

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 ALL AMERICAN ASSISTED LIVING AT HILLSBOROUC			STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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

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 ALL AMERICAN ASSISTED LIVING AT HILLSBOROUC		STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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 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 ^{NJ Exec Order 26.4b1} [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 ^{NJ ex order 26.4b1} [REDACTED] with diagnoses that included ^{NJ ex order 26.4b1} [REDACTED] NJ ex order 26.4b1</p> <p>According to the resident's ^{NJ ex order 26.4b1} [REDACTED] assessment dated ^{NJ ex order 26.4b1} [REDACTED], the resident had a ^{NJ ex order 26.4b1} [REDACTED] on the following dates: ^{NJ ex order 26.4b1} [REDACTED], ^{NJ ex order 26.4b1} [REDACTED] NJ ex order 26.4b1</p> <p>During review of Resident #1's MR, the surveyor identified the resident's Service Plan (SP) which did not include ^{NJ Exec Order 26.4b1} [REDACTED] or interventions.</p> <p>At 1:20 p.m., the surveyor reviewed the MR of Resident #2 who was admitted to the facility on ^{NJ ex order 26.4b1} [REDACTED] and ^{NJ ex order 26.4b1} [REDACTED] with diagnoses ^{NJ ex order 26.4b1} [REDACTED] NJ ex order 26.4b1. According to the "Progress Notes (PN)," the resident ^{NJ ex order 26.4b1} [REDACTED], ^{NJ ex order 26.4b1} [REDACTED] and ^{NJ ex order 26.4b1} [REDACTED]. During review of Resident #2's MR, the surveyor identified the resident's SP which did not include</p>	A 310		

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 ALL AMERICAN ASSISTED LIVING AT HILLSBOROUC			STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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 310	<p>Continued From page 2</p> <p>NJ Exec Order 26.4b1 or interventions.</p> <p>Additional review of Resident #2's PN, revealed on NJ ex order 26.4b1, status NJ ex order 26.4b1 the resident NJ ex order 26.4b1. Also on NJ ex order 26.4b1 the surveyor observed documentation in the PN which revealed the resident NJ ex order 26.4b1. NJ ex order 26.4b1.</p> <p>Upon continued review of the PN, the surveyor did not identify any documentation in the resident's NJ ex order 26.4b1 and NJ ex order 26.4b1 PN that indicated the resident's Power of Attorney (POA) was made aware of the resident's NJ ex order 26.4b1. NJ ex order 26.4b1</p> <p>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 NJ ex order 26.4b1. The RCD acknowledged that the SPs were not updated with NJ Exec Order 26.4b1 and interventions. Additionally, the surveyor interviewed the RCD regarding Resident #2's POA being notified of the NJ ex order 26.4b1. The RCD stated NJ ex order 26.4b1 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			

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 ALL AMERICAN ASSISTED LIVING AT HILLSBOROUGH		STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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 310	Continued From page 3	A 310		
	References: 8:36-7.3(a) and 8:36-5.15(b)			
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 NJ ex order 26.4b1 and NJ ex order 26.4b1 NJ ex order 26.4b1 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 NJ ex order 26.4b1 and NJ ex order 26.4b1 on NJ ex order 26.4b1 with diagnoses of NJ ex order 26.4b1 and NJ ex order 26.4b1. During surveyor review of the MR, the surveyor observed "Progress Notes (PN)" dated NJ ex order 26.4b1 at 1:21 p.m., written by a Certified Medication Aide (CMA) which revealed, Resident #2 was "S/p [status post] NJ ex order 26.4b1 NJ ex order 26.4b1." At 10:17 p.m., a Licensed Practical Nurse (LPN) documented "S/P [status post] NJ ex order 26.4b1, ... noted NJ ex order 26.4b1." On NJ ex order 26.4b1	A 615		

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 ALL AMERICAN ASSISTED LIVING AT HILLSBOROUC			STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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 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 NJ ex order 26.4b1 to NJ ex order 26.4b1 to NJ ex order 26.4b1 NJ ex order 26.4b1 NJ ex order 26.4b1"</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 NJ ex and NJ ex order 26.4b1, NJ ex order 26.4b1 when the family was eventually notified of the NJ ex order 26.4b1</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	<p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(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.</p>	A 749			

