

New Jersey Department of Health

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 C 05/17/2024
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT VICTORIA COMMONS, L	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
A 000	<p>Initial Comments</p> <p>Initial Comments: Complaint #: NJ00172728</p> <p>Census: 63</p> <p>Sample: 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

06/20/24

New Jersey Department of Health

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 C 05/17/2024
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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00172728</p> <p>Based on interview, and review of other facility documents, it was determined that the facility failed to ensure the development and implementation of policies and procedures for the consistent and proper utilization of the call bell system for which an Imminent Danger (ID) was identified. This ID was reported to the Licensed Assisted Living Administrator on 5/1/2024 at 1:00 p.m. The Administrator was presented with the ID template that included information about the above issue. The deficient practice was evidenced by the following;</p> <p>On 4/7/2024 at 2:00 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event form (FRE), a document used by the healthcare facilities to report incidents to the NJDOH. The report included a "date of event" Ex Order 26.4B1 and "time of event: 7:30 a.m.". The report revealed the Certified Nursing Assistant, (CNA#1), entered Resident #2's apartment at 7:30 a.m., to assist the resident with getting ready for breakfast, and found Resident #2 Ex Order 26.4B1. The resident was observed to have his/her Ex Order 26.4B1. The FRE further indicated that Resident #2 was sent to the hospital, diagnosed with a Ex Order 26.4B1. Ex Order 26.4B1 was NJ Exec Order 26.4b1.</p> <p>At 10:40 a.m., the surveyor interviewed CNA #1</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>who stated that upon checking on Resident #2 for breakfast on ^{Ex Order 26.4B1}, she found the resident ^{Ex Order 26.4B1} Ex Order 26.4B1 f his/her apartment. CNA #1 stated that Resident #2 could not remember what happened but knew that he/she Ex Order 26.4B1, and had been Ex Order 26.4B1. CNA #1 further stated that she observed that Resident #2's Ex Order 26.4B1 and there was a pull cord for the resident to call for assistance in the resident's bathroom and one in the bedroom, but that Resident #2 was not near either one of them. CNA #1 further stated that Resident #2 did not have a call bell necklace and that some residents had them and some didn't.</p> <p>A Certified Medication Aide (CMA), who was present during the surveyor interview with CNA #1, stated that they are unable to add more pendants to the current system because it was an old system but that every resident had a pull cord in their bedroom and bathroom.</p> <p>At 12:15 p.m., the surveyor interviewed the facility Administrator about safety checks to ensure proper functioning of the current call bell system, she stated that Maintenance and Housekeeping conducted periodic checks on the room pull cords. Regarding the necklace call pendants, the Administrator explained that they were never intended for all residents, only for those who had a care need, and that she and the Director of Nursing (DON) periodically reviewed the list of residents to determine who needs a necklace pendant and who does not.</p> <p>In the same interview, the Administrator continued to say, there is no call bell system policy in place at the facility. The Administrator stated that the pull cord system was installed in</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>either 1988 or 1989 and the necklace pendant system was installed approximately 12 years ago. She further stated that they cannot order new pendants for the current system because the new pendants will not work with the old system since it is outdated.</p> <p>Upon continued interview with the Administrator, the surveyor asked about the remaining policies requested, which included: RN Assessment, General Service Plan, Health Service Plan, Level of Care, Admit and Discharge Criteria, Falls and Reporting and Notification. The Administrator stated that she provided what the facility had, which included policies for "Reportable Events", and "Discharge Criteria"; however, did not have the additional requested policies in place for assisted living. She further stated that the policies the facility had were more geared toward their skilled nursing facility.</p> <p>At 12:20 p.m., the surveyor interviewed the Maintenance Director (MD) who stated that the safety checks on the call bell system were conducted twice a month; however, he was unable to provide the surveyor with documented evidence.</p> <p>On 5/17/2024, the surveyor completed a revisit survey and verified that the Removal Plan was implemented.</p>	A 310		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and</p>	A 401		

