

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059
---	---

(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#: NJ00140033, NJ00163755</p> <p>CENSUS: 69</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 235	<p>8:36-2.4(d) Licensure Procedures</p> <p>(d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00140033, NJ00163755</p> <p>Based on interview, and record review it was</p>	A 235		

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

TITLE

(X6) DATE

02/21/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059
---	---

(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 235	<p>Continued From page 1</p> <p>determined the facility failed to provide the surveyor access to the electronic medical record (EMR) for review for 3 of 3 residents reviewed for ██████████ Resident#s: 1, 2, and 3. This deficient practice was evidenced by the following:</p> <p>On 1/24/2024 at 10:02 a.m., during the entrance conference, the surveyor requested access to the facility's EMR. At that time the facility's Executive Director (ED) stated that she would be able to provide the surveyor with access to the EMR.</p> <p>At 11:25 a.m., during surveyor interview, the ED stated she would have to share her log in information with the surveyor or contact the facility's Information Technology (IT) Team to create a log in for the surveyor.</p> <p>At 11:56 a.m., the surveyor had not received access to the EMR and requested multiple documents from all 3 sampled residents' EMRs be printed for surveyor review.</p> <p>At 12:57 p.m., the surveyor interviewed the facility's ED who stated she was informed by the facility's Assistant Health Service Director (AHSD), who was previously the facility's Regional Nurse, that she was unable to provide the surveyor with access to the EMR.</p> <p>At 1:05 p.m., the surveyor interviewed the AHSD who stated that the surveyor could not have access to the EMRs.</p> <p>During continued surveyor interview, the surveyor informed the AHSD that she had not received all the previous requested printed documents and may need to review more items. The AHSD responded to the surveyor by stating that the surveyor would not be receiving access to the</p>	A 235		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059
---	---

(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 235	Continued From page 2 EMR and that the surveyor would have to continue to wait for the printed requested documents. The surveyor was not granted access to the EMRs for Resident #'s: 1, 2, and 3 but was provided paper copies of some the requested documents form the facility EMRs.	A 235		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; This REQUIREMENT is not met as evidenced by: Complaint#: NJ00140033, NJ00163755 Based on interview, and record review it was determined that the Executive Director (ED) failed to implement and enforce the Policy and Procedure titled, "Fall Risk Prevention (Management?) Program" in regards to falls being documented in incident reports after a	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059
---	---

(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 310	<p>Continued From page 3</p> <p>NJ ex order 26.4b1 for 3 of 3 residents NJ ex order 26.4b1, Resident #'s: 1, 2, and 3. This deficient practice was evidenced by the following:</p> <p>On 1/24/24 at 1:32 p.m., the surveyor interviewed the Health Service Director (HSD) who stated that incident reports are not completed after resident NJ ex order 26.4b1, whether witnessed or unwitnessed. The HSD also stated that NJ Exec Order 26.4b1, residents are assessed for NJ Exec Order 26.4b1 and the NJ Ex is documented in the residents' notes located in the resident's Medical Record (MR).</p> <p>On 1/25/24, after the survey, the surveyor reviewed the provided EMR documents for Resident#'s: 1, 2, and 3 which revealed the following:</p> <ol style="list-style-type: none"> The surveyor reviewed Resident #1's MR which included a document titled, "Resident Information Sheet (RIS) (a document that includes the resident's move-in date and diagnoses)" which revealed Resident #1 had a Move-In date of NJ ex order 26.4b1 and diagnoses which NJ ex order 26.4b1. Review of the facility provided documents titled, "Complete Notes (CNs)" revealed Resident #1 NJ ex o. The HSD was unable to provide the surveyor with an incident report related to the documented NJ ex order 26.4b1. The surveyor reviewed Resident #2's MR which included a document titled, RIS, which revealed Resident #2 had a Move-In date of NJ ex order 26.4b1 and diagnosis that NJ ex order 26.4b1. Review of the facility provided documents titled, "Care Notes" revealed that Resident #2 NJ ex order 26.4b1 on NJ ex order 26.4b1, NJ ex order 26.4b1, and NJ ex order 26.4b1. The surveyor 	A 310		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059
---	---

(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 310	<p>Continued From page 4</p> <p>reviewed a document titled [redacted] which revealed a discharge date of [redacted]. Review of the facility provided documents titled, "CNs" revealed that Resident #2 [redacted] and [redacted]. The HSD was unable to provide the surveyor with an incident report related to the before mentioned documented [redacted]</p> <p>3. The surveyor reviewed Resident #3's MR which included a document titled, RIS which revealed Resident #3 had a Move-In date of [redacted] and diagnosis that [redacted]. Review of the provided documents titled, CNs revealed Resident #3 [redacted] on [redacted]. The HSD was unable to provide the surveyor with an incident report related to the documented [redacted] on [redacted]</p> <p>Surveyor review of the Policy and Procedure titled, "Fall Risk Prevention (Management?) Program", with a revised date of October 1, 2009, revealed, "Policy: A fall prevention (management?) program is essential to prevent injuries to residents. A fall prevention program will be offered to all residents... Procedure ... 6. Residents who fall with or without injury are documented in incident reports and in the resident record ..."</p>	A 310		
A1051	<p>8:36-15.2 Resident Records</p> <p>The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department.</p>	A1051		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059
---	---

