

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55A009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/26/2024
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NAME OF PROVIDER OR SUPPLIER MATTISON CROSSING AT MANALAPAN AVE	STREET ADDRESS, CITY, STATE, ZIP CODE 93 MANALAPAN AVENUE FREEHOLD, NJ 07728
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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 #: NJ00175484</p> <p>CENSUS: 153</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 735	<p>8:36-7.2(e)(1-5) Resident Assessments and Care Plans</p> <p>(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, 	A 735		

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

TITLE

(X6) DATE

08/23/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55A009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/26/2024
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A 735	<p>Continued From page 1</p> <p>if appropriate;</p> <p>4. The time intervals at which the resident's response to treatment will be reviewed; and</p> <p>5. The measures to be used to assess the effects of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00175484</p> <p>Based on interview and record review, it was determined that the facility failed to develop and implement a written health service plan (HSP) when a resident required treatments for altered skin integrity. There was no HSP developed to ensure goals, interventions and effects of treatments were evaluated and reassessed for efficacy for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 7/18/2024 the surveyor visited the facility and reviewed the medical records (MR) of Resident #2, who moved into the facility with diagnoses that NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1. The surveyor reviewed a prescription dated NJ ex order 26.4b1 which revealed NJ ex order 26.4b1</p> <p>The surveyor continued to review the MR of Resident #2 NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 The surveyor</p>	A 735		

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A 735	<p>Continued From page 2</p> <p>observed the Medication Administration Record (MAR) for [redacted] and observed that on [redacted] and [redacted] the treatment that was ordered on [redacted] [redacted], and the Certified Medication Aide (CMA) initials were circled.</p> <p>At 12:40 p.m. the surveyor interviewed the CMA who stated that she did not perform Resident #2's treatment when the resident did not want to wait for his/her treatment. The CMA further stated that she did not offer the treatment at a later time. In addition, the CMA stated that she did not inform the delegating Registered Nurse (RN) that Resident #2's treatment was omitted for the above dates.</p> <p>The surveyor reviewed Resident #2's progress notes (PNs) dated [redacted] and did not observe any documentation that the RN had assessed Resident #2's [redacted].</p> <p>At 1:00 p.m., the surveyor interviewed the Executive Director who confirmed that Resident #2 [redacted].</p>	A 735		
A 943	<p>8:36-11.5(b)(4) Pharmaceutical Services</p> <p>(b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter.</p> <p>4. The certified medication aide shall contact the registered professional nurse for any</p>	A 943		

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A 943	<p>Continued From page 3</p> <p>questions or clarification regarding medication administration.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00175484</p> <p>Based on interview, and review of residents' medication administration records (MAR), it was determined the facility failed to ensure the Certified Medication Aide (CMA) consistently contacted the delegating Registered Professional Nurse (RN) when a resident, refused treatments for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 7/18/2024 the surveyor visited the facility and reviewed the medical records (MR) of Resident #2, who moved in the facility with diagnoses that NJ ex order 26.4b1. The surveyor observed the Medication Administration Record (MAR) for NJ ex order 26.4b1 and observed that on NJ ex order 26.4b1 and NJ ex order 26.4b1 the treatment was not performed, and the CMA initials were circled. The surveyor reviewed the prescription dated NJ ex order 26.4b1, which revealed NJ ex order 26.4b1."</p> <p>At 12:00 p.m., the surveyor interviewed the Executive Director (ED) who stated, that on NJ ex order 26.4b1 Resident #2's family member took the resident to the NJ ex order 26.4b1. The ED further stated she received a call from the family member who stated it looked as though NJ ex order 26.4b1 on Resident #2's NJ ex order 26.4b1. The ED stated that she investigated that day and discovered that Resident #2 did not receive</p>	A 943		
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A 943	<p>Continued From page 4</p> <p>treatments on the above dates. The ED stated that NJ ex order 26.4b1 [REDACTED]. The ED further stated that the CMA NJ ex order 26.4b1 [REDACTED].</p> <p>At 12:40 p.m., the surveyor interviewed the CMA who was responsible for Resident #2's treatment for the above missed treatments. The CMA stated that Resident #2's treatment was scheduled at 9:00 a.m. and the resident NJ ex order 26.4b1 [REDACTED].</p> <p>The CMA further stated she did not notify the RN of the NJ ex order 26.4b1, nor did she offer Resident #2 treatment at a later time.</p>	A 943		
A 963	<p>8:36-11.5(f) Pharmaceutical Services</p> <p>(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00175484</p> <p>Based on interview and record review, it was determined that there was no documented evidence that medications were administered in accordance with prescriber's orders for 1 of 3 residents reviewed for medications, Resident #2. This deficient practice was evidenced by the following:</p>	A 963		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55A009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/26/2024
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A 963	<p>Continued From page 5</p> <p>On 7/18/2024 the surveyor visited the facility and reviewed the medical records (MR) of Resident #2, who moved in with diagnoses that [redacted], and [redacted]. The surveyor observed the Medication Administration Record (MAR) for [redacted] and observed that on [redacted] and [redacted], and the CMA initials were circled. The surveyor reviewed the prescription dated [redacted], which revealed [redacted]."</p> <p>At 12:40 p.m. the surveyor interviewed the CMA who stated that she did not perform Resident #2's treatment because the resident did not want to wait for his/her treatment. The CMA further stated that she did not offer the treatment at a later time. In addition, the CMA stated that she did not inform the delegating Registered Nurse that Resident #2's treatment was omitted for the above dates.</p> <p>At 1:30 p.m., the surveyor interviewed the Director of Wellness (DOW) who stated that she [redacted] on [redacted] and the CMA should have notified the delegating Nurse when Resident #2's treatment was omitted on the above dates.</p>	A 963		
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New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER
MATTISON CROSSING AT MANALAPAN AVE