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A 401	<p>Continued From page 4</p> <p>assisted living programs. Each resident is entitled to the following rights:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake # NJ00172728</p> <p>Based on observation, interview, review of medical records and review of other pertinent facility documents, it was determined that the facility failed to ensure that the resident's right to live in a safe environment was maintained for 1 of 3 residents, Resident #2, for which an Imminent Danger (ID) was identified. The ID was reported to the Licensed Assisted Living Administrator on 5/1/2024 at 1:00 p.m. The Administrator was presented with the ID template that included information about the above issue. The deficient practice was evidenced by the following:</p> <p>On 4/7/2024 at 2:00 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event form (FRE), a document used by the healthcare facilities to report incidents to the NJDOH. The report included a "date of event: Ex Order 26.4B1" and "time of event: 7:30 a.m.". The report revealed the Certified Nursing Assistant (CNA#1), entered Resident #2's apartment at 7:30 a.m., to assist with getting ready for breakfast, and found Resident #2 Ex Order 26.4B1, with his/her Ex Order 26.4B1</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>Ex Order 26.4B1 The FRE further indicated that Resident #2 was sent to the hospital, diagnosed with a Ex Order 26.4B1 and was NJ Exec Order 26.4b1.</p> <p>On 5/1/24 at 10:00 a.m., the surveyor reviewed the Electronic Medical Record (EMR) that revealed Resident #2 had an admission date of Ex Order 26.4B1 and diagnoses that included Ex Order 26.4B1.</p> <p>At 10:40 a.m., the surveyor interviewed CNA #1 who stated that upon checking on Resident #2 for breakfast on Ex Order 26.4B1, she found the resident Ex Order 26.4B1 of his/her apartment. CNA #1 stated that Resident #2 could not remember what happened but knew that he/she Ex Order 26.4B1 and had been Ex Order 26.4B1. CNA #1 further stated that she observed that Resident #2's Ex Order 26.4B1 and there was a pull cord for the resident to call for assistance in the resident's bathroom and one in the bedroom, but that Resident #2 was not near either one of them. CNA #1 further stated that Resident #2 did not have a call bell necklace and that some residents had them and some didn't.</p> <p>During continued interview, the surveyor asked how the facility call bell system worked and CNA #1 showed the surveyor two panels located on the wellness center wall. CNA #1 explained that one panel was for the pull cords that were located in each residents' apartment, (one in the resident's bathroom and the other in the resident's bedroom), and the other panel was for the pendant necklaces.</p> <p>A Certified Medication Aide (CMA) who was also</p>	A 401		

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A 401	<p>Continued From page 6</p> <p>present during surveyor interview with CNA #1, explained that when a resident pulled a cord or pressed a pendant necklace, the wall panel alarmed, and then the CMA demonstrated by activating a call bell, and the surveyor heard the alarm. The CMA further indicated that the panels were located in the wellness center and also sounded at the front desk by the receptionist, who was present until 8:00 p.m. CNA #1 stated that the staff carry walkie talkies to communicate with one another, but that the resident call bells only communicate with the panels in the wellness office or the front desk.</p> <p>The CMA stated that they are unable to add more pendants to the current system because it was an old system but that every resident had a pull cord in their bedroom and bathroom.</p> <p>At 12:15 p.m., the surveyor interviewed the facility Administrator about safety checks to ensure proper functioning of the current call bell system. The Administrator stated that Maintenance and Housekeeping conduct periodic checks on the room pull cords. Regarding the necklace call pendants, the Administrator explained that they were never intended for all residents, only for those who had a care need, and that she and the Director of Nursing periodically review the list of residents to determine who needs a necklace pendant and who does not.</p> <p>In the same interview, the Administrator continued to say, there is no call bell system policy in place at the facility. The Administrator stated the pull cord system was installed in either 1988 or 1989 and the necklace pendant system was installed approximately 12 years ago. She further stated they cannot order new pendants for the current system because the new pendants will not work with the old system since it is</p>	A 401		

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A 401	<p>Continued From page 7</p> <p>outdated.</p> <p>At 12:20 p.m., the surveyor interviewed the facility Maintenance Director (MD) who stated that the safety checks on the call bell system were conducted twice a month; however, he was unable to provide the surveyor with documented evidence.</p> <p>At 1:10 p.m., the surveyor interviewed the DON who stated that she was aware that Resident #2 had a Ex Order 26 4B1 and should have had a necklace pendant but he/she did not have one because the facility did not have any more. The DON further stated that the few pendants the facility did have, were not working so they could not be utilized.</p> <p>On 5/17/2024, the surveyor completed a revisit survey and verified that the Removal Plan was implemented.</p>	A 401		
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: Complaint#: NJ00172728</p> <p>Based on observation, interview, review of medical records and pertinent facility documents, it was determined the facility failed to ensure that</p>	A 751		

