

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50a005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/28/2023
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NAME OF PROVIDER OR SUPPLIER HERITAGE OF CLARA BARTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 AMBOY AVENUE EDISON, NJ 08837
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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: Complaint</p> <p>COMPLAINT #: NJ00165789</p> <p>CENSUS: 90</p> <p>SAMPLE SIZE: 4</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 365	<p>8:36-4.1(a)(6) Resident Rights</p> <p>(a) Each assisted living provider will 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>6. The right to privacy;</p>	A 365		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A 365	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00165789</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to protect the resident's right to privacy by failing to provide a [redacted] to [redacted] residents in an apartment unit used as a double occupancy room for 2 of 4 residents reviewed, Resident #3 and Resident #4. This deficient practice was evidenced by the following:</p> <p>On 7/28/2023, Surveyor #'s 1 and 2 met with the Executive Director (ED) who stated the facility had independent living and assisted living residents. Surveyors requested the ED to provide a resident roster for review. Review of the resident roster provided identified double occupancy rooms with A and B indicated on each room from Room #'s [redacted] to [redacted].</p> <p>1. At 9:44 a.m., during the tour of the facility, on the [redacted] floor, Surveyor #'s 1 and 2 met Resident #4 who stated that he/she had a [redacted]. Resident #4 showed the surveyors his/her [redacted]. The surveyors observed an apartment which was occupied by two residents. The apartment consisted of a [redacted] bathroom, one room with a door, and an open room/area which led to the kitchen. The room with the door was Resident #4 roommate's room. The surveyors observed that Resident #4's sleeping and living areas were [redacted] with [redacted]. Resident #4's bed was set up in the room [redacted] [redacted]. During the interview, Resident #4 reported that his/her roommate would have to [redacted] to get to the bathroom, kitchenette, or even to exit the apartment. Resident #4 stated that he/she</p>	A 365		
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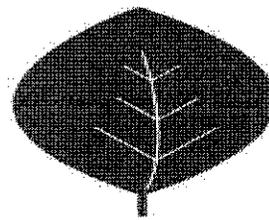
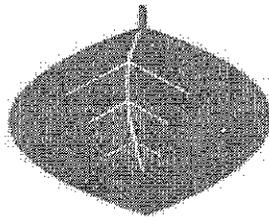
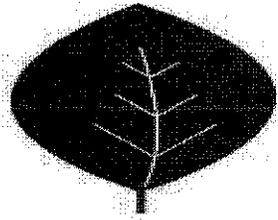
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A 365	<p>Continued From page 2</p> <p>has no NJ Ex Order 26.4(b)(1).</p> <p>Surveyor #1 reviewed the medical record (MR) of Resident #4. According to the "Admission Record" the resident moved in on NJ Ex Order 26.4(b)(1) with diagnoses which included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The surveyor reviewed a facility document titled "Senior Living Level of Care" dated NJ Ex Order 26.4(b)(1), which indicated that Resident #4 was NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>2. At 9:50 a.m., Surveyor #'s 1 and 2 observed Resident #3's apartment which consisted of a NJ Ex Order 26.4(b)(1) bathroom, one room with a door, an open room which led to the kitchen. The room with the door was Resident #3 roommate's NJ Ex Order 26.4(b)(1). Surveyor #'s 1 and 2, observed Resident #3's bed set up in the room NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) in an NJ Ex Order 26.4(b)(1) which provided NJ Ex Order 26.4(b)(1). During the interview, Resident #3 reported that his/her roommate would have to NJ Ex Order 26.4(b)(1) to get to the bathroom, kitchenette or exit the apartment. Both surveyors observed a NJ Ex Order 26.4(b)(1) next to Resident #3's bed. During the interview, the resident stated that he/she NJ Ex Order 26.4(b)(1) at night.</p> <p>Surveyor #1 reviewed the MR of Resident #3, who moved into the facility on NJ Ex Order 26.4(b)(1), with a diagnoses which included NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). The surveyor reviewed a facility document titled "Senior Living Level of Care" dated NJ Ex Order 26.4(b)(1), which indicated that Resident #3 was NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>At 11:45 a.m., Surveyor #'s 1 and 2 interviewed the ED who stated that he had a large population of NJ Ex Order 26.4(b)(1) in the facility. The ED confirmed and stated that there should be NJ Ex Order 26.4(b)(1).</p>	A 365		

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A 365	<p>Continued From page 3</p> <p>NJ Ex Order 26.6 for the shared rooms.</p> <p>Surveyor #'s 1 and 2 reviewed a facility-provided document titled, "Resident's Rights" which states: " ... As a resident of Heritage of Clara Barton, each resident is entitled to the following rights: ...6. The right to privacy;"</p>	A 365		



HERITAGE OF CLARA BARTON
Assisted Living Community

ID Prefix Tag: A365

Element 1: The Facility offered alternative rooms to both Resident #3 and Resident #4 that both residents elected to stay in their current living area in their apartments.

Element 2: All residents who share a room have the potential to be affected. An audit was completed on all residents' apartments that share a room to ensure that privacy is met.

Element 3: Staff were in-serviced on Residents Rights regarding the topic of privacy.

Element 4: Executive Director or designee will audit 4 shared resident apartments per a week x 4 weeks. Then 3 shared residents' rooms monthly x 4 months to ensure that each residents' privacy is met. and report accordingly.

Needed corrections will be addressed as they are discovered.

Findings to be reported monthly x 4 to Quality Assurance Performance Improvement team for review and action as necessary.

Element 5: Completion Date: 8.17.2023

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 50a005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/15/2023
NAME OF FACILITY HERITAGE OF CLARA BARTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 AMBOY AVENUE EDISON, NJ 08837	

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 A0365	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(6)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/17/2023	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	
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 7/28/2023
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO