

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2024
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NAME OF PROVIDER OR SUPPLIER JUNIPER VILLAGE AT WILLIAMSTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 1640 S. BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094
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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: Standard with Complaint</p> <p>COMPLAINT #: NJ00178154</p> <p>CENSUS: 31</p> <p>SAMPLE SIZE: 10</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

02/01/25

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and review of pertinent facility documents, it was determined that the facility failed to ensure the enforcement of a Health Safety and Wellness Manual policy with the correct regulatory food temperatures listed to ensure proper guidelines were followed for serving refreshments during activities. This deficient practice was evidenced by the following:</p> <p>On 11/8/24 at 8:45 a.m., the surveyor interviewed the Food Service Director (FSD) about the food temperatures, he stated that cold foods are under 32 degrees to under 40 degrees and hot foods are 165 degrees and above.</p> <p>At 8:50 a.m., when the surveyor asked the Executive Director (ED) about the Health Safety and Wellness Manual policy titled, "Connections Department" on food temperatures, she stated that the policies criteria were for multiple states, if state regulations were applicable. When the surveyor asked her what the date of the policy was, the ED continued to say she did not know why the policy was undated and if there was a revision done to include updated temperatures.</p> <p>At 9:07 a.m., the surveyor interviewed the Regional Director of Wellness (RDW), who was also the acting Director of Nursing (DON), about the policies, she stated that she was the person who writes the policy, the policy was electronic and there were no other ones, this policy was the most recent one. She continued to say, she updates the policy as needed based on the state</p>	A 310		
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A 310	Continued From page 2 regulations. Surveyor review of an undated facility policy titled, "Connections Department" from the Health Safety and Wellness Manual, revealed under "Policy: The community will provide an environment for activities that will assist in preventing the spread of nosocomial infections. Purpose: To assist in maintaining the health and wellness. Procedure: 1. The following are guidelines are for serving refreshments during activities...(Cold food will be kept at 45 degrees or below, hot food at 140 degrees or above)..."	A 310		
A 607	8:36-5.15(a)(1) General Requirements (a) The resident's family, guardian, and/or designated responsible person or community agency shall be notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following: 1. The resident acquires an acute illness requiring medical care; This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide documented evidence that a resident's ^{NJ Ex Order 26.4B1} [REDACTED] was notified of a change in the resident's condition for 1 of 10 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 11/6/24, the surveyor reviewed Resident #2's	A 607		

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A 607	<p>Continued From page 3</p> <p>closed Medical Record (MR), which indicated the resident was admitted to the facility in [redacted] with diagnoses of [redacted]. The surveyor reviewed a Progress Note (PN) dated [redacted] written by a Nurse Practitioner (NP), which documented that Resident #2 returned from the hospital on [redacted] following [redacted] and was found by the hospital to have a [redacted]. The PN also indicated that Resident #2's [redacted], and that the resident's [redacted].</p> <p>The surveyor then reviewed another PN dated [redacted] written by Certified Medication Aide (CMA) #3, which documented that Resident #2's [redacted]. The PN also documented that the DON, NP, and a Wellness Nurse were notified. The PN did not indicate that Resident #2's [redacted] was notified. CMA #3 was not available for the surveyor to interview.</p> <p>In addition, the surveyor reviewed a PN dated [redacted], written by CMA #1, which documented a secure conversation between CMA #1, the NP, the former Director of Nursing (DON), and two Wellness Nurses. The PN documented that CMA #1 notified the previously mentioned staff that Resident #2's [redacted]. The PN documented that the NP responded to CMA #1 and gave the CMA permission to send Resident #2 to the hospital. The PN also documented that CMA #1 notified the former DON that Resident #2's POA wanted the DON to call her that day. The previously mentioned DON was [redacted] at the facility.</p>	A 607		
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A 607	<p>Continued From page 4</p> <p>The surveyor then reviewed a PN dated ^{NJ Ex Order 26} [REDACTED], written by a Wellness Nurse, which documented that Resident #2 was admitted to the hospital with a ^{NJ Ex Order 26. 4B1} [REDACTED].</p> <p>The facility failed to notify Resident #2's ^{NJ Ex Order 26. 4B1} [REDACTED] when Resident #2's ^{NJ Ex Order 26. 4B1} [REDACTED] was observed to have ^{NJ Ex Order 26. 4B1} [REDACTED], 11 days after the resident was discharged from the hospital with a diagnosis of a ^{NJ Ex Order 26. 4B1} [REDACTED].</p> <p>The surveyor reviewed the facility policy titled, "Change in a Resident's Condition/Status," which indicated "Unless otherwise instructed by the resident, the nurse supervisor/charge nurse will notify the resident's next-of-kin or representative as soon as possible when ... There is a significant change in the resident's physical, mental, or psychosocial status."</p>	A 607		
A 783	<p>8:36-7.5(e) Resident Assessments and Care Plans</p> <p>(e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record</p>	A 783		

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A 783	<p>Continued From page 5</p> <p>review, it was determined that the facility failed to ensure that an annual physical examination that included an annual physician certification to ensure the resident's needs did not exceed the facility's ability to provide care, was documented in the medical record for 7 of 10 residents reviewed, Resident #s: 1, 3, 4, 5, 6, 8 and 10. This deficient practice was evidenced by the following:</p> <p>1. On 11/8/24, the surveyor reviewed the Medical Record (MR) of Resident #1 which revealed an initial move in date of [redacted], and diagnoses that included, <i>NJ Ex Order 26. 4B1</i> [redacted]. Additionally, the MR indicated that Resident #1 was on <i>NJ Ex Order 26. 4B1</i> [redacted]. The surveyor reviewed the Electronic Medical Record (EMR) and copies of the MR belonging to Resident #1, that were provided by the Executive Director, (ED). The surveyor observed a History & Physical (H&P) dated [redacted], that included a "Medical Certification", which indicated, <i>'NJ Ex Order 26. 4B1</i> [redacted]', Resident #1. The surveyor observed an additional H&P dated [redacted], located within the EMR progress notes (PN); however, the surveyor did not observe documentation of the current annual physician certification for Resident #1.</p> <p>2. On 11/8/24 at 10:00 a.m., the surveyor reviewed the MR of Resident #3 which revealed an initial move in date of [redacted], and [redacted].</p> <p>The surveyor reviewed the EMR and copies of the MR belonging to Resident #3, that were provided by the ED. The surveyor observed a H&P dated [redacted], that included a "Medical Certification", which indicated, <i>'NJ Ex Order 26. 4B1</i> [redacted]</p>	A 783		
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A 783	<p>Continued From page 6</p> <p>[REDACTED], Resident #3. The surveyor observed an additional H&P dated [REDACTED], located within the EMR PN; however, the surveyor did not observe documentation of the current annual physician certification for Resident #3.</p> <p>3. The surveyor reviewed the MR of Resident #4 which revealed an initial move in date of [REDACTED], and diagnoses which included, [REDACTED]. The surveyor reviewed the EMR and copies of the MR belonging to Resident #4, that were provided by the ED. The surveyor observed a H&P dated [REDACTED], that included a "Medical Certification", which indicated, [REDACTED].</p> <p>[REDACTED], Resident #4. The surveyor observed an additional H&P dated [REDACTED], located within the EMR PN; however, the surveyor did not observe documentation of the current annual physician certification for Resident #4.</p> <p>4. The surveyor reviewed the MR of Resident #5 which revealed an initial move in date of [REDACTED], and diagnoses which included, [REDACTED]. The surveyor reviewed the EMR and copies of the MR belonging to Resident #5, that were provided by the ED. The surveyor observed a H&P dated [REDACTED], that included a "Medical Certification", which indicated [REDACTED].</p> <p>[REDACTED], Resident #5. The surveyor observed a H&P dated [REDACTED], located within the EMR PN; however, the surveyor did not observe documentation of the current annual physician certification for Resident #4.</p> <p>5. The surveyor reviewed the MR of Resident #6</p>	A 783		

