

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20C100 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/06/2021 |
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| NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT VICTORIA COMMONS, LI | STREET ADDRESS, CITY, STATE, ZIP CODE 610 TOWNBANK ROAD NORTH CAPE MAY, NJ 08204 |
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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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| A 000 | <p>Initial Comments</p> <p>Initial Comments: Census: 58</p> <p>Sample Size: 6</p> <p>TYPE OF SURVEY: Standard Survey of 91 residential units</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 | | |
| A1089 | <p>8:36-16.3(b) Physical Plant</p> <p>(b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation.</p> | A1089 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **09/02/21**

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| A1089 | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure mechanical ventilation was in working order in 3 of 60 bathrooms (NAC 8-43E-2.1 and 8-43E-2.2) having no windows to the outside.</p> <p>Findings included:</p> <p>1. On 08/05/2021 at 8:55 AM, observations were conducted in residents' rooms across the facility. The observations involved attaching a light weighted tissue paper to an antenna-like clip. The clip was suspended towards the vent. The vent is considered operational if it sucked the tissue paper described above towards itself. The foregoing test were conducted in residents' rooms across the facility with the maintenance director present. The observation conducted in rooms (NAC 8-43E-2.1 and NAC 8-43E-2.2) revealed the ventilation systems in these bathrooms without windows did not work after subjecting them to the test described above.</p> <p>On 08/05/2021 at 10:19 AM, the Maintenance Director said it was important for the ventilation systems in the resident rooms to work because it helped suck out moisture which came when the resident took a hot bath. He also said it was important for the ventilation system to work because it helped avoid moisture build up which could promote mold and or mildew growth. He said he would get the system replaced.</p> <p>On 08/06/2021, the Certified Assisted Living Administrator (CALA) said that the facility did not have a policy which addressed when or how ventilation systems in residents' rooms should be</p> | A1089 | | |
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| A1089 | Continued From page 2 checked. She said she would work closely with the maintenance director to ensure the failed ventilation systems in identified residents' rooms did not result in mold growth. | A1089 | | |
| A1243 | <p>8:36-17.6(b) Housekeeping-Sanitation-Safety-Maintenance</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, interview and record review, it was determined the facility failed to ensure that it provided hot water within the appropriate range for residents' domestic use. Specifically, the facility failed to maintain residents' rooms hot water temperatures between 105 degrees Fahrenheit (F) and 120 degrees F for six (# [REDACTED], NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1, [REDACTED], NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1, [REDACTED]) of six resident rooms. The facility identified the compromise in the hot water supply affected the supply to all the residents at the facility. The census was 60.</p> <p>It was determined the provider's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.</p> <p>On 08/05/2021 at 10:14 AM, the Certified Assisted Living Administrator (CALA), Resident</p> | A1243 | | |

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| A1243 | <p>Continued From page 3</p> <p>Care Director and the Maintenance Director were informed of the immanent danger of the situation.</p> <p>Findings included:</p> <p>1. On 08/05/2021 at 8:55 AM, during the facility inspection tour with the Maintenance Director, hot water temperatures were taken in residents' rooms across the four living units of the facility. The hot water temperature recorded in rooms NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. were 145 degrees F, 145 degrees F, 137 degrees F, 137 degrees F, and 129 degrees.</p> <p>On 08/05/2021 at 9:57 AM, Resident #4 told the surveyor that although the resident was not hurt when he/she tried to use the hot water, the resident said the water was steaming hot and had to chose between getting burned or bathing with bone chilling cold water.</p> <p>The other residents' who occupied the other identified rooms with the excessive hot water temperature stated they were yet to attempt to use the water. The residents said they did not know what the water temperature in their bathrooms felt like.</p> <p>On 08/05/2021 at 10:19 AM, the Maintenance Director (MD) said the facility had been aware of the failed mixing valve which helped maintain the hot water supplied for residents' domestic use at the recommended range on 07/27/2021 when the facility failed the plumbing portion of the facility's township inspection. He acknowledged that eight days had passed since the facility was made aware of the failed plumbing inspection by their township inspection team. He acknowledged that he had nothing on file to show that the facility had</p> | A1243 | | |