(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
--------------------	--	---------------	---	--------------------

A1051	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00140033, NJ00163755</p> <p>Based on interview, and record review it was determined that the facility failed to ensure requested Medical Records were available for review to the New Jersey Department of Health surveyor for 3 of 3 residents reviewed for [REDACTED] Resident #'s: 1, 2, and 3. This deficient practice was evidenced by the following:</p> <p>On 1/24/24 at 10:02 a.m., during the entrance conference, the surveyor requested access to the facility's electronic medical records (EMRs). At that time the facility's Executive Director (ED) stated that she would be able to provide the surveyor with access to the facility's EMRs for the review of the facility's residents' MRs.</p> <p>At 11:56 a.m., the surveyor had not received access to the facility's electronic charting system and requested that the facility's ED provide the surveyor with multiple documents from all 3 sampled residents EMRs, for surveyor review. The requested documents included the following items:</p> <p>Progress Notes, a part of a medical record where healthcare professionals record details to document a resident's clinical status and clinical events.</p> <p>Fall Risk Assessments, a document utilized to assess the likeliness of a resident falling.</p> <p>History and Physical with Physician Certifications is a document that encompasses the resident's past medical history, current health status, and assist in establishing a plan of care for the</p>	A1051		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059
---	---

(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
--------------------	--	---------------	---	--------------------

A1051	<p>Continued From page 6</p> <p>resident. The Physician Certification is a physician order which indicates that the resident is appropriate to reside in a an Assisted Living Facility.</p> <p>Universal Transfer Form, a form that communicates pertinent, accurate clinical patient care information at the time of a transfer between health care facilities/programs.</p> <p>NJ Exec Order 28 log, a list of NJ Exec Order 28 taken by the facility's staff (for Resident #2 only).</p> <p>At 12:57 p.m., the surveyor interviewed the facility's ED who stated that she was informed by the facility's Assistant Health Service Director (AHSD), that she was unable to provide the surveyor with access to the facility's electronic charting system. At the time of the interview, the surveyor had not received the documents requested from the ED at 11:56 a.m.</p> <p>At 1:05 p.m., the surveyor interviewed the facility's AHSD who stated that the surveyor would not be granted access to the facility's EMRs and that the surveyor must continue to request items to be printed. The surveyor informed the AHSD that documents were requested at 11:56 a.m. and had not been received yet.</p> <p>At 1:22 p.m., the surveyor received some of the documents requested from the sampled residents' MRs from the facility's Assisted Living Coordinator (ALC) who stated that items were still being collected and printed. The ALC also stated that the surveyor requested medical records (MR) had to be gathered from the residents' paper charting and two EMRs as the facility switched from paper to EMRs. The ALC also stated that</p>	A1051		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059
---	---

(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
A1051	<p>Continued From page 7</p> <p>the facility had to pull document from 2 EMRs.</p> <p>At 1:27 p.m., during surveyor interview with the facility's ALC, the ALC stated that the facility's ED was attempting to call the facility's Information Technology (IT) Team to assist with getting the surveyor requested documents from the facility's former EMR system. At the time of the interview, the surveyor noted the documents that were provided appeared to be the facility's original copies. The ALC confirmed that the requested documents were originals and took the documents back to make copies for the surveyor.</p> <p>At 1:32 p.m., the surveyor interviewed the facility's Health Service Director (HSD) who stated that only the facility's IT Team could access the facility's former EMRs and that the facility's ED was contacting the facility's IT Team to obtain the requested documents. During continued surveyor interview, the facility's HSD stated that he NJ ex order 26.4b1 when the EMR was changed to the current EMR system around NJ ex order 26.4b1 and that some documentation was on paper and some documents were located in the facility's EMR system. The HSD also stated that the facility's staff were still attempting to gather the requested documents.</p> <p>At 1:46 p.m., the surveyor received the documents back from the facility's ALC and some additional documents. The ALC stated that the facility's staff were still gathering documents.</p> <p>At 1:59 p.m., the facility's ALC provided the surveyor with additional requested documents and stated that the surveyor was then in receipt of all requested documents.</p>	A1051		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059
---	---

(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
A1051	<p>Continued From page 8</p> <p>On 1/25/24, post survey, the surveyor reviewed the facility provided MR documents which revealed the surveyor was not provided with the following documents for the sampled residents:</p> <p>a) Review of the documents received revealed the facility did not provide the surveyor with Resident #1's NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 with Physician Certification.</p> <p>b) Review of the documents received revealed the facility did not provide the surveyor with Resident #2's NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 with Physician Certification, weight log, and Universal Transfer Forms. In addition, the facility failed to provide the surveyor with the resident's progress notes form NJ ex order 26.4b1.</p> <p>c) Review of the documents received revealed the facility did not provide the surveyor with Resident #3's NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 with Physician Certification and Physician Order Sheet.</p>	A1051		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80A003	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/11/2024
NAME OF FACILITY CHELSEA AT WARREN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059	

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 A0235	Correction	ID Prefix A0310	Correction	ID Prefix A1051	Correction
Reg. # 8:36-2.4(d)	Completed	Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-15.2	Completed
LSC	03/26/2024	LSC	03/26/2024	LSC	03/26/2024
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 1/24/2024

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