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A 783	<p>Continued From page 7</p> <p>which revealed an initial move in date of [redacted], and diagnoses which included, [redacted]. The surveyor reviewed the EMR and copies of the MR belonging to Resident #4, that were provided by the ED. The surveyor observed a H&P dated [redacted], that included a "Medical Certification", which indicated, [redacted], Resident #6. The surveyor observed an additional H&P dated [redacted], located within the EMR PN; however, the surveyor did not observe current documentation of the current annual physician certification for Resident #6.</p> <p>6. The surveyor reviewed the MR of Resident #8 which revealed an initial move in date of [redacted], and diagnoses which included, [redacted]. The surveyor reviewed the EMR and copies of the MR belonging to Resident #8, that were provided by the ED. The surveyor observed a H&P dated [redacted], that included a "Medical Certification", which indicated, [redacted], Resident #8. The ED provided the surveyor with a comprehensive H&P paper document dated [redacted]; however, the surveyor did not observe documentation of the current annual physician certification for Resident #8.</p> <p>7. The surveyor reviewed the MR of Resident #10 which revealed an initial move in date of [redacted], and diagnoses which included [redacted]. The surveyor reviewed the EMR and copies of the MR belonging to Resident #4, that were provided by the ED. The surveyor observed a H&P dated [redacted], that included a "Medical Certification", which indicated, [redacted]</p>	A 783		

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A 783	<p>Continued From page 8</p> <p><i>NJ Ex Order 26. 4B1</i> [REDACTED], Resident #10. The surveyor observed an additional H&P dated <i>NJ Ex Order 26. 4B1</i>, located within the EMR PN; however, the surveyor did not observe documentation of the current annual physician certification for Resident #10.</p> <p>On 11/7/2024 at 2:09 p.m., the ED provided the surveyor with the facility policy on Resident H&P and Physician Certification as requested by the surveyor. The surveyor reviewed the undated policy which revealed a blank Resident Health Record form that included a section for Medical Certification that indicated... "This is to certify that I have examined the above mentioned patient within 30 days of expected residency and find ... to be free of communicable disease, is not in need of skilled nursing care ...has received a medical and nursing evaluation to determine whether the Community can provide an appropriate level of care to a resident."</p> <p>The surveyor observed an additional undated policy titled, "EVALUATION AND DOCUMENTATION GUIDE", that indicated the following..."1. All evaluations and documentation is completed as required per policy and state regulation. 2. The Evaluation and Documentation Guide is used to ensure compliance. "</p> <p>The surveyor reviewed the Evaluation and Documentation Guide which revealed a grid that indicated for the state of New Jersey that "AL Resident Health Record Physician Form" are completed, with a frequency of "MI" which according to review of the key provided indicates "Move in".</p>	A 783		
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A 891 A 891	Continued From page 9 8:36-10.5(a) Dining Services (a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documents, it was determined the facility failed to consistently maintain a sanitary environment in the facility kitchen, in accordance with the provisions of Chapter 24, N.J.A.C. 8:24. "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," which placed the highly susceptible population/residents' health and safety at risk for foodborne illnesses and in accordance with 8:24-8.3 Examination of Records, specifically, the facility failed to ensure temperature logs were maintained. This deficient practice was evidenced by the following: 1. On 11/6/24 at 10:00 a.m., the surveyor requested 3 months: of temperature logs: August, September and October for the dishwasher, refrigerator, freezer and food from the Food Service Director (FSD).	A 891 A 891		

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A 891	<p>Continued From page 10</p> <p>2. At 10:08 a.m., the surveyor observed in the freezer, one large unopened box of turkey sausage with a shipping date sticker on it, 10/31/24, one large unopened box of flounder fillets with a shipping date sticker on it, 10/25/24 and two bags of unopened frozen French fries. All these items were not labeled with a received date.</p> <p>3. At 10:15 a.m., during tour of the facility kitchen, the surveyor observed a small area to the left of kitchen entrance and made the following observation:</p> <p>There was an ice scoop stored in a container sitting in another plastic tray within that container on the side of the ice machine. The surveyor observed that there were no drainage holes at the bottom of the receptacle to allow for possible drainage and there was nothing to catch the water below the plastic tray.</p> <p>At 10:39 a.m., the surveyor interviewed the FSD concerning the unlabeled food in the freezer. He stated that he thought the shipping date noted on the boxes was enough and he was not aware of a receipt date.</p> <p>On 11/6/24 at 3:30 p.m., the FSD provided the surveyor with the dishwasher, refrigerator, freezer, and food temperature logs for August and October 2024 but none for September. The surveyor also received food temperature logs for 8/11/24 through 8/24/24 and 9/1-9/7/24. There were no other temperature logs provided.</p> <p>The surveyor reviewed an undated facility policy titled, "Storage -Refrigerator and Freezer", that indicated the following: "Policy: All foods used in the dietary department are received, stored and</p>	A 891		

