

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35A3302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRADITIONS OF CROSS KEYS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028</b>
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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: Census: 55</p> <p>Sample Size: 6</p> <p>TYPE OF SURVEY: Standard Survey of 79 residential units.</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.</p> <p>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 547	<p>8:36-5.7(a)(6) General Requirements</p> <p>(a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following:</p> <p>6. Policies and procedures for the maintenance of personnel records for each employee, including at least his or her name, previous employment, educational background,</p>	A 547		

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

TITLE

(X6) DATE

03/28/22

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A 547	<p>Continued From page 1</p> <p>credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description, records of orientation and inservice education, and evaluation of job performance;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined that the facility failed to ensure employee files included records of physical examinations for one of five employees reviewed for employee files, Customer Service Representative (CSR) #1.</p> <p>Findings included:</p> <p>1. A review of Customer Service Representative (CSR) #1's employee file indicated CSR #1 was hired on <span style="background-color: black; color: white;">NJ EX Order 26.4b1</span>. A review of the CSR's employee file revealed there was no record of a physical examination.</p> <p>During an interview on 11/17/2021 at 1:05 PM, the Executive Director stated CSR #1 had a physical done at another job prior to hire, but the Executive Director was not sure if it had been verified.</p> <p>A review of the facility's policy, titled, "Employee Physical Examinations, Immunizations and Communicable Disease Screening Policy", undated, revealed in part, "Prior to employment each employee will ...: Receive a health screening observation by the RN ... The facility should retain a report indicating the employee is</p>	A 547		

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A 547	Continued From page 2  free from communicable disease and/or is medically able to fulfill the requirements of the position."	A 547		
A 645	8:36-6.1(a)(2)(i-iii) Resident Care Policies  (a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, the following:  2. Advance directives, including but not limited to, the following:  i. The circumstances under which an inquiry will be made of individuals regarding the existence and location of an advance directive;  ii. Requirements for provision of a written statement of resident rights regarding advance directives, approved by the Commissioner or his or her designee, to residents upon admission; and  iii. Requirements for documentation in the resident record;  This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews and facility policy review, it was determined that the facility failed to ensure that residents were provided	A 645		

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A 645	<p>Continued From page 3</p> <p>information on executing <b>NJ Ex Order 26.4b1</b>. This affected two of six residents, Resident #3 and #6.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the electronic medical record indicated the facility admitted Resident #3 on <b>NJ Ex Order 26.4b1</b>. A review of the resident's record revealed no <b>NJ Ex Order 26.4b1</b>. There was no evidence that information was provided regarding executing <b>NJ Ex Order 26.4b1</b>.</li> <li>2. Review of the electronic medical record indicated the facility admitted Resident #6 on <b>NJ Ex Order 26.4b1</b>. A review of the resident's record revealed no <b>NJ Ex Order 26.4b1</b>. There was no evidence that information was provided regarding executing <b>NJ Ex Order 26.4b1</b>.</li> </ol> <p>During an interview on 11/17/2021 at 11:13 AM, the Business Office Manager stated there was no <b>NJ Ex Order 26.4b1</b> document or educational information in the admission packet regarding executing <b>NJ Ex Order 26.4b1</b>.</p> <p>During an interview on 11/17/2021 at 12:55 PM, the Infection Preventionist stated there was no Physician's Order for Life Sustaining Treatment (POLST) on record for either resident. The Infection Preventionist stated the Power of Attorney (POA) for Resident #6 stated the resident was a <b>NJ Ex Order 26.4b</b> but there was no document for identifying the resident's <b>NJ Ex Order 26.4b</b> status.</p> <p>A review of facility policy, titled, "Advance Directive and Do Not Resuscitate (DNR) Directive," undated, revealed in part, "Each resident shall be provided the community's policy on Advance Directives, including DNR directives,</p>	A 645		

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A 645	Continued From page 4  upon move-in ...If the resident has not executed a Do Not Resuscitate Directive and/or another type of Advance Directive, the resident and/or residents family shall be provided with educational information."	A 645		
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 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.  This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review, it was determined that the facility	A1307		