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A 751	<p>Continued From page 8</p> <p>the resident Health Service Plan (HSP) was reviewed, and revised quarterly and as needed for 1 of 3 residents, Resident #2, for which an Imminent Danger (ID) was identified. This ID was reported to the Licensed Assisted Living Administrator on 5/1/2024 at 1:00 p.m. The Administrator was presented with the ID template that included information about the above issue. The deficient practice was evidenced by the following;</p> <p>On 4/7/2024 at 2:00 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event form (FRE), a document used by the healthcare facilities to report incidents to the NJDOH. The report included a "date of event: Ex Order 26.4B1" and "time of event: 7:30 a.m.". The report revealed the Certified Nursing Assistant (CNA#1), entered Resident #2's apartment at 7:30 a.m., to assist with getting ready for breakfast, and found Resident #2 on the floor in between the NJ Ex Order 26.4D1 _____. The FRE further indicated that Resident #2 was sent to the hospital, diagnosed with a Ex Order 26.4B1 _____ and was admitted to the hospital.</p> <p>On 5/1/24 at 10:00 a.m., the surveyor reviewed the Electronic Medical Record (EMR) that revealed Resident #2 had an admission date of Ex Order 26.4B1 and diagnoses that included Ex Order 26.4B1 _____. The surveyor reviewed the EMR Health Service Plan (HSP) and observed a document with a date of Ex Order 26.4B1 that indicated Resident #2 Ex Order 26.4B1 problems and listed interventions also dated Ex Order 26.4B1 that included to be sure that the call light was within reach and encourage the resident to</p>	A 751		
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A 751	<p>Continued From page 9</p> <p>use it for assistance. The documented next revision date was noted as Ex Order 26.4B1 after the admission date.</p> <p>The surveyor reviewed a facility document titled, "Investigational Summary and Conclusion", that indicated Resident #2 had a Ex Order 26.4B1 in the facility. Review of the document indicated that after Resident #2 stood up, he/she walked around the dining room chair to retrieve his/her Ex Order 26.4B1, and then Ex Order 26.4B1. Resident #2 was admitted to the hospital with a diagnosis of a Ex Order 26.4B1. Surveyor review of the HSP showed no indication that the HSP was updated to reflect the Ex Order 26.4B1 that occurred on Ex Order 26.4B1 or that additional interventions with regard to Ex Order 26.4B1 precautions were put in place.</p> <p>At 9:51 a.m., the surveyor interviewed the U.S. FOIA (b)(6), who stated that she believed the "Service Plans" were updated quarterly. The U.S. FOIA (b)(6) further stated that she thought she had updated the Health Service Plan (HSP) after Resident #2's Ex Order 26.4B1 however in reviewing the EMR with the surveyor, she realized she did not. The U.S. FOIA (b)(6) further stated that there had been issues with editing the Service Plans the month prior, (April), and that the Corporate office and Ex Order 26.4B1 were aware of the issues and Ex Order 26.4B1 had been working on it.</p> <p>At 10:40 a.m., during the surveyor interview with CNA #1, she stated that Resident #2 did not have a call bell necklace and that some residents had them and some didn't. A U.S. FOIA (b)(6) who was also present during surveyor interview with CNA #1, stated that they are unable to add more pendants to the current system</p>	A 751		

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A 751	<p>Continued From page 10</p> <p>because it was an old system but that every resident had a pull cord in their bedroom and bathroom.</p> <p>At 12:15 p.m., the surveyor interviewed the Administrator, she stated that there is no call bell system policy in place at the facility currently; however, the protocol was to assign a necklace pendant to those residents who require care assistance or have a need.</p> <p>At 1:10 p.m., the surveyor interviewed the DON who stated that she was aware that Resident #2 had a Ex Order 26 48 and should have had a necklace pendant but he/she did not have one because the facility did not have any more. The DON further stated that the few pendants the facility did have, were not working so they could not be utilized.</p> <p>On 5/17/2024, the surveyor completed a revisit survey and verified that the Removal Plan was implemented.</p>	A 751		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 20C100	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/5/2024
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 A0310	Correction	ID Prefix A0401	Correction	ID Prefix A0751	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.3(b)	Completed
LSC	07/05/2024	LSC	07/05/2024	LSC	07/05/2024
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 5/17/2024		<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		