

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  18A113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/15/2024
NAME OF PROVIDER OR SUPPLIER  <b>ALL AMERICAN ASSISTED LIVING AT HILLSBOROUGH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>351 ROUTE 206</b> <b>HILLSBOROUGH, NJ 08844</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00171330</p> <p>CENSUS: 79</p> <p>SAMPLE SIZE: 3</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 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00171330</p> <p>Based on interview and record review, it was determined that the facility failed to follow its policy and procedures titled, "Care Plan/Service Plan" and "Change in a Resident's <sup>NJ Exec Order 26.4b1</sup> [REDACTED]" for 2 of 3 residents reviewed, Residents #1 and #2. This deficient practice was evidenced by the following:</p> <p>On 3/15/24 at 12:45 p.m., the surveyor reviewed the medical record (MR) of Resident #1 which revealed the resident moved into the facility on <sup>NJ ex order 26.4b1</sup> with diagnoses that included <sup>NJ ex order 26</sup> [REDACTED] <b>NJ ex order 26.4b1</b>. According to the resident's <sup>NJ ex order 26.4b1</sup> [REDACTED] assessment dated <sup>NJ ex order 26.4b1</sup>, the resident had a <b>NJ ex order 26.4b1</b> on the following dates: <b>NJ ex order 26.4b1</b> <sup>NJ ex or</sup> <b>NJ ex order 26.4b1</b>. During review of Resident #1's MR, the surveyor identified the resident's Service Plan (SP) which did not include <sup>NJ Exec Order 26.4b1</sup> or interventions.</p> <p>At 1:20 p.m., the surveyor reviewed the MR of Resident #2 who was admitted to the facility on <sup>NJ ex order 26</sup> and <b>NJ ex order 26.4b1</b> with diagnoses <b>NJ ex order 26.4b1</b> <sup>NJ ex order 26.4b1</sup>. According to the "Progress Notes (PN)," the resident <b>NJ ex order 26.4b1</b>, <sup>NJ ex ord</sup> <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b>. During review of Resident #2's MR, the surveyor identified the resident's SP which did not include</p>	A 310		

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A 310	<p>Continued From page 2</p> <p><b>NJ ex order 26.4b1</b> or interventions.</p> <p>Additional review of Resident #2's PN, revealed on <b>NJ ex order 26.4b1</b>, status <b>NJ ex order 26.4b1</b> the resident <b>NJ ex order 26.4b1</b>. Also on <b>NJ ex order 26.4b1</b> the surveyor observed documentation in the PN which revealed the resident <b>NJ ex order 26.4b1</b>.</p> <p><b>NJ ex order 26.4b1</b>. Upon continued review of the PN, the surveyor did not identify any documentation in the resident's <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b> PN that indicated the resident's Power of Attorney (POA) was made aware of the resident's <b>NJ ex order 26.4b1</b>.</p> <p><b>NJ ex order 26.4b1</b>. At 3:10 p.m., the surveyor interviewed the Resident Care Director (RCD) in the presence of the Executive Director (ED) regarding Resident #1 and Resident #2's SP <b>NJ ex order 26.4b1</b>. The RCD acknowledged that the SPs were not updated with <b>NJ ex order 26.4b1</b> and interventions. Additionally, the surveyor interviewed the RCD regarding Resident #2's POA being notified of the <b>NJ ex order 26.4b1</b>. The RCD stated <b>NJ ex order 26.4b1</b> and documented in the MR.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Care Plan/Service Plan" which indicated, "Policy: Care plans/service plans will be completed upon admission, as per State requirements, and upon significant change."</p> <p>The surveyor also reviewed the facility policy and procedure titled, "Change in a Resident's Condition or Status" which revealed, "Our facility shall promptly notify the residents ... DPOA [Designated Power of Attorney] ...of changes in the resident's medical/mental condition and/or status ..."</p>	A 310		

