

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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: Complaint</p> <p>Complaint #: NJ 00187363</p> <p>Census: 73</p> <p>Sample Size: 3</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 355	<p>8:36-4.1(a)(1) Resident Rights</p> <p>(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;</p>	A 355		

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

TITLE

(X6) DATE

08/08/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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 355	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187363</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to provide personalized services and care in accordance with the resident's individualized general service plan for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>The Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report events to the DOH), dated [redacted] regarding an [redacted] of [redacted]. According to the FRE, on [redacted], Resident #2 and Resident #3 were observed by nursing staff with their [redacted] and [redacted] in [redacted] resident's [redacted]. Additionally, the FRE documented that Resident #2 and Resident #3 were [redacted] and [redacted] with [redacted] in place.</p> <p>On 7/1/25 at 9:57 a.m., the surveyor reviewed Resident #2's medical record (MR), which indicated that Resident #2 was admitted in [redacted] with a diagnosis of [redacted]. The surveyor observed Resident #2 walking with a staff member in the [redacted] unit. The surveyor was [redacted] the resident due to the resident's [redacted].</p>	A 355		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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 355	<p>Continued From page 2</p> <p>Surveyor review of Resident #2's MR, observed a Progress Note (PN), written by a Medication Technician (MT), dated on NJ Exec Order 26.4b1 at 9:18 p.m., which indicated, " ... [Resident #2] was observed NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 at bedside NJ Exec Order 26.4b1 ..."</p> <p>At 10:11 a.m., the surveyor reviewed Resident #2's General Service Plan (GSP) dated NJ Exec Order 26.4b1. The GSP indicated "... Both residents were NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 in place."</p> <p>At 11:13 a.m. the surveyor interviewed the NJ Exec Order 26.4b1) and inquired about the interventions in place for Resident #2 following the NJ Exec Order 26.4b1 incident. The NJ Exec Order 26.4b1 stated that the staff member who had Resident #2 on their assignment, was responsible for monitoring Resident #2. The NJ Exec Order 26.4b1 explained that the assigned staff member had other residents on their assignment as well.</p> <p>At 11:25 a.m., the surveyor interviewed a Certified Medication Aide (CMA) and inquired about the interventions in place for Resident #2. The CMA stated that the staff member who had Resident #2 on their assignment, was responsible for monitoring the resident at all times.</p> <p>At 11:37 a.m., the surveyor reviewed the weekly schedules from NJ Exec Order 26.4b1 which revealed that the staff member assigned to Resident #2 was also assigned to other residents on the same shift. The surveyor did not observe a staff schedule which indicated that Resident #2 was receiving NJ Exec Order 26.4b1 as documented on the resident's GSP dated NJ Exec Order 26.4b1.</p>	A 355		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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 355	<p>Continued From page 3</p> <p>At 12:40 p.m., the surveyor interviewed the Resident Care Director (RCD) and inquired about the NJ Exec Order 26.4b1 for Resident #2. The RCD stated that one staff member on each shift was responsible to know the resident's NJ Ex Order 26.4(b)(1) at all times. The RCD explained that this intervention was documented on the staff's schedule.</p> <p>The facility failed to implement the NJ Ex C for Resident #2 as indicated on the resident's GSP dated NJ Exec Order 26.</p>	A 355		
A 615	<p>8:36-5.15(b) Notification Requirements</p> <p>(b) Notification of any occurrence noted in (a) above shall be documented in the resident's record.</p> <p>The documentation with regard to an occurrence noted in (a)4 above shall include confirmation and written documentation of that notification.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #NJ 00187363</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to document the notification of the resident's Responsible Party (RP) after an incident for 2 of 3 residents reviewed, Resident #2 and Resident #3. This deficient practice was evidenced by the following:</p> <p>1. On 7/1/25 at 11:08 a.m., the surveyor reviewed</p>	A 615		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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 615	<p>Continued From page 4</p> <p>Resident #2's medical record (MR), which indicated that the resident was admitted to the facility in [redacted] with a diagnosis of [redacted]. The surveyor observed Resident #2 walking with a staff member in the [redacted]. The surveyor was unable to interview the resident due to the resident's [redacted].</p> <p>The surveyor reviewed a Progress Note (PN) written by a Medication Technician (MT), dated on [redacted] at 9:18 p.m., which indicated, " ... [Resident #2] [redacted] and [another resident] was [redacted] ..."</p> <p>However, the surveyor did not observe documentation indicating that Resident #2's RP was notified in the resident's MR.</p> <p>2. On 7/1/25 at 9:56 a.m., the surveyor reviewed Resident #3's MR, which indicated that the resident was admitted to the facility in [redacted] with a diagnosis of [redacted]. The surveyor observed Resident #3 sitting in the [redacted] unit Common Room, participating in an activity. The surveyor was [redacted] the resident due to the resident's [redacted].</p> <p>The surveyor reviewed a PN written by an MT, dated on [redacted] at 9:00 p.m., which indicated, "[Resident #3] was observed in [resident room] [redacted]. [Another resident] was [redacted] with [redacted] ..."</p> <p>However, the surveyor did not observe documentation indicating that Resident #3's RP was notified in the resident's MR.</p> <p>At 1:22 p.m., the surveyor interviewed the [redacted] and inquired about</p>	A 615		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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 615	<p>Continued From page 5</p> <p>the incident that occurred on ^{NJ Exec Order 26.41} between Resident #2 and Resident #3, and the notification of the residents' RPs. The ^{NJ Ex Order} stated that she called both residents' RP but did not document the notification in their MR.</p> <p>On 7/1/25 at 12:53 p.m., the surveyor interviewed the Resident Care Director (RCD) and inquired about the process in place regarding the RP notification after an incident. The RCD stated that the staff member on duty at the time of the incident was responsible for notifying the involved resident's RP. The RCD stated that the RP notification should also be documented in the resident's MR.</p> <p>The surveyor reviewed an undated facility policy, titled, "Documenting Abuse and Neglect in the Wellness Record" which indicated, " ... Procedure ... 5. The following will be documented in the Wellness Record: ... Notification of the physician and the resident's family and/or surrogate ..."</p>	A 615		
A 753	<p>8:36-7.3(c) General and Health Service Plans</p> <p>(c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 753		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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 753	<p>Continued From page 6</p> <p>Complaint #: NJ 00187363</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to document the necessary revision of the General Service Plan (GSP) regarding a resident's behavior for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 7/1/25 at 9:56 a.m., the surveyor reviewed Resident #3's medical record (MR), which indicated that the resident was admitted to the facility in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1. The surveyor observed Resident #3 participating in an activity in the NJ Exec Order 26.4b1. The surveyor was NJ Exec Order 26.4b1 the resident due to the resident's NJ Exec Order 26.4b1.</p> <p>At 10:31 a.m., the surveyor observed a PN written by the NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 at 5:55 p.m., which indicated, "[Resident #3] has been observed NJ Exec Order 26.4b1. This behavior requires NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to ensure appropriate NJ Exec Order 26.4b1 ..."</p> <p>Further surveyor review of Resident #3's MR, the surveyor did not observe documented evidence in Resident #3's GSP that reflected continued monitoring of the resident effective NJ Exec Order 26.4b1.</p> <p>The surveyor observed another PN, written by a Medication Technician (MT), dated on NJ Exec Order 26.4b1 at 9:00 p.m., which indicated, "[Resident #3] was observed in [resident room] NJ Exec Order 26.4b1, NJ Exec Order 26.4b1. [Another resident] was NJ Exec Order 26.4b1 with [his/her] NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 ..."</p>	A 753		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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 753	<p>Continued From page 7</p> <p>At 11:13 a.m., the surveyor interviewed the [redacted] and inquired about interventions that were put in place regarding the [redacted] documented by staff members on [redacted]. The [redacted] stated that staff were instructed to [redacted] Resident #3; however, the intervention of monitoring Resident #3 was not documented in the GSP.</p> <p>At 12:40 p.m., the surveyor interviewed the RCD and inquired about Resident #3's [redacted] that was observed by the [redacted] on [redacted] and the interventions that were put in place at that time. The RCD stated that Resident #3 was [redacted] by staff; however, there were no formal updates made to the GSP following the [redacted] on [redacted].</p> <p>The surveyor reviewed an undated facility policy titled, "Change of Condition" which revealed, "...Procedure ... 6 ...changes will be made to the resident's Service and Care Plan to reflect the resident's needs..."</p>	A 753		
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>	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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
A1073	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187363</p> <p>Based on interview and record review, it was determined that the facility failed to document the Registered Nurse assessment in the residents Medical Record (MR) for 2 of 3 residents reviewed Resident #2 and Resident #3. This deficient practice was evidenced by the following:</p> <p>1. On 7/1/25 at 9:57 a.m., the surveyor reviewed Resident #2's MR which revealed that Resident #2 was admitted in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1</p> <p>Surveyor review of Resident #2's MR, observed a Progress Note (PN), written by a Medication Technician (MT), dated on NJ Exec Order 26.4b1 at 9:18 p.m., which indicated, "... [Resident #2] was observed NJ Exec Order 26.4b1 in [resident room] NJ Exec Order 26.4b1 and [another resident] NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 ..."</p> <p>At 10:11 a.m., surveyor review of Resident #2's MR, observed a PN, written by the Resident Care Director (RCD), dated NJ Exec Order 26.4b1 at 10:10 a.m., which indicated, "On NJ Exec Order 26.4b1 assessment was done and assessment was within NJ Exec Order 26.4b1 ..." However, vital signs were not documented in the MR.</p> <p>2. At 10:30 a.m., the surveyor reviewed Resident #3's MR which revealed that Resident #3 was admitted in NJ Exec Order 26.4b1, with a diagnosis of</p>	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
---	--