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| A1243 | <p>Continued From page 4</p> <p>made any effort to resolve the issue since they were made aware. The MD said the mixing valve started to fail but did not have an apparent effect of rising hot water temperature until 08/03/2021 when the output flow of the hot water from the facility's boiler room recorded between 127-128 degrees F. The MD said that he was not present at work on 08/04/2021 [the day after he discovered the resulting effect of the broken valve]. He said that when he returned to work on 08/05/2021 [day of survey], he realized the hot water temperature was at a higher temperature than he recorded two days prior [referring to the temperature he took on 08/03/2021]. He said he had not cautioned residents of the facility of the hot water situation as at the time of the survey.</p> <p>The Maintenance Director provided a weekly water temperature log he documented from randomly selected residents' rooms from 05/06/2020 till 08/03/2021. The log revealed the facility maintained hot water temperatures within the range of 105-119.7 degrees F except for the temperature recorded from the boiler room during the inspection on 07/27/2021 which reported the hot water feed to residents' rooms was at 125 degrees F.</p> <p>A review of the township inspection report dated 07/27/2021 revealed a "Not Approved" notice documented under the plumbing portion of the inspection. The pertinent reason for the disapproval noted the facility was unable to keep water at 120 degrees.</p> <p>On 08/05/2021 at 10:14 AM, the CALA and the Resident Care Director said the recorded hot water temperature from the identified rooms put residents at risk of getting burned if they got</p> | A1243 | | |

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| A1243 | <p>Continued From page 5</p> <p>exposed to to the excessively hot water. They acknowledged the facility had been made aware of the hot water situation prior to survey. The CALA said that the facility was working with input from the Maintenance Director to get the issue resolved. They however did not provide any documentation which detailed any effort the facility had made since the first time they were made aware.</p> <p>On 08/06/2021 at 10:23 PM, the Maintenance Director acknowledged the facility contacted the plumbing company for the first time on 08/05/2021 after the survey team identified the hot water temperature.</p> <p>An undated policy, "Victoria Commons Water Policy," was provided by the CALA. The policy read in part: "Water going out of the boiler room to the resident apartments should be between 115 degrees and not higher than 120 degrees. Water in resident apartments should be no higher than 120" ...</p> <p>On 08/06/2021 at 3:27 PM, a Removal Plan for the immanently dangerous situation was submitted by the facility and accepted by the State Agency. The document, under the "action taken" portion, read as follows:</p> <ol style="list-style-type: none"> 1. No residents suffered any injury or adverse reaction. 2. The residents in apartment [REDACTED], [REDACTED] had the potential for an adverse reaction. 3. As soon as we were made aware the mixer was turned down and one of two hot water heaters was turned off. 4. A plumbing and HVAC company was contacted and asked to come out. The company | A1243 | | |
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| A1243 | <p>Continued From page 6</p> <p>came out on 08/06/2021 to look at the mixing valve.</p> <p>5. The facility will monitor its corrective actions by testing the water temperatures in these identified apartments daily until issue is fixed and will continue to check daily for one week following repair, then reduce to twice per week and then ultimately revert to once per week per our policy. This will be done by the Maintenance Director and the temperatures will be reported to the administrator and logged.</p> <p>6. All staff including dietary, housekeeping, nursing, activities, administration and maintenance will be in-serviced regarding water temperature and to review our water policy.</p> <p>7. The facility has a plan in place to allow the residents to continue to bath while the issue is being corrected.</p> <p>8. The Maintenance Director was in-serviced on the need to notify the Administrator regarding any issues with the water or mechanical equipment and the need to immediately put a plan in place to correct the issue.</p> <p>A revisit was conducted on 8/24/2021 to ensure the implementation of the removal plan as of 8/23/2021.</p> | A1243 | | |
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STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 20C100 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 9/13/2021 | Y3 |
| NAME OF FACILITY COMPLETE CARE AT VICTORIA COMMONS, LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 610 TOWNBANK ROAD NORTH CAPE MAY, NJ 08204 | | |

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 A1089 | Correction | ID Prefix A1243 | Correction | ID Prefix _____ | Correction |
| Reg. # 8:36-16.3(b) | Completed | Reg. # 8:36-17.6(b) | Completed | Reg. # _____ | Completed |
| LSC _____ | 10/08/2021 | LSC _____ | 10/08/2021 | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |
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| 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 8/6/2021 | | <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 | | |