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A1307	<p>Continued From page 5</p> <p>failed to ensure each new employee received [redacted] testing upon hire for one of five employees, Customer Service Representative (CSR) #1.</p> <p>Findings included:</p> <p>1. A review of Customer Service Representative (CSR) #1's employee file indicated CSR #1 was hired on [redacted]. A review of CSR's employee file revealed there was no record of [redacted] testing upon hire.</p> <p>During an interview on 11/17/2021 at 1:05 PM, the Executive Director stated CSR #1 had [redacted] testing done at another job prior to hire but the Executive Director was not sure if it had been verified. The Executive Director stated CSR #1 did not have a [redacted] test done at the facility upon hire.</p> <p>A review of facility policy, titled, "Employee Physical Examinations, Immunizations and Communicable Disease Screening Policy", undated, revealed in part, "Prior to employment each employee will be: Screened for Tuberculosis in accordance with TB policy."</p> <p>A review of facility policy titled, "Tuberculosis (mycobacterium tuberculosis) Transmission Prevention Plan", undated, revealed in part, "New employees receive baseline screening upon hire. Baseline screening includes an individual risk assessment, symptom screening, review of TB history, and 2-step TST" (Tuberculin Skin Test).</p>	A1307		



ASSISTED LIVING & MEMORY CARE

3152 Glassboro Cross Keys Rd, Glassboro, NJ 08028 (856) 307-2100  
35a3302

#### TRADITIONS OF CROSS KEYS PLAN OF CORRECTION FOR SURVEY ENDING 11/17/2021

##### **A547- GENERAL REQUIREMENTS: Physical Examinations in Employee File**

1. CSR #1's physical examination was completed on [NJ Ex Order 26.4b1] and placed in confidential employee file
2. An audit of all employee files was completed on 11/22/21 to identify if other employee's physicals were not in their health file. All other employees had evidence of the physical in their file.
3. A checklist of the required information in each employee file was created and will be used to ensure all pre-employment physicals are placed in the employee's confidential health record file.
4. The Business office manager will conduct an audit of all new employees files each month and submit findings and corrective actions quarterly to the QA committee.

Completion date 11/30/21

##### **A645 -RESIDENT CARE POLICIES: Advance Directives**

1. Resident # 3 was provided with [NJ Ex Order 26.4b1] information and complete the [NJ Ex Order 26] indicating [NJ Ex C] status. Resident #6 no longer resides in the facility.
2. An audit of all resident records was completed on 11/23/21 to identify other residents who lack evidence that information was provided regarding executing advance directives. Facility administration met with the resident /responsible party to complete necessary information.
3. A form has been added to the new resident packet to indicate that a discussion regarding advanced directives was conducted. The Business office manager will review all new resident files prior to filing them.
4. The business office manager will conduct monthly audits of all new residents to verify that information was provided regarding executing advance directives. The Business office manager will correct any identified issues and submit a quarterly report of findings and corrective action to the QA committee.

Completion date 11/30/21

##### **A 1307 INFECTION PREVENTION AND CONTROL SERVICES: Employee Mantoux Tuberculin Skin Test**

1. CSR #1 received [NJ Ex Order 26.4b1] on [NJ Ex Order 26.4b1] reading [NJ Ex Order 26.4b1] and second step on [NJ Ex Order 26.4b1] also reading [NJ Ex Order 26.4b1] indicating a [NJ Ex Order 26.4b1] result.
2. An audit of all employee files was completed on 11/22/21 to identify if other employee's tuberculin skin test results were not in their health file. Any employee who had not completed the series, were provided with the testing in accordance with CDC recommendations and the results were documented in each employee's confidential health file.
3. A checklist of the required information in each employee file was created and will be used to ensure all pre-employment TB screenings are placed in the employee's confidential health record file.
4. The Business office manager will conduct an audit of all new employees files each month and submit findings and corrective actions quarterly to the QA committee.

Completion date 11/30/21

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A3302	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/28/2022
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 A0547	Correction	ID Prefix A0645	Correction	ID Prefix A1307	Correction
Reg. # 8:36-5.7(a)(6)	Completed	Reg. # 8:36-6.1(a)(2)(i-iii)	Completed	Reg. # 8:36-18.4(a)(1)	Completed
LSC	11/30/2022	LSC	11/30/2022	LSC	11/30/2022
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	
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 11/17/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO