

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25389	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2022
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NAME OF PROVIDER OR SUPPLIER JEWISH COMMUNITY HOUSING ASSISTED LIVING PF	STREET ADDRESS, CITY, STATE, ZIP CODE 760 NORTHFIELD AVENUE SOUTH ORANGE, NJ 07470
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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</p> <p>CENSUS: 0</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		
A1515	<p>8:36-23.4 Assisted Living Programs</p> <p>A policy and procedure manual(s) for the organization and operation of the assisted living program shall be developed, implemented and reviewed in accordance with the provisions of N.J.A.C. 8:36-5.7. The manual(s) shall be available in all assisted living program sites, the assisted living program provider main office, and to representatives of the Department.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, employee file and policy and procedure review, it was determined that the facility failed to develop and ensure policy and procedures for the organization and maintenance of employee records to include History and</p>	A1515		

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

TITLE

(X6) DATE

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A1515	<p>Continued From page 1</p> <p>Physicals (H&P) according to N.J.A.C. 8:36-5.7(a)(6) " ...Policies and procedures for the maintenance of personnel records for each employee, including ... records of physical examination" for 5 of 6 employees reviewed, Registered Nurse (RN) #1, Infection Control Nurse (ICN) #2, Certified Medication Aide (CMA) #3, Administrator (ADM) #4, and Social Worker (SW) #5. This deficient practice was evidenced by the following:</p> <p>On 12/15/22 at 10:30 a.m., the surveyor during an initial inspection reviewed the facility employee records and identified documentation for H&P was not included in the following employees' records:</p> <ol style="list-style-type: none"> 1. RN #1 was hired on [redacted] with no documentation or record of H&P in employee file. 2. ICN #2 was hired on [redacted] with no documentation or record of H&P in employee file. 3. CMA #3 was hired on [redacted] with no documentation or record of H&P in employee file. 4. ADM #4 was hired on [redacted] with no documentation or record of H&P in employee file. 5. SW #5 was hired on [redacted] with no documentation or record of H&P in employee file. <p>On 12/15/22 at 11:00 a.m., the surveyor reviewed the facility Policy and Procedure Manual. The surveyor did not identify policy and procedures for the maintenance and organization of employee records for each employee to include H&P.</p> <p>On 12/15/22 at 11:30 a.m., the surveyor requested the H&Ps for the five employees from</p>	A1515		
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A1515	<p>Continued From page 2</p> <p>the Chief Officer of Operations (COO) who then explained to the surveyor that an H&P was not a required regulation. In addition, the COO explained to the surveyor that the Administrator was new to the process.</p> <p>The facility failed to ensure the development of policy and procedures for the organization and maintenance of employee records and failed to include and have available H&Ps for five employees reviewed.</p>	A1515		



Jewish Community Housing Corporation of Metropolitan New Jersey

651 W Mount Pleasant Ave. Suite 185 Livingston, NJ 07039
Phone: (973) 731-2020 FAX: (973) 731-9225
www.jchcorp.org

January 4, 2023

Plan of Correction for Survey ending: December 16, 2022
Survey Report Received: Tuesday December 21, 2022

The submission of this response to the statement of deficiencies by The Jewish Community Housing Assisted Living Program (the Facility) does not constitute an admission that the deficiency existed and/or required correction. This response is prepared, executed, and submitted solely as a requirement of the provisions of state law.

JEWISH COMMUNITY HOUSING ASSISTED LIVING PROGRAM

Provider/CLIA Waiver # 25389

Deficiency # A1515

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

No corrective action was indicated for any residents.

Registered Nurse #1 Date of Hire: [redacted] History and Physical: [redacted]

Infection Control Nurse #2 Date of Hire: [redacted] History and Physical: [redacted]

Certified Medication Aide #3 Date of Hire: [redacted] History and Physical: [redacted]

Administrator #4 Date of Hire: [redacted] History and Physical Done [redacted]

Social Worker #5 Date of Hire: [redacted] History and Physical Done [redacted]

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

All residents have the potential to be affected by the alleged deficient practice.

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

accepted 1/5/23 WLR

The Policy and Procedure manual will be updated to include a policy on the required organization and maintenance of employee health records to include the presence and review of History and Physical before employment begins. The requirement for a physical will be added to the new hire check list which must be completed before all new hires start orientation. Administrator, Human Resources staff and other team members received in-service training on new policy. The administrator or their designee will review each employee file prior to the employee(s) beginning orientation. The Administrator or their designee will report any missing items from the personal file to the human resource department to ensure that the missing items are corrected prior to the start date of the new employee.

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.

The administrator or their designee will review each employee file prior to the employee(s) beginning orientation. , The administrator will keep a log of the file reviewed of new employees and any discrepancies will be reported at the quarterly quality assurance committee meeting for three quarters and then as appropriate. The Chief Operating Officer will also review the administrator's Human Resources log during the weekly Assisted Living Program team meetings for three months and then will conduct random audits of new hires as necessary on an ongoing basis.