

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/01/2021
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NAME OF PROVIDER OR SUPPLIER TWIN CEDARS	STREET ADDRESS, CITY, STATE, ZIP CODE 1456 GLASSBORO ROAD WENONAH, NJ 08090
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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 #: NJ 00144114, NJ 00138454</p> <p>CENSUS: 3/31/21 - 27 4/1/21 - 27</p> <p>SAMPLE SIZE: 7</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 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

06/03/21

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00144114</p> <p>Based on interview and record review it was determined that the facility Administrator failed to ensure the facility policy and procedure titled, "Reporting Abuse to facility Management" was implemented/enforced for 1 of 7 residents reviewed for [redacted NJ Ex Order 26.4(b)(1)], Resident #3. In addition, the facility failed to ensure that the placement and monitoring of the [redacted NJ Ex Order 26.4(b)(1)] devices were documented in the communication log for 3 of 7 residents reviewed for [redacted NJ Ex Order 26.4(b)(1)] Resident #5, Resident #6 and Resident #7. This deficient practice was evidenced by the following:</p> <p>On 3/31/21 at 9:30 a.m., during the entrance conference of the survey, the surveyor interviewed the Administrator and asked if there were any staff to resident or resident to resident incidents in the past three months investigated by the facility. The Administrator stated that there were none.</p> <p>1. On 3/31/21 at 10:15 a.m., during tour of the facility, the surveyor observed Resident #3, who was standing in the doorway of his/her room, the surveyor conducted an interview at that time. Resident #3 was [redacted NJ Ex Order 26.4(b)(1)] and [redacted NJ Ex Order 26.4(b)(1)], [redacted NJ Ex Order 26.4(b)(1)] and [redacted NJ Ex Order 26.4(b)(1)] so the surveyor asked Resident #3 about the care he/she received at the facility. Resident #3 stated that he/she was looking into [redacted NJ Ex Order 26.4(b)(1)]. Resident #3 further stated that Staff Member #1 (SM), who worked on</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>the 3-11 shift, [redacted] and [redacted] to him/her, [Resident #3].</p> <p>Resident #3 further stated that [redacted] in [redacted] [redacted] NJ Exec Order 26.4b1 that SM #1 told him/her [Resident #3], [redacted]. The resident stated that there were other incidents that occurred but stated that he/she could not recall the exact dates of the incidents. The surveyor asked the resident if he/she reported the incidents to anyone, Resident #3 stated that the Administrator was aware and that the Administrator stated that [redacted] hands were "tied" and would have no staff if [redacted] [Administrator] fired SM #1. The resident stated that he/she mostly stayed in his/her room when SM #1 was on duty, to avoid issues.</p> <p>Surveyor review of Resident #3's medical record revealed that the resident was admitted to the facility in [redacted] with diagnoses which included [redacted] and [redacted]. According to review of the "General Service Plan," dated [redacted], completed by a Registered Nurse (RN), Resident #3 was [redacted] and [redacted], [redacted] and [redacted] and [redacted].</p> <p>The surveyor continued conducting interviews and interviewed some staff members on 3/31/21 at 11:15 a.m. and 11:40 a.m., SM #2 and SM #3, regarding [redacted] and the facility's [redacted] policy. SM #2 and SM #3 both stated that [redacted] would be reported to the Director of Nursing (DON) or the Administrator immediately. The surveyor then asked SM #2 and SM #3 if they witnessed any [redacted] by a staff member to a resident, or any resident to resident [redacted] at the facility. SM #2 stated that SM #1 was a [redacted] NJ Exec Order 26.4b1 [redacted] at the residents, and [redacted] to</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>the residents. SM #2 stated that everyone, including the Administrator, was aware of how SM #1 spoke to the residents.</p> <p>Additionally, SM #3 stated that she witnessed a [redacted] between SM #1 and Resident #3 and explained that she had to intervene to avoid the incident from becoming [redacted]. She stated that the incident occurred [redacted], but could not recall the exact date/month. SM #3 stated that SM #1 [redacted] because Resident #3 [redacted] [SM #1], that another resident [redacted]. SM #3 also stated that SM #1 was [redacted] to the residents. The surveyor then asked SM #3 if she reported the incident to the Administrator or the DON. SM #3 confirmed that she did not report the incident but that she discussed the incident with another staff member, SM#4. She explained that they both dismissed the incident because they both felt that the Administrator would not do anything about it.</p> <p>On 3/31/21 the surveyor continued [redacted] interviews and interviewed some random residents, Resident A, Resident B, Resident C, Resident D, and Resident E separately between 10 a.m., to 11 a.m., regarding the care they received at the facility. The residents stated that the care [redacted], however, they voiced concern about SM #1, who they stated was very [redacted] to the residents.</p> <p>On the following day on 4/1/21 at 10 a.m., the surveyor interviewed SM #4, the staff member mentioned above that agreed with SM #3 that the Administrator would not act on reports of [redacted]. The surveyor asked SM #4 questions about [redacted] at the facility. SM #4 stated that [redacted] would be reported to the DON or the</p>	A 310		