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A 310	Continued From page 3  References: 8:36-7.3(a) and 8:36-5.15(b)	A 310		
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 #: NJ00171330  Based on interview and record review, it was determined that the facility failed to notify a Power of Attorney (POA) of <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> for 1 of 3 residents reviewed, Resident #2. This deficient practice was evident by the following:  On 3/15/24 at 1:20 p.m., the surveyor reviewed Resident #2's Medical Record (MR) who was admitted to the facility on <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b> on <b>NJ ex order 26.4b1</b> with diagnoses of <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b> .  During surveyor review of the MR, the surveyor observed "Progress Notes (PN)" dated <b>NJ ex order 26.4b1</b> at 1:21 p.m., written by a Certified Medication Aide (CMA) which revealed, Resident #2 was "S/p [status post] <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> ." At 10:17 p.m., a Licensed Practical Nurse (LPN) documented "S/P [status post] <b>NJ ex order 26.4b1</b> , ... noted <b>NJ ex order 26.4b1</b> ." On <b>NJ ex order 26.4b1</b>	A 615		

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A 615	<p>Continued From page 4</p> <p>at 5:08 p.m., a LPN documented "A call was placed to MD [Medical Doctor] via RCD [Resident Care Director] New order received from MD due to <b>NJ ex order 26.4b1</b> to <b>NJ ex order 26.4b1</b> to <b>NJ ex order 26.4b1</b>  <b>NJ ex order 26.4b1</b> [REDACTED]  <b>NJ ex order 26.4b1</b> . . . ."</p> <p>Upon continued review of the PN, the surveyor did not identify documented evidence in the resident's PN that indicated the resident's POA was made aware of the resident's <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b>, [REDACTED] <b>NJ ex order 26.4b1</b>, when the family was eventually notified of the <b>NJ ex order 26.4b1</b></p> <p>At 3:10 p.m., the surveyor interviewed the RCD regarding the notification of the resident's POA. The RCD acknowledged that the POA was not notified and confirmed the POA should have been notified and documented in the MR.</p> <p>At 4:30 p.m., the surveyor reviewed the facility policy and procedure titled, "Change in a Resident's Condition or Status" which indicated, "Our facility shall promptly notify the residents ...DPOA [Designated Power of Attorney] ...of changes in the resident's medical/mental condition and/or status ..."</p>	A 615		
A 749	8:36-7.3(a) Resident Assessments and Care Plans  (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.	A 749		

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A 749	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00171330</p> <p>Based on interview and record review, it was determined that the facility failed to ensure the General Service Plan (GSP) was updated to include the [REDACTED] with specific interventions to [REDACTED], and the use of wheelchair for 3 of 3 residents reviewed. Residents #1, #2, and #3 as evidenced by the following:</p> <p>On 3/15/24 at 12:45 p.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility on [REDACTED] with diagnoses which included [REDACTED] NJ ex order 26.4b1 [REDACTED]. According to the [REDACTED] "Assessment," the resident used a manual [REDACTED] and required NJ ex order 26.4b1 [REDACTED]. Additionally, the resident's "Assessment" indicated Resident #1 [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>The Progress Notes (PN) dated [REDACTED] at 10:14 p.m., written by a Licensed Practical Nurse (LPN) revealed, NJ ex order 26.4b1 [REDACTED] [REDACTED].</p> <p>The PN dated [REDACTED] at 1:29 p.m., written by a Certified Medication Aide (CMA) indicated, "Resident [stated] NJ ex order 26.4b1 [REDACTED] [REDACTED]."</p> <p>The PN note dated [REDACTED] at 2:47 p.m., by a CMA revealed, "Resident NJ ex order 26.4b1 [REDACTED] [REDACTED]."</p>	A 749		

