

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 19a001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2024
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NAME OF PROVIDER OR SUPPLIER EVERMAY AT BRANCHVILLE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3 PHILLIPS ROAD BRANCHVILLE, NJ 07826
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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 #: NJ00175670</p> <p>CENSUS: 55</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 235	<p>8:36-2.4(d) Licensure Procedures</p> <p>(d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ00175670</p> <p>1. Based on interview, and record review, it was</p>	A 235		

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

TITLE

(X6) DATE

09/06/24

New Jersey Department of Health

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A 235	<p>Continued From page 1</p> <p>determined that the facility failed to provide the surveyor with access to review the facility's electronic medical records (EMRs) when requested for 3 of 3 residents reviewed for [redacted] Resident #'s 1, 2, and 3. This deficient practice was evidenced by the following:</p> <p>On 7/29/2024 at 9:22 a.m., while conducting a complaint survey, the surveyor requested access to the facility's EMR system, EMR #1 from the facility's Director of Nursing (DON) who stated that he would give the surveyor access. At the time of survey, the facility utilized a EMR system, EMR #1. Prior to the use of EMR #1, the facility utilized a different EMR system, EMR #2.</p> <p>At 10:53 a.m., the surveyor received an email from the facility's EMR system which revealed, "This is test mail". The email did not include a link to the EMR website, a log in identification name nor a password.</p> <p>At 12:25 p.m., the survey received printed documents from the facility's EMR system. At that time the survey had not received access to the facility's the facility's EMR system.</p> <p>At 12:30 p.m., the surveyor read the above-mentioned email and requested the facility's concierge call the facility's DON for assistance.</p> <p>At 12:30 p.m., the surveyor reviewed the MR of Resident #2 that revealed a move in date of [redacted] and diagnoses of [redacted]. In addition, Resident #2's MR did not reveal any HSPs.</p> <p>At 12:45 p.m., the surveyor reviewed the MR that revealed Resident #1 had a move in date of</p>	A 235		

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A 235	<p>Continued From page 2</p> <p>NJ ex order 26.4b1 and diagnoses of NJ ex order 26.4b1 Resident #1's MR which did not reveal a HSP.</p> <p>At 12:50 p.m., the surveyor reviewed the MR of Resident #3 that revealed a move in date of NJ ex order 26.4b1 and diagnoses of NJ ex order 26.4b1 and NJ ex order 26.4b1. In addition, Resident #3's MR did not reveal an active HSP for any of the NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>At 1:15 p.m., the surveyor interviewed the DON, who provided the surveyor with the web address to the facility's EMR #1 and assisted the surveyor with logging into the facility's EMR #1; at that time the EMR #1 requested a Personal Identification Number (PIN), in which the DON input a PIN that was not accepted. During continued surveyor interview, the DON stated he would return to the surveyor with a PIN.</p> <p>At 1:31 p.m., the DON provided the surveyor with a PIN to unlock the EMR #1.</p> <p>The surveyor received access to Resident #'s 1 and 3 EMR until 1:31 p.m.</p> <p>2. At 11:28 a.m., while conducting a complaint survey, the surveyor interviewed the facility's Executive Director (ED) and requested documents from Resident #2's Medical Record (MR), including Resident #2's progress notes (PNs). Resident #2 NJ ex order 26.4b1 at the time of the survey; Resident #2's MR was a closed MR.</p> <p>At 12:30 p.m., the surveyor reviewed Resident #2's MR provided by the facility's ED which did not reveal PNs. The MR revealed a document titled, "Initial Evaluation and Treatment" dated</p>	A 235		
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A 235	<p>Continued From page 3</p> <p>NJ ex order 26.4b1 which revealed Resident #2 had NJ ex order 26.4b1. The MR also included a document titled, "FACE SHEET" which revealed Resident #2 NJ ex order 26.4b1.</p> <p>At 12:50 p.m., the surveyor interviewed the facility's ED in regard to Resident #2's PNs, the ED stated that Resident #2's PNs were in the facility's previous EMR system, EMR#2 due to Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1 EMR system, EMR #1. At that time, the surveyor requested access to the facility's EMR system #2.</p> <p>At 12:53 p.m., the ED stated that she was unable to provide the surveyor with access but was able to print the requested PNs.</p> <p>The surveyor was not provided access to the facility's previous EMR system, EMR system #2.</p>	A 235		
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; 	A 735		