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A 310	<p>Continued From page 4</p> <p>Administrator immediately. The surveyor then asked SM #4 if she was aware of any staff to resident [redacted] of [redacted] which occurred at the facility. She stated that SM #1 was still employed at the facility and explained that SM #1 was not [redacted] to the residents but [redacted] to the residents. SM #4 added that the Administrator was fully aware of how SM #1 spoke to the residents and confirmed that she did not report the [redacted] to the Administrator because she felt that the Administrator would not do anything about it.</p> <p>On 4/1/21 at 10:50 a.m., the surveyor interviewed the DON and asked her if she was notified of a [redacted] between SM #1 and Resident #3, or any other residents. The DON stated that SM #1 [redacted] at times but that she provided good care to the residents. She stated that no incident was reported to her regarding SM #1.</p> <p>At 11:10 a.m., the surveyor interviewed SM #1 via telephone on how she interacted and communicated with the residents. SM #1 stated that she provided good care when she was caring for her residents, and confirmed that residents had informed her that [redacted]. She admitted to the surveyor that [redacted] could be very [redacted] at times, but that she was [redacted] when the residents told her that she was [redacted]. SM #1 denied being [redacted] or [redacted] towards any resident.</p> <p>Surveyor review of the facility policy titled, "Reporting Abuse to Facility Management," indicated the following, "... Employees, facility consultants and/or attending physicians must report any suspected abuse or incidents of abuse to the Director of Nursing Services promptly. In</p>	A 310		
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A 310	<p>Continued From page 5</p> <p>the absence of the Director of Nursing Services, such reports may be made to nurse supervisor on duty ..." "The Administrator and Director of Nursing Services must be promptly notified of suspected abuse or incidents of abuse. If such incidents occur or are discovered after hours, the Administrator and Director of Nursing Services must be called at home or must be paged and informed of such incident ..."</p> <p>2. On 4/1/21 at 9:45 a.m., the surveyor interviewed the Administrator regarding [redacted] and asked if the facility had any residents that were at risk for [redacted]. The Administrator stated that there were [redacted] residents that wore [redacted] devices due to their [redacted] risk. The surveyor then requested the list of residents that wore [redacted] devices and observed that the list included Resident #5, Resident #6, and Resident #7.</p> <p>a. At 10:25 a.m., the surveyor reviewed Resident #5's medical record, which revealed that the resident was admitted to the facility in [redacted] with diagnoses which included [redacted] and [redacted]. According to review of the, "Functional Assessment," dated [redacted], completed by a Registered Nurse (RN), Resident #5 was [redacted] but was [redacted] and [redacted] and was prone to [redacted].</p> <p>At 12:45 p.m., the surveyor interviewed the Director of Nursing (DON) and the Assistant Administrator (AA) and inquired as to how the facility ensured the placement and the functioning of the [redacted] devices, and how were residents assessed to determine the [redacted] risk for the use of the [redacted] devices. The DON stated that she did not have a tool to assess for the [redacted] risk of residents, however, she</p>	A 310		
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A 310	<p>Continued From page 6</p> <p>stated that her assessment was based on the information provided by the resident's family and if the resident, on admission, stated that he/she was going to [redacted] the facility.</p> <p>During continued interview, the DON stated that Resident #5's [redacted] device was placed on admission and the device was checked weekly for functioning. She stated that the functioning of the [redacted] devices was never documented. The AA stated that the [redacted] were checked daily for placement and weekly on Tuesdays for functioning, and this was documented on the communication log.</p> <p>The surveyor then requested the communication log for [redacted] through [redacted] for review. The AA provided the surveyor with the communication logs for [redacted] and [redacted], there was no log provided to the surveyor for the month of [redacted] as requested. The surveyor reviewed the communication log dated [redacted] through [redacted] and observed that Resident #5's [redacted] device was not consistently checked daily for placement and there was no documented evidence that the [redacted] device was checked weekly on Tuesdays for functioning.</p> <p>b. At 11:10 a.m., the surveyor reviewed Resident #6's medical record, which indicated that the resident was admitted to the facility in [redacted] with diagnoses which included [redacted] and [redacted]. According to review of the GSP dated [redacted], which was completed by the RN, Resident #6 had [redacted] and a [redacted] device to the [redacted], due to [redacted] and [redacted].</p> <p>Continued surveyor review of Resident #6's</p>	A 310		