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A 749	<p>Continued From page 6</p> <p><b>NJ ex order 26.4b1</b> [REDACTED], and at 8:10 p.m., the LPN documented "aide told [Resident #1 she would] help to get [the resident] ready for bed and to call when ready. [Resident #1] replied [REDACTED] NJ Exec Order 26.4b1. After 5 minutes the [resident] called, the aide responded and found [the resident] <b>NJ ex order 26.4b1</b> [REDACTED] <b>NJ ex order 26.4b1</b> ...</p> <p>The PN dated [REDACTED] at 9:16 p.m., by a LPN documented, "Resident <b>NJ ex order 26.4b1</b> [REDACTED] .. <b>NJ ex order 26.4b1</b> [REDACTED] ..."</p> <p>The PN dated [REDACTED] at 3:22 p.m., by a LPN documented, <b>NJ ex order 26.4b1</b> [REDACTED] <b>NJ ex order 26.4b1</b> [REDACTED] ..</p> <p>The PN dated [REDACTED] at 5:28 p.m., a Registered Nurse (RN) documented, <b>NJ ex order 26.4b1</b> [REDACTED] ..</p> <p>The PN dated [REDACTED] at 6:07 a.m., a CMA documented, <b>NJ ex order 26.4b1</b> [REDACTED] ..</p> <p>The PN dated [REDACTED] at 11:00 a.m., a Nurse Practitioner (NP) documented the resident was seen for <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> [REDACTED] <b>NJ ex order 26.4b1</b> ..</p> <p>The PN dated [REDACTED] at 8:16 p.m., a LPN documented, [Resident #1] <b>NJ ex order 26.4b1</b> [REDACTED] [the resident] to bed. [Resident #1] stated he/she <b>NJ Exec Order</b> [REDACTED] <b>NJ Exec Order</b> to</p>	A 749		

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A 749	<p>Continued From page 7</p> <p>NJ Exec Order 26.4b1 in the fridge. [Resident #1's]</p> <p>NJ ex order 26.4b1 [The resident] NJ ex order 26.4b1 [....] On [NJ ex order 26.4b1] at 3:04 p.m., a CMA documented in the PN the NJ ex order 26.4b1 [ ]</p> <p>NJ ex order 26.4b1 [....] The LPN also documented on [NJ ex order 26.4b1] at 4:26 p.m. [NJ ex order 26.4b1] [ ]</p> <p>[ ]</p> <p>During surveyor review of Resident #1's MR, the surveyor observed the resident's "Service Plan (SP)" which did not include NJ ex order 26.4b1 [ ]</p> <p>[ ]</p> <p>On 3/15/24 at 1:20 p.m., the surveyor reviewed the MR of Resident #2 who moved into the facility on [NJ ex order 26.4b1] and was discharged from the facility on [NJ ex order 26.4b1] with diagnoses of NJ ex order 26.4b1 and NJ ex order 26.4b1. According to the residents SP dated [NJ ex order 26.4b1], Resident #2 NJ ex order 26.4b1 [ ] Additional surveyor review of the resident's MR, revealed the resident NJ ex order 26.4b1. The surveyor also observed in the MR, that Resident #2 had a Physician order for NJ ex order 26.4b1 dated [NJ ex order 26.4b1] NJ ex order 26.4b1 [ ]</p> <p>The PN dated [NJ ex order 26.4b1] at 8:28 p.m., a CMA documented "[Resident #2 was] found [ ] [with] NJ ex order 26.4b1 [ ] [ ] [ ] ...."</p> <p>The PN dated [NJ ex order 26.4b1] at 1:21 p.m., a CMA documented the resident was NJ ex order 26.4b1 [ ] According to the facility's document, NJ ex order 26.4b1 [ ]</p>	A 749		