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A 891	<p>Continued From page 11</p> <p>issued in a timely fashion to reduce deterioration, contamination, and loss. Purpose: To ensure safety. Procedure: The refrigerator and freezer facilities are constructed to meet the sanitation code. The refrigerator is maintained in a temperature range of 33 degrees to 40 degrees Fahrenheit. The freezer is maintained at 0 degrees to 10 degrees Fahrenheit. A thermometer is permanently displayed in each refrigerator and freezer in the upper 1/3 of the unit ...3. The temperature of all cold storage facilities is checked and recorded daily. Elevated temperatures are brought to the attention of the Dietary Manager immediately ...19. All frozen food is dated, labeled ..."</p> <p>The surveyor reviewed an undated facility policy titled, "Dishwashing Log", that indicated the following: "Policy: The temperature of the dish machine will be recorded three times a day. Unacceptable temperatures will be reported to the Administrator. Purpose: To ensure safety ...4. Any temperatures recorded outside the acceptable levels shall be reported to the Executive Chef immediately and maintenance will be notified."</p>	A 891		
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p>	A 935		

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A 935	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure medication was accurately administered by a properly authorized individual, in accordance with prescriber's orders, facility policy, and State regulations for 1 of 10 residents reviewed for medication administration, Resident #5. This deficient practice was an imminent danger and was evidenced by the following:</p> <p>On 11/6/24 at 12:15 p.m., the surveyor observed <i>NJ Ex Order 26. 4B1</i> in the medication refrigerator inside the medication room for Resident #5. According to <i>NJ Ex Order 26. 4B1</i>.</p> <p>The surveyor reviewed the Medical Record (MR) of Resident #5, who was admitted to the facility in <i>NJ Ex Order 26. 4B1</i> with <i>NJ Ex Order 26. 4B1</i>. The surveyor observed that Resident #5 was prescribed <i>NJ Ex Order 26. 4B1</i> every two weeks for <i>NJ Ex Order 26. 4B1</i>, which started on <i>NJ Ex Order 26. 4B1</i>. Surveyor #1 also reviewed Resident #5's Medication Administration Record (MAR), which indicated that the resident received a total of six prefilled injections, on <i>NJ Ex Order 26. 4B1</i>, which were all administered by <i>NJ Ex Order 26. 4B1</i> (CMA#2). This was identified as an imminent danger by the surveyor.</p>	A 935		

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NAME OF PROVIDER OR SUPPLIER JUNIPER VILLAGE AT WILLIAMSTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 1640 S. BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094
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A 935	<p>Continued From page 13</p> <p>On 11/7/24 at 1:36 p.m., the surveyor interviewed CMA #2 via telephone to inquire if she administered Resident #5's [redacted], and the CMA confirmed that she did. The surveyor then inquired if she received any training or in-service on [redacted], and CMA #2 stated that the pharmacy provided the facility with an information sheet on [redacted] that indicated what the medication was for and how to administer the medication.</p> <p>Additionally, the surveyor inquired if CMA #2 was trained or in-serviced on [redacted] by the former [redacted], current DON or any other staff at the facility, and the CMA stated that she was not trained by any staff at the facility. The surveyor inquired if CMAs were allowed to administer [redacted], and CMA #2 stated that she [redacted] "they were allowed to administer [redacted]" CMA #2 also stated that the MAR did not indicate that the [redacted] was to be given by a nurse. CMA #2 explained that medications that were only to be administered by a nurse, indicated so on the MAR, and the CMA used [redacted] as an example.</p> <p>The surveyor reviewed Resident #5's MAR a second time and did not observe any indication that the [redacted] medication was only to be administered by a nurse.</p> <p>At 2:11 p.m., the surveyor interviewed the Regional Director of Wellness (RDW), who was also the acting Director of Nursing (DON), to inquire if she knew what [redacted] was, and the RDW stated that she did not. The surveyor wrote down the name for the RDW, and the RDW confirmed that she did not know what it was. The surveyor informed the RDW about [redacted], what it was used for, and that it was [redacted]</p>	A 935		

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A 935	<p>Continued From page 14</p> <p>medication. The surveyor inquired if any residents at the facility received [REDACTED], and the RDW stated that she was not aware if any residents at the facility received the injection. The surveyor then inquired if a resident at the facility did receive [REDACTED], who would administer the medication, and the RDW stated that a Licensed Practical Nurse (LPN) would administer the medication if it was ordered.</p> <p>At 2:33 p.m., the surveyor informed the Executive Director (ED) about the previously mentioned deficient practice, and the ED stated that she did not know what [REDACTED] was or why it could not be administered by a CMA.</p> <p>The surveyor reviewed the facility policy titled, "Nurse Delegation (New Jersey/Texas)," which indicated, "... The certified medication aide will not: a. Administer any injection other than pre-drawn properly packaged and labeled insulin or insulin pen ..."</p> <p>The removal plan was reviewed and accepted on 11/8/24. The removal plan indicated that CMA #1 received re-education/training on handwashing/infection control, prepping injections sites, cleaning glucometers, documentation of medication administration, and scope of practice, and that the Regional Director of Wellness would also provide these in-services/trainings to the entire team. The removal plan indicated that a competency training was scheduled for 11/11/24 to educate all CMAs, Home Health Aides, Certified Nursing Assistants, and Nurses.</p>	A 935		
A1041	8:36-14.3(a) Emergency Services and Procedures	A1041		

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A1041	<p>Continued From page 15</p> <p>(a) The facility shall conduct at least one drill of the emergency plans every month. The 12 drills shall be conducted on a rotating basis, to ensure that four drills occur during each working shift on an annual basis. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and selected residents may participate in drills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of pertinent facility documents, it was determined the facility failed to provide documentation that at least one drill of the facility emergency plans was conducted each month; and, that all staff participated in one emergency plan drill annually.</p> <p>On 11/7/24, at 11:28 a.m., the surveyor requested documentation from the Executive Director (ED) of fire/emergency drills that were conducted for all facility staff. The ED stated that she had meant to bring the information and would do so.</p> <p>On 11/7/24, at 12:35 p.m., the surveyor requested the fire/emergency drill information from the ED again, and she stated that she would bring it.</p> <p>On 11/7/24 at 1:35 p.m., the ED provided the</p>	A1041		

