

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2023
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NAME OF PROVIDER OR SUPPLIER AZALEA AT CINNAMINSON	STREET ADDRESS, CITY, STATE, ZIP CODE 605 ROUTE 130 CINNAMINSON, NJ 08077
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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: Initial Survey The pre-operational survey/inspection was conducted on 10/16/23 and 10/17/23 at this newly-established Assisted Living (AL) facility with 88 AL Licensed Beds with 83 total Apartments/Residential Units (65 on the regular AL Unit and 18 on the Memory Care Unit).</p> <p>CENSUS: 0</p> <p>SAMPLE SIZE: N/A</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> <p>TYPE OF SURVEY: Initial/Pre-operational Survey of two residential units</p> <p>The facility is not in substantial compliance with all 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</p>	A 000		

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

TITLE

(X6) DATE

10/30/23

New Jersey Department of Health

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A 000	Continued From page 1 accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A1113	<p>8:36-16.10(a)(1) Physical Plant</p> <p>(a) Each residential unit shall contain, at a minimum, a small refrigerator, a wall cabinet for food storage, a small bar-type sink, and a counter with work space and electrical outlets suitable for small cooking appliances, for example, a microwave, a two-burner cooktop, or a toaster-oven.</p> <p>1. Upon entering the assisted living facility, the resident and the resident's family or representative shall be asked if they wish to have a cooking appliance. If so, the appliance shall be provided by the facility, in accordance with facility policies. If the resident and resident's family or representative wish to provide their own cooking appliance, it shall meet the facility's safety standards.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and document review, the facility failed to ensure 18 of 18 resident apartments (rooms) on the Memory Care unit in the facility had a kitchenette.</p> <p>Findings included:</p> <p>A review of an undated document titled, "Apartment List," revealed 18 apartments, located</p>	A1113		

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A1113	<p>Continued From page 2</p> <p>on the Opal (Memory Care) unit, did not have a kitchenette.</p> <p>During a tour of the facility on 10/16/2023 beginning at 9:30 AM, the surveyor noted 18 residents' apartments on the Memory Care unit did not have a kitchenette.</p>	A1113		

Azalea at Cinnaminson
Plan of Corrections for Survey conducted on 10.16.23 and 10.17.23
*License Pending

On 10/16 and 10/17/2023 the NJ Department of Health conducted a pre-opening visit at Azalea at Cinnaminson and found the following deficiency. Please see below for our plan of corrections.

Tag#A1113

Regulation #: N.J.A.C. 8:36-16.10(a)(1)

(a) Each residential unit shall contain, at a minimum, a small refrigerator, a wall cabinet for food storage, a small bar-type sink, and a counter with workspace and electrical outlets suitable for small cooking appliances, for example, a microwave, a two-burner cooktop, or a toaster-oven.

1. Upon entering the assisted living facility, the resident and the resident's family or representative shall be asked if they wish to have a cooking appliance. If so, the appliance shall be provided by the facility, in accordance with facility policies. If the resident and resident's family or representative wish to provide their own cooking appliance, it shall meet the facility's safety standards.
2. If the resident and the resident's family or representative do not want a cooking appliance or if resident assessments indicate that having a cooking appliance in the living unit endangers the resident, no cooking appliance shall be provided or allowed in the living unit.

1. How the corrective action will be accomplished for those resident's found to have been affected by the deficient practice:

At the time of the survey, this citation did not affect any residents as we did not move any residents in at that point, being a new facility. All Assisted Living apartments DO have full kitchenettes with all requirements. Only our 18 Memory Care apartments do not have kitchenettes.

(Tag#A000) (Each residential unit shall contain a kitchenette) referenced the items below and these deficient practices will be corrected by:

- 18 small refrigerators were already ordered and are in place in all units as of 10/20/2023.
- All Memory Care residents and their families will have access to our common area Bistro, with full kitchens, refrigeration, and cooking station.
- All Memory Care residents will have 24-hour care, and the ability to request any item from the kitchen.
- All residents have running water in their apartment, located in their bathrooms.
- All families will be asked if they wish to have any other cooking appliances or an anchored piece of furniture, with storage. If they respond yes, the facility will immediately install this furniture at no cost to the resident and their family.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice:

This deficiency only had the potential to affect Memory Care residents. By identifying the deficiency and putting the above changes and measures in place, we will have the opportunity to positively affect all our Memory Care residents. As of 10/20/2023, all units had refrigerators. All prospects coming in, as of 10/20/2023, are asked if they would like any other cooking appliances. If they respond yes, we will provide them at no cost to the family/resident.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

There will be no reoccurrence, as all apartments in Memory Care now have the refrigerators inside the units. This was completed on 10/20/2023.

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POC accepted
10/26/23
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4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.
- Plant Operations Manager and General Manager will do an inspection of the refrigerators and countertop storage space units in every Memory Care apartment on their walkthrough, at minimum of once a week. This walk through will begin on Friday 10/27/2023. Memory Care caregivers will also inspect and clean these areas daily, as part of their daily checklists. This daily inspection begun on 10/20/2023 and is part of their new employee orientation training plan.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25262	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/26/2023
Y1	Y2	Y3
NAME OF FACILITY AZALEA AT CINNAMINSON		STREET ADDRESS, CITY, STATE, ZIP CODE 605 ROUTE 130 CINNAMINSON, NJ 08077

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 A1113	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-16.10(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/26/2023	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 <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 10/17/2023		<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 		