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 ALL AMERICAN ASSISTED LIVING AT HILLSBOROUC		STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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 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 [NJ Exec Order 26.4b1] with specific interventions to [NJ Exec Order 26.4b1], 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 [NJ ex order 26.4b1] with diagnoses which included [NJ ex order 26.4b1] NJ ex order 26.4b1</p> <p>According to the [NJ ex order 26.4b1] "Assessment, "the resident used a manual [NJ ex order 26.4b1] and required NJ ex order 26.4b1 Additionally, the resident's "Assessment" indicated Resident #1 NJ ex order 26.4b1 .</p> <p>The Progress Notes (PN) dated [NJ ex order 26.4b1] at 10:14 p.m., written by a Licensed Practical Nurse (LPN) revealed, NJ ex order 26.4b1 ."</p> <p>The PN dated [NJ ex order 26.4b1] at 1:29 p.m., written by a Certified Medication Aide (CMA) indicated, "Resident [stated] NJ ex order 26.4b1 [NJ ex order 26.4b1] " [redacted]</p> <p>The PN note dated [NJ ex order 26.4b1] at 2:47 p.m., by a CMA revealed, "Resident NJ ex order 26.4b1</p>	A 749		

STATE FORM 6899 DUOW11 If continuation sheet 7 of 10

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 ALL AMERICAN ASSISTED LIVING AT HILLSBOROUGH		STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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 749	<p>Continued From page 7</p> <p>NJ Exec Order 26.4b1 in the fridge. [Resident #1's] 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 NJ ex order 26.4b1.] 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>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>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</p> <p>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 NJ ex order 26.4b1, [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		

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 ALL AMERICAN ASSISTED LIVING AT HILLSBOROUGH		STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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 749	<p>Continued From page 8</p> <p>dated [REDACTED], Resident #2 was [REDACTED] on the NJ Exec Order 26.4b1 in the [REDACTED]</p> <p>The PN dated [REDACTED] at 1:23 p.m., a CMA documented the resident's [REDACTED]</p> <p>During surveyor review of Resident #2's SP, the surveyor observed the resident's SP dated [REDACTED] NJ ex order 26.4b1. The surveyor also did not observe any preferences or guidelines for resident [REDACTED] 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] on [REDACTED] with diagnoses of NJ ex order 26.4b1. According to the resident's SP dated [REDACTED], the NJ ex order 26.4b1</p> <p>The PN dated [REDACTED] at 5:19 p.m., a LPN documented, NJ ex order 26.4b1 around 4:12 p.m., NJ ex order 26.4b1</p> <p>During MR review, the surveyor observed Resident #3 NJ ex order 26.4b1</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] and interventions. The</p>	A 749		

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 ALL AMERICAN ASSISTED LIVING AT HILLSBOROUC		STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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 749	<p>Continued From page 9</p> <p>RCD acknowledged that [NJ Exec Order 26] 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 [NJ ex order 26.4b1] and [NJ ex order 26.4b1]. The ED and the RCD both stated that the facility was not responsible for residents' personal equipment. Additionally, the RCD stated that Resident #2 [NJ ex order 26.4b1] [NJ ex order 26.4b1] but [NJ Exec Order 26.4b1]. Further, the surveyor interviewed the Assistant RCD who stated Resident #2 [NJ ex order 26.4b1], but at the requests of the resident the [NJ ex order 26.4b1].</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		

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 R-C 03/15/2024
NAME OF PROVIDER OR SUPPLIER ALL AMERICAN ASSISTED LIVING AT HILLSBOROUC		STREET ADDRESS, CITY, STATE, ZIP CODE 351 ROUTE 206 HILLSBOROUGH, NJ 08844		
(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}		

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

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**
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**
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

accepted
5/15/24

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 [REDACTED] 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
[Signature]

STATE FORM: REVISIT REPORT

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

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310 Correction		ID Prefix A0615 Correction		ID Prefix A0749 Correction	
Reg. # 8:36-3.4(a)(1) Completed		Reg. # 8:36-5.15(b) Completed		Reg. # 8:36-7.3(a) Completed	
LSC 05/15/2024		LSC 05/15/2024		LSC 05/15/2024	
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	
ID Prefix Correction		ID Prefix Correction		ID Prefix Correction	
Reg. # Completed		Reg. # Completed		Reg. # Completed	
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 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			