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A1041	<p>Continued From page 16</p> <p>surveyor with a facility document titled, "Fire Drill Compliance-Village", that was dated September 2024 through September 2025. The surveyor reviewed the fire drill documentation provided which revealed that 11 out of the 53 employees listed had attended a fire drill.</p> <p>Upon further review of the fire drill document, the surveyor observed the following:</p> <p>Under the column "Sept 2024 11-7" there was a check mark next to 2 employee names. Under the column "Oct 2024 6-2", there was a check mark next to 9 employee names.</p> <p>There were no check marks to indicate that any other employees had attended a fire drill. The ED was unable to provide additional documentation that fire or emergency drills had been conducted for any other employees.</p> <p>On 11/8/24 at 9:00 a.m., the ED provided the surveyor with an undated facility policy titled, "FIRE DRILLS AND FIRE ALARM AND SMOKE DETECTOR TESTS", which revealed the following: ...1. The Community will conduct fire drills...per state regulations....2. Designated staff will conduct at least one fire drill every month. At least four fire drills will take place on every shift per year. 3. The Community will maintain a fire drill log that includes the date, hour, and description of the drill, participating staff, and the signature of the person conducting the drill. The Fire Drills Procedures Review and Tracking Form is used. 4. The Community will conduct at least one drill per year for emergencies due to disaster other than fire such as storm, flood, other natural disaster, bomb threat, or nuclear accident....9. Staff and residents will participate in at least one fire drill annually...."</p>	A1041		

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A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to ensure that a Certified Medication Aide (CMA) accurately documented physician prescribed orders as administered/completed for 2 of 10 residents, Resident #5 and Resident #6. This deficient practice was evidenced by the following:</p> <p>On 11/6/24 at 12:22 p.m., the surveyor conducted a medication pass observation with CMA #1. The surveyor observed CMA #1 perform a [redacted] on Resident #6, and the resident's <i>NJ Ex Order 26. 4B1</i></p> <p>[redacted]. CMA #1 then checked Resident #5's <i>NJ Ex Order 26. 4B1</i>, administered Resident #5's <i>NJ Ex Order 26. 4B1</i>, and then left the medication room. CMA #1 did not sign-out Resident #5 or Resident #6's orders on the Medication Administration Record (MAR) prior to leaving the medication room.</p> <p>At 12:31 p.m., CMA #1 returned to the medication room, re-opened Resident #6's MAR and documented that the resident's <i>NJ Ex Order 26. 4B1</i> [redacted]. The surveyor informed CMA #1 that</p>	A1073		
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A1073	<p>Continued From page 18</p> <p>Resident #6's <i>NJ Ex Order 26. 4B1</i> CMA #1 corrected Resident #6's <i>NJ Ex Order 26. 4B1</i> result in the resident's electronic medical record, and then signed Resident #5's orders as administered on the MAR without adjusting the time that it was given. The surveyor inquired the reason CMA #1 did not sign the resident's orders as administered on the MAR when she completed them, and the CMA stated that she did not sign the orders as administered because she had to take Resident #5 to lunch.</p> <p>At 2:20 p.m., the surveyor interviewed the Regional Director of Wellness (RDW), who was also the acting Director of Nursing (DON), to inquire when orders should be documented as administered. The RDW stated that orders should be documented as administered at the time of administration.</p>	A1073		
A1303	<p>8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:</p> <p>i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;</p> <p>ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;</p>	A1303		

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A1303	<p>Continued From page 19</p> <p>iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and</p> <p>iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to use proper cleaning and disinfection techniques and failed to implement and enforce infection control policies to ensure facility staff cleaned and disinfected injection sites and reusable equipment for 2 of 10 residents observed, Resident #5 and Resident #6. This deficient practice was evidenced by the following:</p> <p>On 11/6/24 at 12:22 p.m., the surveyor observed Certified Medication Aide (CMA) #1 obtain the NJ Ex Order 26. 4B1 of two residents (Resident #5 and Resident #6), and then replace each resident's NJ Ex Order 26. 4B1 into the medication cart without cleaning or disinfecting the monitors. In addition, the surveyor observed CMA #1 attempt to administer NJ Ex Order 26. 4B1 to Resident #5 without first cleaning the resident's NJ Ex Order 26. 4B1. The surveyor asked CMA #1 to cleanse Resident #5's NJ Ex Order 26. 4B1</p>	A1303		
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A1303	<p>Continued From page 20</p> <p>site before she administered Resident #5's <small>NJ Ex Order 26. 4B1</small>, and the CMA proceeded to administer the <small>NJ Ex Order 26. 4B1</small>, and stated that she cleansed the <small>NJ Ex Order 26. 4B1</small> with alcohol after she administered the <small>NJ Ex Order 26. 4B1</small>, not before. CMA #1 then left the medication room and did not wash her hands. The deficient practices mentioned above were identified as imminent dangers by the surveyor.</p> <p>At 2:20 p.m., the surveyor interviewed the Regional Director of Wellness (RDW) who was also the acting Director of Nursing (DON) to inquire what the protocol was for administering an <small>NJ Ex Order 26. 4B1</small>, and to inform the RDW of the previously mentioned imminent danger. The RDW stated that the protocol was to perform hand hygiene, apply gloves, prep equipment, prep the <small>NJ Ex Order 26. 4B1</small> by cleansing the area with alcohol, and then administer the <small>NJ Ex Order 26. 4B1</small>. During this interview, the surveyor informed the RDW that CMA #1 did not clean/disinfect Resident #5's <small>NJ Ex Order 26. 4B1</small> prior to <small>NJ Ex Order 26. 4B1</small> administration and did not clean/disinfect Resident #5 and Resident #6's <small>NJ Ex Order 26. 4B1</small>. The RDW stated that she would re-educate the CMA on cleaning and disinfecting <small>NJ Ex Order 26. 4B1</small> and equipment.</p> <p>On 11/7/24, the surveyor reviewed the removal plan submitted on 11/7/24, by the Executive Director (ED) and the RDW, which indicated that the RDW educated the CMA on the correct practice for cleaning glucometers and prepping injection sites on 11/6/24.</p> <p>On 11/8/24 at 11:18 a.m., the surveyor interviewed CMA #1 to inquire if she received any education or in-services on cleaning/disinfecting <small>NJ Ex Order 26. 4B1</small> and prepping <small>NJ Ex Order 26. 4B1</small>, and the CMA stated that she did not. At this time, the surveyor inquired what cleaning agent CMA</p>	A1303		
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A1303	<p>Continued From page 21</p> <p>#1 used to clean Resident #5 and Resident #6's NJ Ex Order 26. 4B1, and the CMA stated that she used alcohol prep pads to clean all resident NJ Ex Order 26. 4B1.</p> <p>At 11:23 a.m., the surveyor interviewed the RDW to inquire what cleaning agent was used to clean/disinfect Resident #5 and Resident #6's NJ Ex Order 26. 4B1.</p> <p>The RDW asked CMA #1 to grab the wipes that the facility used to clean the NJ Ex Order 26. 4B1, and the CMA provided the surveyor with "PDI Sani-Hands (Instant Hand Sanitizing Wipes)" from a cabinet in the medication room. The surveyor asked the RDW if the PDI Sani-Hands was used to clean and disinfect NJ Ex Order 26. 4B1, and the RDW confirmed. In addition, the RDW stated that she was the facility's infection preventionist, that she oversaw multiple facilities, and that she "vetted PDI Sani-Hands as a proper cleaning agent for all equipment". The surveyor then pointed out on the PDI Sani-Hands container that the wipes were intended for sanitizing hands. The RDW then stated that PDI Sani-Hands was not the appropriate cleaning agent, and that it was the "purple top container" that she was referring to as the appropriate cleaning agent. The RDW then asked CMA #1 to find the purple top wipes.</p> <p>CMA #1 left the office and returned with Purell Professional Surface Disinfecting Wipes (blue cap). CMA #1 stated that she took the Purell wipes from a housekeeping cart. The RDW stated that the facility used the Purell wipes to clean and disinfect equipment. The surveyor then asked the RDW if she read the manuals for the blood sugar monitors to find out what cleaning agents the manufacturers recommended for</p>	A1303		

