date of NJ ex order 26.4b1 that indicated updates were made that included: "NJ ex order 26.4b1</p> <p>Review of Resident #2's SP showed no indication that it was revised or updated to reflect the incidents of NJ Exec Order and NJ Exec Order 26.4b1 that occurred on the dates of NJ ex order 26.4b1, NJ ex order 26.4b1, NJ ex order 26.4b1 or NJ ex order 26.4b1</p> <p>The Imminent Danger (ID) was reported to the Licensed Assisted Living Administrator on NJ ex order 26.4b1 at 3:30 p.m.. The Administrator (ED) was presented with the ID template that included information about the above issues.</p> <p>On 8/29/24, the surveyor completed a revisit survey and verified that the Removal Plan was implemented that included licensed staff education on NJ Exec Order 26.4b1, interventions and reporting.</p>	A1179		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18001AL	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/30/2024
NAME OF FACILITY DELANEY OF BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FRONTIER ROAD BRIDGEWATER, NJ 08807	

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 A0563	Correction	ID Prefix A0751	Correction	ID Prefix A1179	Correction
Reg. # 8:36-5.10(a)(2)	Completed	Reg. # 8:36-7.3(b)	Completed	Reg. # 8:36-17.1(a)	Completed
LSC	09/30/2024	LSC	09/30/2024	LSC	09/30/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/29/2024		<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		