STREET ADDRESS, CITY, STATE, ZIP CODE
**93 MANALAPAN AVENUE
FREEHOLD, NJ 07728**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00175484 CENSUS: 153 SAMPLE SIZE: 4 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 735	8:36-7.2(e)(1-5) Resident Assessments and Care Plans (e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following: 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services,	A 735		

NJ Exec Order 26.4b1

LABORATORY SIGNATURE

EXEC DIRECTOR

TITLE

(X6) DATE

8/23/24

STA

0889

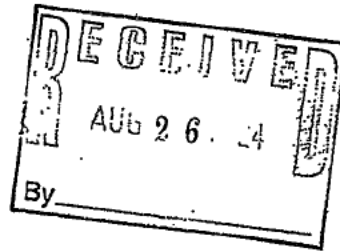
8BGC11

If continuation sheet 1 of 8



93 Manalapan Avenue
Freehold, NJ 07728
T 732-303-8800
F 732-303-7244

Date of Survey: July 26, 2024
A735



1. With respect to the specific resident/situation cited:

Resident #2 returned to the community following a **NJ Exec Order 26.4b1**
Resident returned to the community with acc **NJ Exec Order 26.4b1**

All of resident #2's orders were reviewed by the Acting Resident Care Director/ RN designee, and an n HSP was put in place on **NJ Exec Order 26.4b1**

The Resident Care Director is reviewing resident records to assure all necessary in place.

2. With respect to how the facility will identify residents/situations with the potential for the identified concerns:

All Residents have the potential to affected if medications are not accurately administered and documented by properly authorized individuals, in accordance with prescribed others.

3. With respect to what systemic measures have been put into place to address the stated concern:

The Resident Care Director/Designee will perform a monthly audit for 12 months of outside services provided to residents to assure that they have corresponding HSPs.

The new Resident Care Director was educated on 7/15/24, on the requirements for HSPs.

The CMA that did not render the prescribed treatments was re-educated by the Regional Resident Care Director on 6/11/24 and received a Final Written Warning.

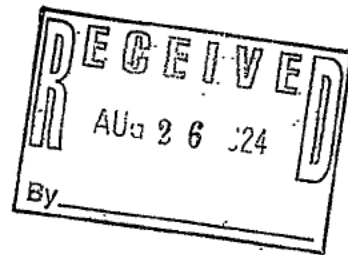
4. With respect to how the plan of correction will be monitored

To confirm that the processes outlined above are sustained, the Executive Director and Resident Care Director will meet quarterly, for 12 months, to review the above observations.

During and at the conclusion of the 12-month period, the Executive Director will reevaluate and initiate any necessary action or extend the review period. If necessary, the audits will continue a quarterly basis for another 12 months.

The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

DATE OF COMPLETION: 9/1/2024





93 Manalapan Avenue
Freehold, NJ 07728
T 732-303-8800
F 732-303-7244

Date of Survey: July 26, 2024
A943



1. With respect to the specific resident/situation cited:

Resident #2 returned to the community following a **NJ Exec Order 26.4b1** [redacted]. Resident returned with **NJ Exec** [redacted] to community with **NJ Exec Order 26.4b1** [redacted].