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A1303	<p>Continued From page 22</p> <p>cleaning/disinfecting the monitors. The RDW confirmed that she did not review the manuals for the blood sugar monitors.</p> <p>The surveyor reviewed Resident #5's ^{NJ Ex Order 26.4b1} manual, which indicated, "Your ^{NJ Ex Order 26.4b1} should be cleaned and disinfected once a week. Use only Clorox Germicidal Wipes containing 0.55% sodium hypochlorite (bleach), which has been proven safe to use with ^{NJ Ex Order 26.4b1}."</p> <p>The surveyor also reviewed Resident #6's ^{NJ Ex Order 26.4b1} manual, which indicated, the ^{NJ Ex Order 26.4b1} should be wiped off with a soft cloth or tissue, and if necessary, the cloth or tissue should be dipped in alcohol.</p> <p>At 12:09 p.m., the surveyor interviewed the ED to inquire who educated/in-serviced CMA #1 on cleaning and disinfecting ^{NJ Ex Order 26.4b1}, and the ED stated that the RDW re-educated CMA #1. The surveyor then inquired how the RDW re-educated CMA #1 on cleaning and disinfecting ^{NJ Ex Order 26.4b1} if the RDW did not know what the proper cleaning agent was. The ED stated that she would ensure CMA #1 was properly educated on cleaning and disinfecting ^{NJ Ex Order 26.4b1}.</p> <p>The surveyor reviewed the facility policy titled, "Obtaining A Fingerstick Glucose Level," which indicated, "... Clean and disinfect reusable equipment before storing with other clean equipment ... Clean reusable equipment according to the manufacturer's instructions."</p> <p>In addition, the surveyor reviewed the facility policy titled, "Subcutaneous Injections," which indicated that the procedure, "for the</p>	A1303		

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A1303	Continued From page 23 administration of medication by subcutaneous injection," was to, "Wash and dry hands thoroughly. Put on gloves ... [and] clean the site with an alcohol swab using a circular motion from the proposed site of injection outward," before administering an injection. The removal plan was reviewed and accepted on 11/8/24. The removal plan indicated that CMA #1 received re-education/training on handwashing/infection control, prepping injections sites, cleaning glucometers, documentation of medication administration, and scope of practice, and that the Regional Director of Wellness would also provide these in-services/trainings to the entire team. The removal plan indicated that a competency training was scheduled for 11/11/24 to educate all CMAs, Home Health Aides, Certified Nursing Assistants, and Nurses.	A1303		
A1307	8:36-18.4(a)(1) Infection Prevention and Control Services (a) Each new employee upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: 1. If the first step of the Mantoux tuberculin	A1307		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2024
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NAME OF PROVIDER OR SUPPLIER JUNIPER VILLAGE AT WILLIAMSTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 1640 S. BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094
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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
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A1307	<p>Continued From page 24</p> <p>skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of employee files, it was determined that the facility failed to ensure that 2 of 11 employees reviewed received a NJ Ex Order 26. 4B1 test upon employment with the facility, Employee #3 and Employee #9. This deficient practice was evidenced by the following:</p> <p>1. On 11/7/24 at 11:00 a.m., the surveyor reviewed an employee file which indicated that Employee #3 was hired on NJ Ex Order 26. 4B1. The surveyor additionally reviewed a NJ Ex Order 26. 4B1 within the employee file that revealed documentation that Employee #3 received on NJ Ex Order 26. 4B1 test on NJ Ex Order 26. 4B1; however, there was no documentation to indicate the results, or that the NJ Ex Order 26. 4B1 test was read. The surveyor observed no further documentation of testing upon hire for Employee #3.</p> <p>2. Additionally, the surveyor reviewed an employee file which indicated that Employee #9 was hired on NJ Ex Order 26. 4B1. Further review of the employee revealed no evidence or documentation that Employee #9 received a NJ Ex Order 26. 4B1 test upon hire.</p> <p>On 11/7/24 at 12:26 p.m., the surveyor</p>	A1307		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2024
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NAME OF PROVIDER OR SUPPLIER JUNIPER VILLAGE AT WILLIAMSTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 1640 S. BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094
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A1307	<p>Continued From page 25</p> <p>interviewed the Business Office Manager (OM) who assisted in providing the employee files, and inquired about the ^{NJ Ex Order 16.4B1} testing upon hiring of Employee #3 and Employee #9. The OM stated that she would check if there was any other documentation regarding the ^{NJ Ex 4} testing for those employees.</p> <p>At 2:18 p.m., the OM returned and stated that she was unable to find any additional information on the ^{NJ Ex 4} testing for Employee #3 and Employee #9.</p> <p>On 11/8/24 at 2:20 p.m., the surveyor asked the Regional Executive Director (RED), and the Executive Director (ED), whether the facility had a policy on new hire ^{NJ Ex 4} screening. The ED stated that she wasn't sure and would look; however, she was aware that new hires required a ^{NJ Ex Order 26.1} screening.</p> <p>The facility was unable to provide a policy regarding ^{NJ Ex 4} screening/testing.</p>	A1307		
A1331	<p>8:36-18.4(j) Infection Prevention and Control Services</p> <p>(j) Personnel who have had contact with resident excretions, secretions, or blood, whether directly or indirectly, in activities such as performing a physical examination, providing catheter care, and emptying bedpans, shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective hand sanitation techniques immediately after such contact.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,</p>	A1331		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2024
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NAME OF PROVIDER OR SUPPLIER JUNIPER VILLAGE AT WILLIAMSTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 1640 S. BLACK HORSE PIKE WILLIAMSTOWN, NJ 08094
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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
A1331	<p>Continued From page 26</p> <p>and review of pertinent facility documents, it was determined that the facility failed to ensure staff washed their hands or used other effective hand sanitation techniques after contact with resident blood for 2 of 10 residents, Resident #5 and Resident #6. This deficient practice was evidenced by the following:</p> <p>On 11/6/24 at 12:22 p.m., the surveyor conducted a medication pass observation with Certified Medication Aide (CMA) #1. The surveyor observed the CMA sanitize her hands, apply gloves, and then perform a NJ Ex Order 26. 4B1 check on Resident #6. After CMA #1 obtained Resident #6's NJ Ex Order 26. 4B1, the surveyor observed the CMA remove her gloves, apply new gloves, and then attempt to check another resident's (Resident #5) NJ Ex Order 26. 4B1. The surveyor stopped CMA #1 and asked her to perform hand hygiene. CMA #1 then cleansed her hands with hand sanitizer, applied new gloves, checked Resident #5's NJ Ex Order 26. 4B1, and administered NJ Ex Order 26. 4B1 to Resident #5. After CMA #1 administered the NJ Ex Order 26. 4B1, she removed her gloves without performing hand hygiene for the second time, and then left the medication room to retrieve Resident #5's wheelchair and take the resident to the dining area for lunch.</p> <p>At 12:31 p.m., CMA #1 returned to the medication room, and the surveyor interviewed the CMA to inquire the reason she did not perform hand hygiene after resident contact, and CMA #1 stated that she did not perform hand hygiene because she applied clean gloves in between resident care.</p> <p>At 2:03 p.m., the surveyor observed CMA #1 as she performed hand washing. CMA #1 turned on the water, applied soap to her hands, and immediately put her hands under the water and</p>	A1331		