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A 310	<p>Continued From page 7</p> <p>medical record did not reveal documented evidence that the [redacted] device was checked for placement and functioning from the date of admission on [redacted], to the date of the survey and medical record review [redacted]. During interview with the DON, she stated that Resident #6 was [redacted] to the facility and explained that she was not able to locate the communication log for [redacted].</p> <p>c. At 11:55 a.m., the surveyor reviewed Resident #7's medical record, and according to the "Resident Profile," the resident was admitted to the facility in [redacted] with diagnoses which included [redacted] and [redacted]. According to surveyor review of the GSP dated [redacted], completed by an RN, Resident #7 was [redacted] and [redacted] was to be monitored for [redacted] and a [redacted] device was placed on the [redacted] for [redacted].</p> <p>The surveyor reviewed the "Communication Log" form from [redacted] through [redacted], however, did not observe the resident's name or any documented evidence that the resident's [redacted] device was monitored daily for placement, or weekly for functioning.</p> <p>During interview, the DON stated that Resident #7 was new to the facility and that she was not able to locate the communication log for [redacted]. She explained that the [redacted] device was applied to the resident's [redacted] on admission because the resident stated that he/she wanted to [redacted].</p> <p>On 4/1/21 at 1:15 p.m., the surveyor interviewed a Licensed Practical Nurse (LPN) regarding how the facility monitored the [redacted] devices. The LPN stated that the devices were checked on</p>	A 310		

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A 310	<p>Continued From page 8</p> <p>Tuesdays for functioning. The LPN explained that there were [redacted] residents with [redacted] devices and the residents were taken to the [redacted], next to the patio, and if the [redacted], then the [redacted] was functioning. The LPN stated that the staff did not document the [redacted] device checks conducted.</p> <p>At 2:10 p.m., the surveyor met with the Administrator and informed her of the staff to resident [redacted] and the lack of monitoring of the placement and functioning of the [redacted] devices. The Administrator stated that she was not aware of the staff to resident [redacted] and that the incident was not reported to her in order to complete an investigation. The Administrator stated that she reported an incident last year to the Department of Health in which SM #1 was involved, the Administrator then stated, "What am I going to do with SM #1."</p> <p>The surveyor reviewed the facility policies and procedures titled, "Wandering/Elopement" which indicated, "Upon the RN initial assessment or at any time there is a change in mental status of a resident, whom it is determined is at risk of elopement will have a wandergard [wander guard] placed on there [their] ankle..." "...Every Tuesday residents with a wandergard [wander guard] on will be [check] at the door with wandergard [wander guard] alarm installed on it to make sure the ankle monitor and the door alarm are properly functioning. Staff will note this in the communication log that the monitors were checked and that they are properly functioning..."</p>	A 310		
A 361	8:36-4.1(a)(4) Resident Rights (a) Each assisted living provider will post and	A 361		