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A 735	<p>Continued From page 4</p> <p>4. The time intervals at which the resident's response to treatment will be reviewed; and</p> <p>5. The measures to be used to assess the effects of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00175670</p> <p>Based on interview, and record review, it was determined that the facility failed to develop and implement a health service plan (HSP) related to falls for 3 of 3 residents reviewed for ^{NJ Exec C} Resident #s 1, 2, and 3 for which an ^{NJ ex order 26.4b1}. The deficient practice was evidenced by the following:</p> <p>1. On 7/29/24 at 10:11 a.m., the surveyor interviewed the facility's Certified Nursing Assistant (CNA #1), who stated that Resident #1 ^{NJ ex order 26.4b1}, and ^{NJ ex order 26.4b1}. During continued surveyor interview, CNA #1 revealed that Resident #1 did not have a HSP.</p> <p>At 11:28 a.m., the surveyor interviewed the facility's ED and requested documents from Resident 1's Medical Record (MR) including health service plans (HSPs).</p> <p>At 12:30 p.m., the facility's DON provided the surveyor with a list of recent ^{NJ ex order 26.4b1} ^{NJ ex order 26.4b1} which revealed Resident #1 had a ^{NJ Ex} on ^{NJ ex order 26.4b1}.</p>	A 735		
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A 735	<p>Continued From page 5</p> <p>At 12:45 p.m., the surveyor reviewed the MR that revealed Resident #1 had a move in date of [redacted] and diagnoses of [redacted] NJ ex order 26.4b1. Surveyor review of Resident #1's MR [redacted] NJ ex order 26.4b1.</p> <p>At 1:15 p.m., the surveyor interviewed the facility's DON who stated that he was unable to locate a HSP related to [redacted] NJ ex order 26.4b1 for Resident #1 and that Resident #1 [redacted] NJ ex order 26.4b1.</p> <p>2. At 10:32 a.m., the surveyor interviewed the facility's Licensed Practical Nurse (LPN) who stated that Resident #2 (closed record) [redacted] NJ ex order 26.4b1 at the facility prior to his/her [redacted] NJ ex order 26.4b1. The LPN also stated that Resident #2's interventions included a [redacted] NJ ex order 26.4b1, [redacted] NJ ex order 26.4b1. During continued surveyor interview, the LPN stated that Resident #2 [redacted] NJ ex order 26.4b1 and that she could not recall if Resident #2 had a care plan.</p> <p>At 11:28 a.m., the surveyor interviewed the facility's Executive Director (ED) and requested documents from Resident #2's MR, including HSPs.</p> <p>At 12:30 p.m., the surveyor reviewed the MR of Resident #2 that revealed a move in date of [redacted] NJ ex order 26.4b1 and diagnoses of [redacted] NJ ex order 26.4b1. In addition, Resident #2's MR did not reveal any HSPs.</p> <p>At 12:50 p.m., the surveyor interviewed the facility's ED who stated that Resident #2's HSP may be in a previous Electronic Medical Record.</p> <p>At 1:50 p.m., the surveyor had not received a</p>	A 735		

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A 735	<p>Continued From page 6</p> <p>HSP for Resident #2 related to [redacted] from the facility's ED or the Director of Nursing (DON).</p> <p>3. At 9:46 a.m., the surveyor interviewed the facility's CNA #2 who stated that Resident #3 [redacted] CNA #2 stated that she [redacted] if Resident #3 [redacted] or [redacted]</p> <p>At 11:28 a.m., the surveyor interviewed the facility's ED and requested documents from Resident #3's MR including HSPs.</p> <p>At 12:30 p.m., the facility's DON provided the surveyor with a list of [redacted] which revealed Resident #3 had [redacted], [redacted], and [redacted].</p> <p>At 12:50 p.m., the surveyor reviewed the MR of Resident #3 which revealed a move in date of [redacted] and diagnoses of [redacted]. In addition, Resident #3's MR did not reveal an active HSP for [redacted].</p> <p>At 1:15 p.m., the surveyor interviewed the facility's DON who stated that he was unable to locate a current HSP related to the [redacted] Resident #3 and that Resident #3 should [redacted].</p> <p>This ID was reported to the Licensed Assisted Living Administrator on [redacted] at 12:20 p.m. The Administrator was presented with the [redacted] template that included information about the above issue.</p> <p>The Removal Plan revisions were requested,</p>	A 735		

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A 735	Continued From page 7 verified and accepted on [redacted] including the re-education of staff on the service plans and the initiation of assessments and service plans of residents who [redacted]	A 735		
A1051	<p>8:36-15.2 Resident Records</p> <p>The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ00175670</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure requested medical records were available for the surveyor to review for 1 of 3 residents reviewed for [redacted], Resident #2. This deficient practice was evidenced by the following:</p> <p>On 7/29/2024 at 11:28 a.m., while conducting a complaint survey, the surveyor interviewed the facility's Executive Director (ED) and requested documents from Resident #2's Medical Record (MR), including Resident #2's progress notes (PNs). Resident #2 [redacted] at the facility at the time of the survey; Resident #2's MR was a closed MR.</p> <p>At 12:30 p.m., the surveyor reviewed Resident #2's MR provided by the facility's ED which did not reveal PNs. The MR revealed a document titled, "Initial Evaluation and Treatment" dated</p>	A1051		

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A1051	<p>Continued From page 8</p> <p>NJ ex order 26.4b1, which revealed Resident #2 NJ ex order. The MR also included a document titled, "FACE SHEET" which revealed Resident #2 had a move in date of NJ ex order 26.4b1.</p> <p>At 12:50 p.m., the surveyor interviewed the facility's ED who stated that Resident #2's PNs were in the facility's previous EMR system, EMR#2.</p> <p>At 12:53 p.m., during surveyor interview, the ED stated that she was unable to provide the surveyor with Resident #2's PNs as the EMR#2 system was not allowing the facility's staff to print them.</p> <p>At the time of the survey, the surveyor was not given access to the EMR #2 system and was not provided Resident #2's PNs.</p>	A1051		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 19a001	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/23/2024	Y3
NAME OF FACILITY EVERMAY AT BRANCHVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3 PHILLIPS ROAD BRANCHVILLE, NJ 07826		

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 A0235	Correction	ID Prefix A0735	Correction	ID Prefix A1051	Correction
Reg. # 8:36-2.4(d)	Completed	Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-15.2	Completed
LSC	07/31/2024	LSC	08/05/2024	LSC	07/31/2024
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 7/29/2024		<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		