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A 749	<p>Continued From page 8</p> <p>dated [REDACTED] <sup>NJ ex order 26.4b1</sup>, Resident #2 was [REDACTED] <sup>NJ Exec Order 26.4b1</sup> on the [REDACTED] <sup>NJ Exec Order 26.4b1</sup> in the [REDACTED]</p> <p>[REDACTED]</p> <p>The PN dated [REDACTED] <sup>NJ ex order 26.4b1</sup> at 1:23 p.m., a CMA documented the resident's [REDACTED] <sup>NJ ex order 26.4b1</sup></p> <p>[REDACTED]</p> <p>[REDACTED] ..."</p> <p>During surveyor review of Resident #2's SP, the surveyor observed the resident's SP dated [REDACTED] <sup>NJ ex order 26.4b1</sup> [REDACTED] <sup>NJ ex order 26.4b1</sup>. The surveyor also did not observe any preferences or guidelines for resident [REDACTED] <sup>NJ ex order 26.4b1</sup> on the SP.</p> <p>On 3/15/24 at 1:50 p.m., the surveyor reviewed the MR of Resident #3 who moved into the facility on [REDACTED] and [REDACTED] <sup>NJ ex order 26.4b1</sup> on [REDACTED] with diagnoses of [REDACTED] <sup>NJ ex order 26.4b1</sup>. According to the resident's SP dated [REDACTED] <sup>NJ ex order 26.4b1</sup>, the [REDACTED] <sup>NJ ex order 26.4b1</sup></p> <p>[REDACTED]</p> <p>The PN dated [REDACTED] <sup>NJ ex order 26.4b1</sup> at 5:19 p.m., a LPN documented, [REDACTED] <sup>NJ ex order 26.4b1</sup> around 4:12 p.m., [REDACTED] <sup>NJ ex order 26.4b1</sup></p> <p>[REDACTED] ..."</p> <p>During MR review, the surveyor observed Resident #3 [REDACTED] <sup>NJ ex order 26.4b1</sup></p> <p>[REDACTED]</p> <p>On 3/15/24 at 3:10 p.m., the surveyor interviewed the Resident Care Director (RCD) in the presence of the Executive Director (ED) regarding SP updates to include [REDACTED] <sup>NJ Exec Order 26.4b1</sup> and interventions. The</p>	A 749		

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A 749	<p>Continued From page 9</p> <p>RCD acknowledged that [REDACTED] and interventions were not included on the residents' Service Plans.</p> <p>The surveyor also interviewed the RCD and the ED regarding Resident #2's [REDACTED] and [REDACTED] [REDACTED] The ED and the RCD both stated that the facility was not responsible for residents' personal equipment. Additionally, the RCD stated that Resident #2 [REDACTED] [REDACTED] but [REDACTED] [REDACTED] [REDACTED] Further, the surveyor interviewed the Assistant RCD who stated Resident #2 [REDACTED] [REDACTED], but at the requests of the resident the [REDACTED] [REDACTED] .</p> <p>On 3/15/24 at 5:00 p.m., the surveyor reviewed the facility policy and procedure titled, "Care Plan/Service Plan" which indicated "... Care plans/service plans will be completed upon admission, as per State requirements, and upon significant change."</p>	A 749		

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TITLE

(X6) DATE

05/08/24

Received  
5/15/24



Submitted 5/1/2024

HFEL,POCAL@doh.nj.gov

revised 5/8/2024, 5/13/2024, 5/14/2024

Please find the proposed Plan of Corrections for the Complaint Survey that was conducted by the State Agency on 3/15/2024 at All American Assisted Living in Hillsborough NJ. Complaint# NJ00171330. Received AAS45 4/17/2024