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A 361	<p>Continued From page 9</p> <p>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>4. The right to be treated with respect, courtesy, consideration and dignity;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00144114</p> <p>Based on interview and record review it was determined that the facility failed to ensure that facility staff always communicated with residents in a dignified and respectful manner for 1 of 7 residents reviewed for resident rights, Resident #3, and 5 residents randomly interviewed for the same. This deficient practice was evidenced by the following:</p> <p>On 3/31/21 at 10:15 a.m., during tour of the facility, the surveyor observed Resident #3 as he/she stood in the doorway of his/her room and conducted an interview. Resident #3 was [redacted] and [redacted] NJ Ex Order 26.4(b)(1), [redacted] and [redacted] NJ Ex Order. The surveyor interviewed the resident regarding the care he/she received at the facility. The resident stated that he/she was looking into [redacted]. The surveyor asked the resident to explain what he/she meant. Resident #3 stated that Staff Member #1 (SM), who worked on the 3-11 shift, [redacted] and [redacted] NJ Ex Order 26.4(b)(1) to him/her [Resident #3]. The resident added that he/she spent more time in his/her room when SM #1 was on duty, to avoid issues.</p>	A 361		

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A 361	<p>Continued From page 10</p> <p>At 12 :45 p.m., the surveyor reviewed Resident #3's medical record, which indicated that the resident was admitted to the facility in [redacted] with diagnoses which included [redacted] and [redacted] NJ Ex Order 26.4(b)(1). According to review of the "General Service Plan" dated [redacted] NJ Ex Order 26.4, completed by a Registered Nurse (RN), Resident #3 was [redacted] and [redacted] NJ Ex Order 26.4(b)(1), [redacted] and [redacted] and [redacted] NJ Ex Order 26.4(b)(1) independently.</p> <p>The surveyor also interviewed five additional randomly selected residents, Resident A, Resident B, Resident C, Resident D, and Resident E separately between 10 a.m. and 11 a.m. on 3/31/21 regarding the care they received at the facility. The residents stated that the care was [redacted] however, they voiced concerns about SM #1, who they stated was, at times, [redacted] and [redacted] NJ Ex Order 26.4(b)(1) to the residents.</p> <p>At 2:10 p.m. on 4/1/21, the surveyor informed the Administrator of the interviews conducted with Resident #3, the randomly selected residents listed above and SM #3, who stated that she witnessed a [redacted] NJ Ex Order 26.4(b)(1) between Staff Member (SM) #1 and Resident #3, in which SM #1 stated to Resident #3, [redacted] NJ Ex Order 26.4(b)(1). "The surveyor informed the Administrator that SM #3 explained that she had to intervene to avoid the incident from becoming a [redacted] NJ Ex Order 26.4(b)(1), and stated that she did not report it because she, and another staff member, SM #4, felt that nothing would be done about it.</p> <p>The Administrator confirmed that she was not made aware of the staff to resident [redacted] and that an investigation was not completed.</p> <p>Surveyor review of the facility's "Resident's</p>	A 361		
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A 361	Continued From page 11 Rights" revealed, "The right to be treated with respect, courtesy, consideration, and dignity." Refer to 8:36-4.1(a)(4)	A 361		
A 563	8:36-5.10(a)(2) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages; This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to notify the Department of Health (DOH) when a resident, wearing a NJ Ex Order 26.4(b)(1) device, NJ Ex Order 26.4(b)(1) and was NJ Ex Order 26.4(b)(1) for 1 of 7	A 563		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/01/2021
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NAME OF PROVIDER OR SUPPLIER TWIN CEDARS	STREET ADDRESS, CITY, STATE, ZIP CODE 1456 GLASSBORO ROAD WENONAH, NJ 08090
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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
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A 563	<p>Continued From page 12</p> <p>residents reviewed for [redacted] Resident #7. This deficient practice was evidenced by the following:</p> <p>At 11:55 a.m., the surveyor reviewed Resident #7's medical record which revealed that the resident was admitted to the facility in [redacted] with diagnoses which included [redacted] and [redacted]. Surveyor review of the General Service Plan (GSP) dated [redacted], completed by a Registered Nurse (RN), revealed that the resident was [redacted], [redacted] and [redacted] was to be monitored for [redacted] behavior and had a [redacted] device to the [redacted].</p> <p>Further, the RN's note written [redacted] at 6:02 p.m., indicated, "The [redacted] was sounding at the [redacted] and the staff immediately responded to the [redacted]. Upon opening [redacted] this nurse observed this resident [redacted], on the [redacted]."</p> <p>The surveyor reviewed another RN note dated [redacted] timed at 8:21 p.m., written by the same RN, which indicated that Resident #7 was [redacted] when the resident realized that he/she only had [redacted]. The RN documented that the resident [redacted] and placed them onto the [redacted]. The RN documented that the staff responded to the [redacted] going off due to the resident's [redacted] device setting the [redacted] off. The RN documented that staff were able to redirect the resident and brought the resident's belongings back into the facility.</p> <p>At 12:45 p.m., the surveyor interviewed the RN regarding her documentation on [redacted]. The RN</p>	A 563		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/01/2021
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NAME OF PROVIDER OR SUPPLIER TWIN CEDARS	STREET ADDRESS, CITY, STATE, ZIP CODE 1456 GLASSBORO ROAD WENONAH, NJ 08090
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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 563	<p>Continued From page 13</p> <p>confirmed that the resident was ^{NJ Ex Order 26.4(b)(1)} the facility, ^{NJ Ex Order 26.4(b)(1)}, by ^{NJ Ex Order 26.4(b)(1)}, next to the ^{NJ Ex Order 26.4(b)(1)}, and the ^{NJ Ex Order 26.4(b)(1)} device was intact to the ^{NJ Ex Order 26.4(b)(1)}.</p> <p>The surveyor also interviewed the Administrator and asked if Resident #7's ^{NJ Ex Order 26.4(b)(1)} was reported to the DOH. The Administrator stated that she did not report the incident to the DOH, and stated that this is an Assisted Living facility and the doors were not locked.</p> <p>The facility Administrator failed to report the incident of ^{NJ Ex Order 26.4(b)(1)} which occurred on ^{NJ Ex Order 26.4(b)(1)}, to the DOH as required by this regulation.</p>	A 563		