(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
A1073	<p>Continued From page 9</p> <p><small>NJ Exec Order 26.4b1</small></p> <p>The surveyor observed a PN, written by a MT, dated on <small>NJ Exec Order 26</small> at 9:00 p.m., which revealed, "[Resident #3] was observed in [resident room] <small>NJ Exec Order 26.4b1</small>. [Another resident] was <small>NJ Exec Order 26.4b1</small> with [his/her] <small>NJ Exec Order 26.4b1</small> ..."</p> <p>Further surveyor review of Resident #3's MR, the surveyor observed another PN written by the RCD, dated <small>NJ Exec Order 26</small> at 10:05 a.m., which indicated, "On <small>NJ Exec Order 26.4b1</small> was done and assessment was within <small>NJ Exec Order 26</small> ..." However, vital signs were not documented in the MR.</p> <p>At 12:40 p.m., the surveyor interviewed the RCD and inquired about the RN assessments for the involved residents following the incident on <small>NJ Exec Order 26</small>. The RCD stated that she performed a RN assessment and obtained vital signs for Residents #2 and #3 after the incident. The RCD confirmed with the surveyor that she was unable to find the documented assessment findings and vital signs from the RN assessments performed on <small>NJ Exec Order 26.4b1</small>.</p> <p>The surveyor reviewed a facility policy titled, "Change of Condition" which indicated, " ... Procedure ... a notation will be made in the resident's Wellness Record that includes: ... The resident's vital signs at the time of the assessment ..."</p>	A1073		

POC #2 received 8/26/25
Accepted 8/26/25

PLAN OF CORRECTION

Facility: Traditions of Cross Keys

3152 Glassboro Crosskeys RD

GLASSBORO NJ 08028

856-307-2100

35A3302

Survey Date: July 1, 2025

Complaint #: NJ00187363

Tag A355 – Resident Rights (Failure to Implement GSP Interventions)

Immediate Correction Action:

1. **Corrective Action for Affected Resident:**

The documentation of [NJ Exec Order 26.4b1] for Resident #2 was reviewed and clarified to reflect appropriate expectations. It was determined that the wording used did not accurately describe the intervention. The updated GSP states that, "Staff member assigned to [NJ Exec Order 26.4b1] resident each shift...Resident maintained on [NJ Exec Order 26.4b1] Report any changes and [NJ Exec Order 26.4b1] to RN." This was completed [NJ Exec Order 26.4b1] but a previous version with the wording [NJ Exec Order 26.4b1] was in resident chart and has been removed as of [NJ Exec Order 26.4b1]

Additional Corrective Action:

2. **Identification of Other Potentially Affected Residents:**

Given that this issue could potentially affect any resident, An audit of all current General Service Plans (GSPs) was initiated to identify any other residents whose plans may contain unclear or inaccurate descriptions of care interventions. This audit will be completed by August 31, 2025, upon the return of the Resident Care Director (RCD) from scheduled vacation.

3. **Systemic Changes:**

The ED provided education to the RCD on (07/02/25) regarding the need to properly and accurately complete and review GSPs, as well as make any necessary revisions,

for which the RCD is responsible. ED and RCD will each audit 5 resident files per the first month's audit will be completed by 9/1/25. month to ensure service plans reflect accurate and personalized care interventions.

4. Ongoing Quality Assurance Actions:

The quarterly GSP audits and interdisciplinary reviews will be documented and tracked through the QA committee. Any discrepancies will be immediately corrected and used for staff training opportunities. The first review through the QA committee will take place by 10/15/2025.



All planned actions will be completed by 9/1/25, with the Executive Director providing oversight for completion.

Approved  8/20/25

Tag A615 – Notification Requirements (Failure to Document RP Notification After Incident)

Immediate Corrective Action

1. Corrective Action for Affected Residents:

The Responsible Parties for Residents # 2 and #3 were notified by phone (RCD, MCD and ED) on (), and the notifications were documented (LATE) in their record on . Both residents # 2 and #3 still reside at the facility. On July 15, 2025, The RCD held an in-service training conducted with all nursing staff and the management team regarding the requirement to notify responsible parties (RPs) of incidents and to document that notification in the resident record. The RCD followed up to ensure understanding and compliance among staff.

Additional Corrective Action

2. Identification of Other Potentially Affected Residents:

Given that this issue could potentially affect any resident, a facility-wide approach was taken through the in-service training by the RCD to address all residents proactively. Inservice was completed July 15th, 2025.

3. Systemic Changes:

The requirement to document Reasonable Party notification is now reinforced during incident review and follow-up procedures Per HSL policy. All Incident Reports are reviewed by the RCD and Ed immediately after the incident occurs and review for any missing information before they are completed. Notification documentation

will be added to all staff training by August 31st, 2025. The first quarterly audit will be completed by 9/15/2025.

4. Ongoing:

Each quarter, a sample of 15 resident incident records will be reviewed by the interdisciplinary review during QA meetings to ensure compliance with documentation requirements. Staff will receive refresher training based on any trends identified. The first review through the QA committee will take place by 10/15/2025.

All planned actions will be completed by 9/15/25, with the Executive Director providing oversight for completion.

Approved [redacted]
8/26/25

Tag A753 – General and Health Service Plans (Failure to Update Plan for Resident Behavior)

Immediate Corrective Action

1. Corrective Action for Affected Resident:

Resident #3's General Service Plan (GSP) was updated on [redacted] to reflect [redacted] and interventions. Staff were informed of the changes and [redacted] protocols were initiated. The updated GSP states that, "Staff member assigned to [redacted] resident each shift...Resident maintained on [redacted] Report any changes and [redacted] to RN." This was completed [redacted] but a previous version with the [redacted] was in resident chart and has been removed as of [redacted]

Additional Corrective Action.