A310 8:36-3.4(a)(1) Administration

1. Residents #1 and #2 were identified as impacted by this deficient practice. #1 Care plan/Service Plan was updated on 4/15/2024 to reflect NJ ex order 26.4b1 #2 NJ ex order 26.4b1
2. All residents have the potential to be impacted by this alleged deficient practice.
3. All current Nurses and all future Nurses in the Nursing Department will be reeducated on 1) notifying resident's Responsible Party/Durable Power Of Attorney-Health Care of any significant change in resident's physical, mental, or psychosocial status and given a copy of the Change in Resident's Condition or Status Policy and Procedure and 2) resident care plans and identifying resident's fall risk and precautions/interventions and given a copy of the Care Plan/Service Plan Policy and Procedure by the Executive Director or designee, started on 4/17/2024.
4. All Nurses will 1) follow policy and procedure for Care Plan/Service Plan and all current and future resident's Fall Risk and precautions/interventions will be evaluated upon admission, semiannually, and with significant change in condition and 2) All Nurses and Medication Aides will follow policy and procedure for notification of resident's Responsible Party/Durable Power Of Attorney-Health Care and all new significant changes in condition will be audited for completion 1 x week x 4 weeks by Resident Care Director or designee to verify compliance.

Completion Date: 5/31/2024

A615 8:36-5.15(b) General Requirements

1. Resident #2 was identified as impacted by this deficient practice. #2 NJ ex order 26.4b1
2. All residents have the potential to be impacted by this alleged deficient practice.
3. All current Nurses and Medication Aides and all future Nurses and Medication Aides will be reeducated on notifying resident's RP/DPOA-HC of any significant change in resident's physical, mental, or psychosocial status and given a copy of the Change in Resident's Condition or Status Policy and Procedure by the Resident Care Director or designee, started on 4/17/2024.
4. All Nurses and Medication Aides will follow policy and procedure for notification of resident's Responsible Party/Durable Power Of Attorney-Health Care and all new significant changes in condition will be audited for completion 1 x week x 4 weeks then quarterly in Quality Assurance Meeting by Executive Director or designee to verify compliance.

Accepted 5/16/24  
MM

Accepted  
5/16/24  
MM

Completion Date: 5/31/2024

A749 8:36-7.3(a) Resident Assessments and Care Plans

1. Residents #1, #2, #3 were identified as impacted by this deficient practice. #1 Care plan/Service Plan was updated to reflect [REDACTED] #2 & #3 **NJ ex order 26.4b1**  
**NJ ex order 26.4b1**
2. All residents have the potential to be impacted by this alleged deficient practice.
3. All current Nurses in the Nursing Department and all future Nurses will be reeducated on 1) resident care plans and identifying resident's fall risk and precautions/interventions and given a copy of the Care Plan/Service Plan Policy and Procedure and 2) on identifying and indicating resident's preferences/guidelines for utilizing wheelchair footrests in the care plan/service plan by the Resident Care Director or designee, started on 4/17/2024.
4. All Nurses will follow policy and procedure for Care Plan/Service Plan and all current and future resident's Fall Risk and precautions/interventions will be evaluated upon admission, semiannually, and with significant change in condition. All current and future resident care plans/service plans will be audited and edited as appropriate to identify and indicate resident's preferences/guidelines for utilizing wheelchair footrests to verify compliance by Executive Director or designee.

Completion Date: 5/31/2024

Sincerely,

**NJ Exec Order 26.4b1**

**NJ Exec Order 26.4b1** CALA

Regional Director of Operations

*Accepted 5/16/24  
JL*

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18A113	MULTIPLE CONSTRUCTION A. Building B. Wing Y1	DATE OF REVISIT 3/15/2024 Y2
NAME OF FACILITY ALL AMERICAN ASSISTED LIVING AT HILLSBOROUGH		STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844 Y3

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 05/15/2024	ID Prefix A0615 Reg. # 8:36-5.15(b) LSC	Correction Completed 05/15/2024	ID Prefix A0749 Reg. # 8:36-7.3(a) LSC	Correction Completed 05/15/2024
ID Prefix Reg. # LSC	Correction Completed 05/15/2024	ID Prefix Reg. # LSC	Correction Completed 05/15/2024	ID Prefix Reg. # LSC	Correction Completed 05/15/2024
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ID Prefix Reg. # LSC	Correction Completed 05/15/2024	ID Prefix Reg. # LSC	Correction Completed 05/15/2024	ID Prefix Reg. # LSC	Correction Completed 05/15/2024

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 3/15/2024		<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