Twin Cedars Assisted Living
1456 Glassboro Road
Wenonah, NJ 08090
856-468-6824
856-468-6318 Fax

Complaint Survey April 1, 2021

A 310 8:36-3.4(a)(1) Administration

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
 - a. The DON and Administrator were not aware of incidents happening with Staff Member #1. Staff Member #1 was asked into the administrative office with the DON and Administrator and was in serviced on April 9, 2021 and reviewed Resident Abuse, specifically about [NJ Ex Order 26.4(b)(1)]. They explained that [NJ Ex Order 26.4(b)(1)] is apart of [NJ Ex Order 26.4(b)(1)]. Staff Member #1 also reviewed Reporting Abuse to Facility Management Policy along with Resident Rights and took the exam. Staff Member #1 signed stating that she understands everything that was explained to me, understand both policy and procedures and that this is her final warning.
 - b. Resident #3 no longer resides at the facility.
 - c. The physical check of the [NJ Ex Order 26.4(b)(1)] with the door was put in the residents MAR on April 12, 2021 for the Certified Medication Aide or LPN on the 6:00am to 2:30pm shift to complete every Tuesday as per company policy. The Certified Medication Aide or LPN on the 6:00am to 2:30pm shift must also check every day that the [NJ Ex Order 26.4(b)(1)] is intact and document it on the MAR. Resident #7 no longer resides at the facility.
2. How the facility will identify other residents having the potential to be affected by the same deficient practice.
 - a. All Residents have the potential to be effected by this deficient practice.
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
 - a. The facility Administrator or Wellness Coordinator will go around once a week to make sure the residents are happy with the services they are receiving. This will be documented on a spread sheet and if anything happens that has not been brought to our attention we will do an investigation and correct the problem.
 - b. With both checks being on the MAR the Wellness Coordinator does weekly checks to make sure everything is up to date and properly being done and will be able to see that the staff are properly checking the wander guards.
 - c. When a resident gets put on a wander guard the Wellness Coordinator will automatically get the order from the provider and put both the weekly door check as well as the daily physical check in the MAR.
 - d. The Administrator and Wellness Coordinator will review all the documentation at the monthly meetings and resident council meeting to make sure nothing is missed and everything was reviewed.
 - e. All staff were in serviced on abuse and reporting abuse.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - a. The Wellness Coordinator will do weekly checks on the MARs to make sure the staff are checking the wander guards and they are properly being documented.
 - b. On monthly basis the Administrator, designee and wellness coordinator will review all in services and make sure they are up to date. We will make sure all staff understand and are reporting incidents. We will make sure all concerns are addressed that come up from the staff and residents.

