STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35A004	A. BUILDING: _____ B. WING _____	C 10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUNIPER VILLAGE AT WILLIAMSTOWN, WELLSPRIN(	1648 S. BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094

(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 #: NJ00167542 CENSUS: 27 SAMPLE SIZE: 3 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:
Based on interview and record review it was determined the facility failed to ensure the implementation and enforcement of the facility policy and procedure titled, "Elopement and Wandering" for 1 out of 3 residents reviewed for elopement, Resident #2. The deficient practice was evidenced by the following:

On 10/10/2023 at 10:40 a.m., the surveyor started the tour of the facility with the facility's Executive Director (ED).

At 10:43 a.m., while touring the facility's large exterior courtyard, the ED stated that Resident #2 NJ ex order 26.4b1 . The ED further stated that Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1

She stated that Resident #2 also NJ ex order 26.4b1

The ED stated that the resident NJ ex order 26.4b1

At 10:52 a.m., the surveyor interviewed the facility's Certified Medication Aide (CMA), CMA #1, who stated that the facility does not utilize wander guards.

At 10:56 a.m., the surveyor interviewed CMA #2 who stated the facility does not use a wander

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A 310	Continued From page 2	A 310		

guard system. CMA #2 stated that the facility's staff utilizes an alarm system that sounds overhead when a facility exit door is opened. CMA #2 stated that when the alarm system rings overhead, the facility's staff is required to go to one of the facility's alarm system panels to see which door triggered the alarm. There are alarm system panels in multiple hallways of the facility. CMA #2 stated that staff are required to respond immediately to the opened door that is identified on the alarm system panel.

During continued surveyor interview, CMA #2 stated that once staff identifies the reason the alarm went off, the alarm can be reset with a code.

At 11:00 a.m., while conducting a surveyor interview with CMA #2 in one of the facility's activity area, the surveyor heard the facility door alarm sound overhead. Surveyor observed CMA #4 respond to the door alarm panel and soon returned to the facility's activity area with Resident #1 who she identified as the resident who set off the door alarm. The surveyor did not observe a wander guard or exit seeking wrist band on Resident #1.

On 10/10/2023 at 11:09 a.m., the surveyor interviewed CMA#3 who stated that the facility does not use wander guards. CMA #3 also stated all exit doors are alarmed.

At 11:15 a.m., the surveyor interviewed CMA #4, who stated the facility does not use a wander guard system.

On 10/10/2023 at 1:00 p.m., the surveyor reviewed Resident #2's Medical Record (MR) which included documents titled, NJ ex order 26.4b1

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A 310	Continued From page 3	A 310		

NJ ex order 26.4b1 and "Resident Health Record" which revealed Resident #2 had move-in date of NJ ex order 26.4b1 and diagnoses including but not limited to: NJ ex order 26.4b1

At 1:50 p.m., the surveyor interviewed the facility's ED and the facility's Regional Director of Nursing (RDON). Both stated that the facility did not utilize a wander guard system. The ED further stated that facility did not utilize exit seeking bracelets to identify residents who demonstrated exit seeking behaviors to which the RDON agreed. During continued surveyor interview with the facility's ED, the ED stated that the facility's policy titled, "Elopement and Wandering" is a company policy and not community specific. During continued surveyor interview, the RDON stated that wander guards are typically utilized in communities that may have elevators.

Surveyor review of the facility's policy titled, "Elopement and Wandering Policy" which revealed:

"Policy: Residents may exhibit wandering and/or exit seeking behaviors at any time.
Purpose: To identify residents at risk for wandering and/or elopement attempts and provide systematic approaches to managing this behavior.
Procedure: ...5. Staff will apply exit seeking wear bracelets with identification on them for residents identified as purposefully exit seeking ...
7. Wanderguard systems may be utilized for residents who exhibit wandering and elopement risk behaviors ...."

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JUNIPER VILLAGE AT WILLIAMSTOWN, WELLSPRIN(	1648 S. BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094

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A1179	Continued From page 4	A1179		
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: Based on observation and interview it was determined that the facility failed to maintain a safe environment for residents by not ensuring that 1 out of 3 facility mechanical room doors were locked in the facility's secured memory care community. This deficient practice was evidenced by the following: On 10/10/2023 at 10:38 a.m., after initial entrance to the facility, the surveyor observed a door labeled, "Mechanical" with a biohazard label sticker above of the door. At that time the surveyor opened the unlocked mechanical door which revealed two large brown boxes lined with red biohazard bags. The mechanical door was located adjacent to the facility's front door sitting area. At 11:06 a.m., Surveyor #2 interviewed the Regional Director of Nursing (RDON) who stated that the mechanical door should have been locked. The RDON then asked the facility's Certified Medication Aide (CMA), CMA #3 for the key to lock the mechanical door. CMA #3 stated that she was not in possession of the mechanical room key but requested CMA #2 who was nearby to provide the key. At that time, CMA #2 locked the mechanical door.	A1179		

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A1179	Continued From page 5 At 11:45 a.m., the surveyor interviewed CMA #2 regarding the facility's biohazard mechanical door being unlocked. CMA #2 stated that she assumed the biohazard mechanical door was to be kept unlocked due to the facility's used sharps containers being picked up for disposable.	A1179		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
35A004 Y1	A. Building B. Wing Y2	12/20/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
JUNIPER VILLAGE AT WILLIAMSTOWN, WELLSPRING MEMORY	1648 S. BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 12/06/2023	ID Prefix A1179 Reg. # 8:36-17.1(a) LSC	Correction Completed 12/06/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 10/10/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			☐ YES ☐ NO