Moving forward all CMA are aware that they must contact Registered Professional Nurse for any questions or clarifications regarding medication administration.

2. With respect to how the facility will identify residents/situations with the potential for the identified concerns:

All Residents have the potential to be affected by a Certified Medication Aide not contacting the Registered Professional Nurse for any questions or clarifications regarding medication administration.

3. With respect to what systemic measures have been put into place to address the stated concern:

To ensure that Certified Medication Aides contact the Registered Professional Nurse for any questions or clarifications regarding medication administration:

- The Resident Care Director/RN Designee will perform a daily audit for 12-months for progress notes and incidents to assure that they have been notified about any questions or needed clarification regarding medication administration.
- CMAs were reeducated by the Resident Care Director beginning of July 12, 2024, on the requirement to contact the Registered Professional Nurse for any questions or clarifications regarding medication administration.
- Discrepancies will be immediately addressed by the RN.

4. With respect to how the plan of correction will be monitored

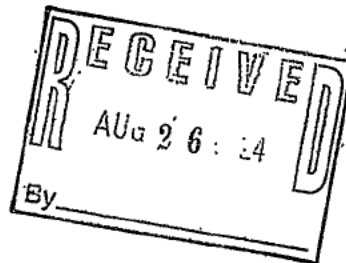
To confirm that the processes outlined above are sustained:

- the Executive Director and Resident Care Director will meet quarterly, for 12 months, to review the above observations.
- During and at the conclusion of the 12-month period, the Executive Director will reevaluate and initiate any necessary action or extend the review period. If necessary, the audits will continue daily.

The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

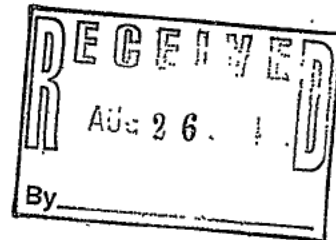
The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur

DATE OF COMPLETION: 9/1/2024





93 Manalapan Avenue
Freehold, NJ 07728
T 732-303-8800
F 732-303-7244



Date of Survey: July 26, 2024
A963

1. With respect to the specific resident/situation cited:

Resident #2 returned to the community following a **NJ Exec Order 26.4b1**
Resident returned to the community with **NJ Exec Order 26.4b1**

All of resident #2's orders were reviewed by the Act Resident Care Director/ RN designee.

2. With respect to how the facility will identify residents/situations with the potential for the identified concerns:

All Residents have the potential to be affected if medications are not accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.

3. With respect to what systemic measures have been put into place to address the stated concern:

The Resident Care Director/RN Designee will perform a weekly random audit of 5 residents' medical records for 3 months to assure that medications are accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.

Discrepancies will be immediately addressed.

LPNs and CMAs will be reeducated by the Resident Care Director beginning on 7/22/24, on the requirements to accurately administer and document all prescribed orders.

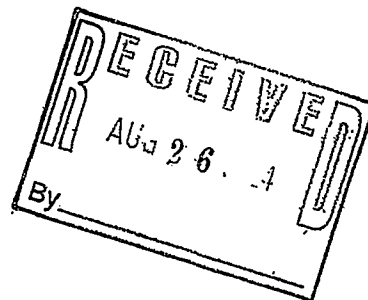
4. With respect to how the plan of correction will be monitored

To confirm medications are accurately administered and documented by properly authorized individuals, in accordance with prescribed orders, the Executive Director and Resident Care Director will meet quarterly, for 12 months, to review the above observations.

During and at the conclusion of the 12-month period, the Executive Director will reevaluate and initiate any necessary action or extend the review period.

The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

DATE OF COMPLETION: 9/1/2024



STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A009	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/27/2024
NAME OF FACILITY MATTISON CROSSING AT MANALAPAN AVE		STREET ADDRESS, CITY, STATE, ZIP CODE 93 MANALAPAN AVENUE FREEHOLD, NJ 07728

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 A0735	Correction	ID Prefix A0943	Correction	ID Prefix A0963	Correction
Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-11.5(b)(4)	Completed	Reg. # 8:36-11.5(f)	Completed
LSC	09/02/2024	LSC	09/02/2024	LSC	09/02/2024
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 7/26/2024		<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		