Completion Date: April 30, 2021

A 361 8:36-4.1(a)(4) Resident Rights

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

On April 9, 2021 the administrator and wellness coordinator brought said staff member #1 into the office and spoke about Resident Abuse, specifically about verbal abuse and explained how NJ Ex Order 26.4(b)(1) is also apart of NJ Ex Order 26.4(b)(1) The policy and procedure for Reporting Abuse to Facility Management Policy along with Resident Rights and the exam were also completed by the said staff member #1. The said staff member #1 also understands that this was her final warning and if another incident occurs she will be terminated.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

All Residents have the potential to be effected by this deficient practice.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
 - a. To make sure that no other residents are affected we completed an in service on Reporting Abuse to Facility Management and Resident Rights on May 5, 2021 with all staff. All staff also had to complete the Resident Rights exam and submit it to the Wellness Coordinator.
 - b. Resident #3 no longer resides in the facility.
 - c. We rein serviced all staff on Resident Rights and Reporting Abuse to Facility Management. We will continue doing monthly Resident Council and monitor the resident complaints and what needs to be changed.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

Administration or designee will monitor the resident council meetings that are completed on a monthly basis and review and investigate all complaints.

Completion Date: April 30, 2021

A 563 8:36-5.10(a)(2) General Requirements

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

An ^{NJ Ex Order 26.4(b)(1)} is when a resident ^{NJ Ex Order 26.4(b)(1)} of the facility even if they ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)}. Resident #7 ^{NJ Ex Order 26.4(b)(1)} however, resident #7 no longer resides at facility.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

All residents have the potential to be affected by the deficient practice.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

Our policy and procedure was updated to reflect what is an elopement and if any resident whom has a wander guard on leaves the grounds we will report it to the necessary individuals as per our policy. If a resident leaves the grounds of the facility, that incident will be reported to the necessary individuals. If a resident walks out of the facility with a staff member like said incident it is not a reportable.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

Our policy and procedure was updated to reflect what is an elopement and if any resident whom has a wander guard on leaves the grounds we will report it to the necessary individuals as per our policy. Administration, designee and Wellness Coordinator will ensure that the reportable events are reported and Administration, Designee and RN will communicate daily. The administrator, wellness coordinator and designee will communicate on a daily basis to make sure all reportable events are reported.

Completion Date: April 30, 2021

Respectfully,

NJ Ex Order 26.4(b)(1)

^{NJ Ex Order 26.4(b)(1)} CALA

Administrator

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 82473	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/11/2021
NAME OF FACILITY TWIN CEDARS		STREET ADDRESS, CITY, STATE, ZIP CODE 1456 GLASSBORO ROAD WENONAH, NJ 08090

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 A0310	Correction	ID Prefix A0361	Correction	ID Prefix A0563	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(4)	Completed	Reg. # 8:36-5.10(a)(2)	Completed
LSC	04/30/2021	LSC	04/30/2021	LSC	04/30/2021
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 4/1/2021

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