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A1331	<p>Continued From page 27</p> <p>rubbed the soap off. CMA #1 did not lather the soap, nor did the CMA complete the time interval needed for proper handwashing. The surveyor inquired if CMA #1 received any in-service or training on handwashing, and the CMA stated that she did not remember.</p> <p>At 2:34 p.m., the surveyor had CMA #1 perform handwashing a second time in the presence of the Regional Director of Wellness (RDW), who was also the acting Director of Nursing (DON). CMA #1 turned on the water, applied soap to her hands, lathered the soap for five seconds and rinsed the soap off. During the observation, the RDW instructed CMA #1 to lather the soap and sing "Happy Birthday" for a total of 20 seconds. The RDW then stated that she would work with CMA #1 until she got it right.</p> <p>The surveyor reviewed the facility policy titled, "Handwashing/Hand Hygiene," which indicated, "Associates will wash their hands. a. Before and after contact with a resident ... h. Before and after performing invasive procedures ... j. Before and after applying gloves ... l. After contact with furnishings or medical equipment in immediate vicinity of resident."</p> <p>This policy also indicated that, "Associates will wash hands by doing the following: a. Turn warm water on. b. Wet hands and wrists holding hands lower than wrists. c. Apply soap and work lather over hands, wrists and under fingernails. d. Rub vigorously for at least 15 seconds"</p>	A1331		



February 1, 2025
Revised Plan of Correction
Juniper Village at Williamstown
11/08/2024 Standard with Complaint Survey
Statement of Deficiencies received 1/7/2025

Prefix Tag ID	Summary Statement of Deficiency	Plan of correction
A310	<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> <ol style="list-style-type: none"> 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; 	<p>1.No specific resident was listed as found to have been affected by this tag.</p> <p>2.All residents have the potential to be affected by inappropriate food temperatures.</p> <p>3.ED reviewed the policy titled "Connections Department" on 1/7/25 and cross referenced the policy with N.J.A.C. 8:24. It was identified that the policy needs revision to ensure that staff have clear direction regarding snack foods designed for immediate consumption. Policy was revised on 1/21/2025.</p> <p>A new Dining Director was hired on [REDACTED] <small>NJ Ex Order 26, 4B1</small>. He will support policies and practices that food is</p>

		<p>stored, cooked, and served at the appropriate temperatures by utilizing his thermometers and temperature logs appropriately. He will also educate his team to properly cover any food designed for immediate consumption that is plated and sent to an activity within the community.</p> <p>Beginning 1/21/25, the facility began full team meetings twice daily to support understanding across all departments regarding regulatory requirements. Members of multi-disciplinary departments will be educated that we must communicate significant change to the Director of Wellness via reporting to the CMAs and chart notes being entered accordingly.</p> <p>4.The Executive Director will monitor staff comprehension at these full-team meetings weekly.</p> <p>Date of completion: 1/21/2025</p>
A607	<p>8:36-5.15 (a)(1) General Requirements</p> <p>(a) The resident's family, guardian, and/or designated responsible person or community agency shall be</p>	<p>1.Resident #2 <small>NJ Ex Order 26.4b1</small> in the community.</p> <p>2.All residents residing within the community have the potential to be affected by the facility's failure to notify the responsible party</p>

	<p>notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following:</p> <ol style="list-style-type: none"> 1. The resident acquires an acute illness requiring medical care; 	<p>in the event that the resident has an acute illness requiring medical care.</p> <p>3. Beginning 1/21/25, this facility will begin team meetings twice daily to support understanding across all departments regarding regulatory requirements. Front line team members from each department (housekeeping, maintenance, dining, wellness, connections, admin) will be in attendance at these meetings so that we can continue education that we must communicate significant change to the Director of Wellness. Front-line team members will continue to be educated during these meetings to report significant changes to CMA staff so that chart notes can be entered accordingly.</p> <p>The Director of Wellness or her designee will ensure that family/responsible parties are notified regarding significant changes within 72 hours and that this notification is documented within the residents' files. If the significant change requires acute or immediate care, the family/responsible party will be notified immediately</p>
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		<p>after the community ensures that the residents' immediate needs are met.</p> <p>4.The facility will monitor this corrective action via the following: The Director of Wellness or her designee will monitor the 24 and 72 hour reports and will compare findings in the reports to the results discussed in the multi-disciplinary meetings.</p> <p>The Executive Director will review multidisciplinary notification at each monthly QI meeting.</p> <p>Date of completion: 1/21/2025</p>
A 783	<p>8;36-7.5 (e)Resident Assessments and Care Plans</p> <p>(e)Each resident shall have an annual physical examination by a physician, advanced practice nurse, or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse, or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.</p>	<p>1. Residents 1, 3, 4, 5, 6, 8, and 10 had progress notes in their charts that reflected that an annual H&P had been completed, but that the certification that needs can be met in an AL environment was not included. All of the above-mentioned residents [REDACTED] at the community.</p> <p>2.All residents have the potential to be affected by this deficient practice if the current operating procedure continues.</p> <p>3.Beginning 1/13/2025, a new APN provider began rounds at the facility and</p>

		<p>will continue rounding twice weekly. The facility will no longer accept APN progress notes as annual H&P documentation. In order to ensure a new best practice going forward, residents will have a new H&P completed by 2/28/25 and logged on a Resident Health Record. The Resident Health Record includes the attestation that the resident's needs can be met in an AL environment. This form will be uploaded into each resident file.</p> <p>4.The ED, DOW, and designees will monitor that this is done by communicating with the new APN twice weekly and working with her to collect the updated documents for upload.</p> <p>Target Date for completion: 2/7/2025</p>
A 891	<p>8:36-10.5(a)Dining Services (a)The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	<p>1.No specific resident was listed as found to have been affected by the deficient practices in this tag.</p> <p>2.All residents have the potential to be affected by the unsafe practices.</p> <p>3.This corrective action will be accomplished through staff education and monitoring and by policy revision. The Dining Director will support his staff with in-</p>

		<p>services on how to properly complete temp logs and report if temperatures are outside regulation. The dining staff was in-serviced on 1/20/2025. The Dining Director will review temp logs weekly and will check for staff understanding regarding how to use them at daily meetings. In addition, the Dining Director educated his staff on how to properly label food that is received with a received date on 1/20/2025. The Dining Director will monitor weekly food deliveries to ensure that received date labels are being placed on food delivered to the facility.</p> <p>4.ED will review compliance at monthly QI meetings.</p> <p>Date of completion: 1/20/2025</p>
A 935	<p>8:36-11.4(b) Pharmaceutical Services (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and</p>	<p>1. Resident #5 resides in the [redacted] NJ Ex Order 26.4b1 The corrective action was accomplished for resident #5 when the acting DOW immediately began educating all CMAs that [redacted] NJ Ex Order 26.4B1 was not within their scope of practice.</p> <p>2.All residents requiring injections that are not pre-drawn insulin have the</p>

	<p>State laws and regulations.</p>	<p>potential to be affected by the deficient practice.</p> <p>3.Scope of practice training began on 11/7/24 and continued through the full staff education sessions, which concluded on 11/12/24. The acting DOW included the two LPNs on staff in this training, who began administering the <small>NJ Ex Order 26.4B1</small> when it was due.</p> <p>To ensure that no med tech gives injectables other than pre-drawn insulin in the future, full-team in-servicing was conducted between 11/7/24 and 11/12/24, with a special concentration on the med tech team and the scope of practice in-servicing. The community nurses administer the <small>NJ Ex Order 26.4B1</small> as a result of the changes put in place.</p> <p>Under the Directed Plan of Correction, the acting DOW monitored the team for fourteen days following the conclusion of the training. The new DOW has been informed of the directed POC so that she can continue to educate and monitor her staff.</p> <p>*Additional information- CMA #1 participated in the training mentioned. She has since resigned from</p>
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		<p>employment with Juniper. The training mentioned was conducted on 11/12/24 (11/11/24 was an error). Training included all care staff. Topics covered were handwashing, subcutaneous injections, documentation on the MAR, scope of practice, <small>NJ Ex Order 26.4B1</small> and other injectables, obtaining a fingerstick glucose level, nurse delegation, annual education topics, critical thinking, sterilization and disinfection of glucometers and reusable equipment, PPE, infection prevention, skin integrity, fire safety, and a full med tech competency appraisal.</p> <p>4.The ED will review this at monthly QI meetings to ensure that the team continues to act within their scope of practice.</p> <p>Date of completion: 11/12/2024</p>
A 1041	<p>8:36-14.3(a) Emergency Services and Procedures</p> <p>(a)The facility shall conduct at least one drill of the emergency plans every month. The 12 drills shall be conducted on a rotating basis, to ensure that four drills occur during each working shift on an annual basis. The facility shall maintain documentation of</p>	<p>1. No specific resident was listed as being affected by this deficient practice.</p> <p>2. All residents at the facility have the potential to be affected by the deficiency.</p> <p>3. After the 11/8/24 survey and before the 11/12/24 competency training, ED modified the training form to include a place to</p>

	<p>all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and selected residents may participate in drills.</p>	<p>document the fire drill and fire safety training.</p> <p>Systemic changes are being made to the HR processes to ensure that the employee files are uploaded into a software program which facilitates an organized list of employees who may be missing training. This change requires both the hiring of an HR professional and collaboration with the department manager team. The cleanup of the HR files is expected to be completed by February 7, 2025, which is one month after this statement of deficiencies was received.</p> <p>4. At each monthly QI meeting, ED and the department manager team will review fire drill attendance logs to ensure that all employees are participating in at least one drill annually.</p> <p>Expected Date of Completion: 2/7/2025</p>
<p>A 1073</p>	<p>8:36-15.6 (b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according</p>	<p>1. Residents #5 and #6 reside [redacted] NJ Ex Order 26.4b1 [redacted]. CMA #1 is no longer employed in the community. CMA #1 was in-serviced on 11/8/24 that documentation on the MAR must happen immediately after following physician prescribed orders for each resident, including</p>

	<p>to the standards of professional practice.</p>	<p>documenting the results of the NJ Ex Order 26. 4B1 checks for residents #5 and #6 as soon as the NJ Ex Order 26. 4B1 reading is complete for each resident.</p> <p>2. All residents have the potential to be affected if the CMA does not document immediately after following physician-prescribed orders.</p> <p>3. The in-service on proper MAR documentation was expanded beyond CMA #1 to include all CMAs. The topic was covered again at the 11/12/24 competency fair and the acting DOW checked for understanding for fourteen days following the conclusion of the competency fair as per the Directed Plan of Correction.</p> <p>4. ED and current DOW will review MAR documentation at each monthly QI meeting.</p> <p>Date of completion: 11/12/2024</p>
<p>A 1303</p>	<p>8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services (a)Whitten policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and</p>	<p>1. Residents #5 and #6 reside within the community. Residents #5 and #6 had two different NJ Ex Order 26. 4B1 monitors with two different sets of manufacturer's instructions at the time of the survey with two different sets of care instructions in the</p>

