STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35A001	A. BUILDING: _____ B. WING _____	C 02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL VILLAGE	455 HURFFVILLE-CROSSKEYS ROAD SEWELL, NJ 08080

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00170794, NJ00164920, NJ00164583 CENSUS: 96 SAMPLE SIZE: 4 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint # NJ00170794, NJ00164920, NJ00164583

Based on interview and record review it was determined that Executive Director (ED) failed to ensure the implementation and enforcement of the facility's policy and procedures, titled "Wandering Resident" by not documenting an NJ Ex Order 26.4b1 assessment prior to admission for 1 out of 4 sampled residents, Resident #1. This deficient practice was evidenced by the following:

On 2/2/24 at 9:59 a.m. the surveyor reviewed Resident #1 Medical Record (MR) which included a document titled "Face Sheet" which revealed the resident had an admission date of NJ ex order 26.4b1 and diagnoses which NJ ex order 26.4b1 Further review of the MR revealed the resident NJ ex order 26.4b1 The document titled, "New Resident Physical" dated NJ ex order 26.4b1 revealed Resident #1 NJ ex orde The document titled, "RN Initial Asesssment" dated NJ ex order 26.4b1 revealed the resident NJ ex order 26.4b1 Residemt #1 NJ ex order 26.4b1 The NJ ex order 26.4b1 . According to accuweather.com the temperature on the evening of NJ ex order 26.4b1

Review of the facility provided document, untitled,

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A 310	Continued From page 2 dated [redacted] revealed Resident #1 [redacted] The Resident Care Director (RCD) [redacted] On 2/2/24 at 11:03 a.m., the surveyor interviewed the facility's Assistant Resident Care Director (ARCD) who stated upon admission an [redacted] is performed by a Nurse, which determines if a resident receives a [redacted] On 2/2/24 at 12:27 p.m. during surveyor interview the RCD revealed there was [redacted] assessment for Resident #1. Surveyor review of the facility's policies and procedures titled, "Wandering Resident " revealed Procedure: "1. A resident who is reported to wander is evaluated for elopement risk. 2. The resident is evaluated -Prior to admission -When wandering behavior is identified ..."	A 310		
A 313	8:36-3.4(a)(4) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 4. Ensuring the provision of staff orientation and staff education; This REQUIREMENT is not met as evidenced by: Complaint: NJ00170794, NJ00164920, NJ00164583	A 313		

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A 313	Continued From page 3 Based on interview and record review, it was determined that the facility failed to provide documented evidence that the staff was trained and educated on the use of the NJ Ex Order 26.4b1 system for 1 of 4 reviewed, Resident # 1. This deficient practice was evidenced by the following: On 2/2/24 at 9:59 a.m. the surveyor reviewed Resident #1 Medical Record (MR) which included a document titled, "Face Sheet" which revealed Resident #1 had an admission date of NJ ex order 26.4b1 and diagnoses which included NJ ex order 26.4b1 . Further review of the MR revealed the NJ ex order 26.4b1 Resident #1 NJ ex order 26.4b1 The facility is adjacent to a 4 lane highway with a speed limit 45 miles per hour. According to accuweather.com the temperature on the evening of NJ ex order 26.4b1 was approximately 36 degrees Fahrenheit under cloudy skies. At 11:24 a.m., Surveyor # 2 interviewed the Administrator who stated the facility instituted a new "Rounding Form" and had a NJ Ex Order 26.4b1 system implemented in December 2023. The Administrator stated, the unit is not locked or secured. At 11:55 a.m., Surveyor #2 interviewed the Maintenance Director (MD) who stated there was no policy and procedure in place on the use of the NJ Ex Order 26.4b1 system. The MD further stated the facility did not have any documentation on staff training on the use of the wander guard system. The facility's Administrator or the MD was unable to provide the surveyor with documented evidence of training prior to 2/02/2024 to confirm that staff was trained on the NJ Ex Order 26.4b1	A 313		

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A 313	Continued From page 4 system to prevent the NJ Ex Order 26.4b1 of Resident #1.	A 313		
A1179	8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance (a) The facility shall provide and maintain a sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Complaint: NJ00170794, NJ00164920, NJ00164583 Based on interviews and review of pertinent facility documentation it was determined that the facility failed to adequately provide a safe environment, for 1 of 4 residents reviewed, Resident #1 who was at high risk for elopement. This was evidenced by the following: On 2/2/24 at 9:59 a.m. the surveyor reviewed Resident #1 Medical Record (MR) which included a document titled "Face Sheet" which revealed Resident #1 had an admission date of NJ ex order 26.4b1 and NJ ex order 26.4b1 A further review of the MR revealed the resident NJ ex order 26.4b1 Resident #1 NJ ex order 26.4b1 adjacent to the facility, is a 4 lane highway with a speed limit 45 miles per hour. According to accuweather.com the temperature on the evening of NJ ex order 26.4b1 At 10:36 a.m., the surveyor interviewed a	A1179		

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A1179	Continued From page 5 Licensed Practical Nurse (LPN) who stated when a resident with a NJ Ex Order 26.4b1 gets close to an exit door a maglock will lock the door. If the resident gets too close to an open door an alarm will ring alerting the staff. The LPN further stated all of the Aides and the Nurses have a phone that alerts them when an alarm sounds. At 11:24 a.m., Surveyor #2 interviewed the Administrator who stated a new wander guard system was implemented in NJ ex order 26.4b1. Tha Administrator stated, the assisted living is not a locked/secure unit. The Administrator also stated the NJ Ex Order 26.4b1 system did not show the resident leaving the unit and the facility does not have security cameras to NJ ex order 26.4b1 any further. The Administrator explained, they believe Resident #1 NJ ex order 26. between 8:00 p.m. and 8:30 p.m. The Administrator stated the facility received a call at approximately 11:00 p.m., NJ ex orde which indicated NJ ex order 26.4b1 Resident #1 NJ ex order 26.4b1 The Administrator stated the NJ ex order 26.4b1 At 11:55 a.m., Surveyor #2 interviewed the Maintenance Director (MD) who stated on NJ ex order 26.4b1, after being alerted of NJ Ex Order 26.4b1 of Resident #1, he returned to the building. The MD stated that he checked the outside doors and found them all locked and functioning. The MD further stated he performed weekly tests to ensure the NJ Ex Order 26.4b1 system worked. At 2:40 p.m., The Administrator further stated a policy and procedure for the new NJ Ex Order 26.4b1 system was not developed.	A1179		