2. Identification of Other Potentially Affected Residents:

Given that this issue could potentially affect any resident, A facility-wide audit of all current GSPs is being conducted to identify any additional residents whose plans require updates following changes in condition or behavior. This audit will be completed by August 31, 2025, after the RCD returns from vacation.

3. Systemic Changes:

The ED provided education to the RCD on (07/02/2025) regarding the need to

properly and accurately complete and review GSPs, as well as make any necessary revisions, for which the RCD is responsible. ED and RCD will each audit (5) resident GPS each month to verify that the service plans are updated appropriately and in a timely manner. The first monthly audit will be completed by 9/01/2025

Ongoing Quarterly Assurance Actions:

4. Ongoing Monitoring:

Results from the GSP audits will be presented at QA meetings each quarter. Any trends identified will prompt staff retraining and policy revision as needed. The first review through the QA committee will take place by 10/15/2025.

All planned actions will be completed by 9/1/25, with the Executive Director providing oversight for completion.

Approved  8/26/25

Tag A1073 – Resident Records (Failure to Document RN Assessment and Vitals Post-Incident)

Immediate Corrective Action:

1. Corrective Action for Affected Residents:

Residents #2 and #3 still reside at the facility. While the facility cannot retroactively obtain vital signs, documentation protocols were immediately reviewed. An in-service was conducted by the RCD reinforcing the requirement that all post-incident assessments include a head-to-vital review and vital signs, documented within the Wellness Record. Inservice is ongoing to be completed by August 31st, 2025.

Additional Corrective Actions

2. Identification of Other Potentially Affected Residents:

Given that this issue could potentially affect any resident, The RCD and ED will verify documentation of RN assessments and vital signs following each reported incident as part of the incident review process. This is an ongoing process to ensure accuracy and completion of all records, as all residents could be affected by this issue. The review of each incident to verify assessment and documentation will begin by August 31, 2025.

3 Systemic Changes:

The facility's incident report form includes a required field for documenting vital signs and RN assessments. Documentation training will be reinforced, all Nursing staff and management who are responsible for documenting were in service on

7/15/2025. (RCD) will be retrained twice per year, beginning August 31, 2025. Documentation of the incident report will be added to new staff training by August 31st, 2025. Completion date 08/31/2025

Ongoing Quarterly Assurance Actions

4 Ongoing Monitoring:

Incident reports will be reviewed at each quarterly QA meeting. A sample of six resident incidents will be selected for interdisciplinary review to confirm complete documentation. Gaps will result in immediate retraining and follow-up. The first review through the QA committee will take place by 10/15/2025.

All planned actions will be completed by 8/31/25, with the Executive Director providing oversight for completion.

Approved
[Redacted Signature]
8/20/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A3302	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/26/2025
NAME OF FACILITY TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028	

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 A0355	Correction	ID Prefix A0615	Correction	ID Prefix A0753	Correction
Reg. # 8:36-4.1(a)(1)	Completed	Reg. # 8:36-5.15(b)	Completed	Reg. # 8:36-7.3(c)	Completed
LSC	09/01/2025	LSC	09/15/2025	LSC	09/01/2025
ID Prefix A1073	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/31/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/1/2025		<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 35A3302	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/26/2025
NAME OF FACILITY TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028	

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 A0355	Correction	ID Prefix A0615	Correction	ID Prefix A0753	Correction
Reg. # 8:36-4.1(a)(1)	Completed	Reg. # 8:36-5.15(b)	Completed	Reg. # 8:36-7.3(c)	Completed
LSC	09/01/2025	LSC	09/15/2025	LSC	09/01/2025
ID Prefix A1073	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/31/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/1/2025		<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		