	<p>procedures for the following: 7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:</p> <ul style="list-style-type: none"> i. Care of utensils, instruments, solutions, dressings, articles, and surfaces; ii. Selection, storage, use, and disposition of disposable and non-disposable resident care items. Disposable items shall not be reused; iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates and iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms; 	<p>manufacturer's manual. It was identified on 11/8/24 that the facility policy, which refers the policy user to check the individual manufacturer's instructions on how to clean glucometers, can create confusion regarding proper sanitizing practices for glucometers.</p> <p>2. All residents have the potential to be affected by this deficient practice if improperly cleaned glucometers are stored near other reusable equipment.</p> <p>3. Bleach wipes designed for healthcare use were immediately brought into the facility until the policy was revised on 11/9/24 to include that germicidal wipes should be used to clean glucometers. All CMA staff was educated on the proper cleaning techniques for glucometers beginning on 11/8/24 and this education continued at the 11/12/24 competency fair. The acting DOW at the time of the survey worked with the families of those residents who require blood sugar monitors to encourage these residents to use the same type of monitor, which requires germicidal wipes for cleaning.</p>
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		<p>4.The ED and DOW will review that germicidal wipes are appropriately being used to clean glucometers at each monthly QI meeting.</p> <p>Date of completion: 11/12/24</p>
<p>A 1307</p>	<p>8:36-18.4(a)(1) Infection Prevention and Control Services</p> <p>(a)Each new employee upon employment shall receive a <i>NJ Ex Order 26. 4B1</i> test with five <i>NJ Ex Order 26. 4B1</i> units of purified protein derivative. The only exceptions shall be employees with <i>NJ Ex Order 26. 4B1</i> test results (zero to nine millimeters of induration) within the last year, employees with a documented <i>NJ Ex Order 26. 4B1</i> test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for <i>NJ Ex Order 26. 4B1</i> or when medically contraindicated. Results of the <i>NJ Ex Order 26. 4B1</i> tests administered to new employees shall be acted upon as follows:</p> <p>1. If the first step of the <i>NJ Ex Order 26. 4B1</i> result is</p>	<p>1. No specific resident was listed as found to have been affected by the deficient practices in this tag.</p> <p>2.This deficient practice has the potential to affect all residents.</p> <p>3.Compliance with proper <i>NJ Ex O</i> screening will be accomplished via a full audit of employee charts. Employees missing <i>NJ Ex O</i> screening will have PPDs administered. This audit will be completed by 2/7/25, which is one month after this statement of deficiencies was received. The facility will begin using an HR software program that will facilitate easier tracking of employee <i>NJ Ex O</i> screening.</p> <p>4.The ED will review with the HR representative that employee <i>NJ Ex O</i> screening is up-to-date at each monthly QI meeting.</p>

	<p>less than 10 millimeters of induration, the second step of the NJ Ex Order 26.4B1 test shall be administered one to three weeks later.</p>	
<p>A 1331</p>	<p>8:36-18.4(j) Infection Prevention and Control Services (j)Personnel who have had contact with resident excretions, secretions, or blood, whether directly or indirectly, in activities such as performing a physical examination, providing catheter care, and emptying bedpans, shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective hand sanitation techniques immediately after such contact.</p>	<p>1.CMA #1 put residents #5 and #6 at risk by failing to properly sanitize her hands. Residents #5 and #6 reside NJ Ex Order 26.4b1. CMA #1 is no longer employed by the community.</p> <p>2.All residents have the potential to be impacted by this deficient practice.</p> <p>3.On 11/6/24, the Regional DOW educated CMA #1 on proper handwashing. Hand hygiene in-services began on 11/6/24 for the entire care team, and these ongoing trainings continued throughout the duration of that week until the entire care team was reached at the wellness competency fair on 11/12/24. Beginning 1/21/25, this facility has been conducting team meetings twice daily that act as shift huddles across all departments (dining, housekeeping, maintenance, admin, wellness, activities). Upon the conclusion of these meetings, a member of the management team will select a different employee</p>

		<p>at random to demonstrate hand hygiene competency.</p> <p>4.The results of these trainings will be reviewed by the ED and department manager team at each monthly QI meeting.</p>
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A005	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/12/2025	Y3
NAME OF FACILITY JUNIPER VILLAGE AT WILLIAMSTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 1640 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 <u>A0310</u>	Correction	ID Prefix <u>A0607</u>	Correction	ID Prefix <u>A0783</u>	Correction
Reg. # <u>8:36-3.4(a)(1)</u>	Completed	Reg. # <u>8:36-5.15(a)(1)</u>	Completed	Reg. # <u>8:36-7.5(e)</u>	Completed
LSC _____	<u>01/21/2025</u>	LSC _____	<u>01/21/2025</u>	LSC _____	<u>02/07/2025</u>
ID Prefix <u>A0891</u>	Correction	ID Prefix <u>A1041</u>	Correction	ID Prefix <u>A1307</u>	Correction
Reg. # <u>8:36-10.5(a)</u>	Completed	Reg. # <u>8:36-14.3(a)</u>	Completed	Reg. # <u>8:36-18.4(a)(1)</u>	Completed
LSC _____	<u>01/20/2025</u>	LSC _____	<u>02/07/2025</u>	LSC _____	<u>02/07/2025</u>
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 11/8/2024		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/12/2025
NAME OF FACILITY JUNIPER VILLAGE AT WILLIAMSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE 1640 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	Correction	ID Prefix A0607	Correction	ID Prefix A0783	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.15(a)(1)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	01/21/2025	LSC	01/21/2025	LSC	02/07/2025
ID Prefix A0891	Correction	ID Prefix A0935	Correction	ID Prefix A1041	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-14.3(a)	Completed
LSC	01/20/2025	LSC	11/12/2024	LSC	02/07/2025
ID Prefix A1073	Correction	ID Prefix A1303	Correction	ID Prefix A1307	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. # 8:36-18.3(a)(7)(i-iv)	Completed	Reg. # 8:36-18.4(a)(1)	Completed
LSC	11/12/2024	LSC	11/12/2024	LSC	02/07/2025
ID Prefix A1331	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.4(j)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/12/2024	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 11/8/2024		<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		