STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8HEV7E	A. BUILDING: _____ B. WING _____	C 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR CREEK ASSISTED LIVING	291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550

(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
H 000	Initials Comments TYPE OF SURVEY: Complaint COMPLAINT #: NJ00165130 CENSUS: 86 SAMPLE SIZE: 4 The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.	H 000		
H5790	8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record. This REQUIREMENT is not met as evidenced by: Complaint:# NJ00165130 Based on interview and record review it was determined that the facility failed to retain a completed copy of the Universal Transfer Form (UTF) for 3 of 4 residents reviewed who were transferred to the hospital for evaluation,	H5790		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8HEV7E	A. BUILDING: _____ B. WING _____	C 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR CREEK ASSISTED LIVING	291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550

(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
H5790	Continued From page 1 Resident's #1, 2, and 3. The deficient practice was evidenced by the following: On 01/03/2024 at 11:25 a.m., the surveyor reviewed Resident #1's medical records (MR) which revealed that the resident moved into the facility on NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 [redacted] Upon continued surveyor review of the resident's MR, it was revealed that on NJ ex order 26.4b1 the resident NJ ex order 26.4b1 due to NJ ex order 26.4b1 [redacted] At 11:30 a.m., the surveyor interviewed the Administrator who stated, the Universal Transfer Sheet is filled out when the resident is transferred, and the facility does not retain a copy in the MR. At 12:05 p.m., the surveyor reviewed Resident #2's MR which revealed the resident moved into the facility on NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 [redacted]. Upon continued surveyor review of the Resident #2's MR, it was revealed that on NJ ex order 26.4b1, the resident NJ ex order 26.4b1 [redacted] from the Licensed Practical Nurse and was transported via ambulance to the hospital; however a completed copy of the UTF was not retained in the MR. At 12:30 p.m., the surveyor reviewed Resident #3's MR which revealed the resident moved into the facility on NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 [redacted]	H5790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8HEV7E	A. BUILDING: _____ B. WING _____	C 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR CREEK ASSISTED LIVING	291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550

(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
H5790	Continued From page 2 NJ ex order 26.4b1. Upon continued surveyor review of Resident #3's MR, it was revealed that on NJ ex order 26.4b1, the resident NJ ex order 26.4b1 however, a completed copy of the UTF was not retained in the MR. A review of the policy titled, "State-Specific Policies and Procedures Outline" which states, "Community shall retain a completed copy of the Universal Transfer Form sent with the patient when a patient is transferred as part of the patient's medical record." The facility failed to retain a copy of the UTF in Resident's #1, 2, and 3's MR when they were transferred to the hospital.	H5790		
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00165130 CENSUS: 86 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	A 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8HEV7E	A. BUILDING: _____ B. WING _____	C 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR CREEK ASSISTED LIVING	291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550

(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	Continued From page 3 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 779	8:36-7.5(c) Resident Assessments and Care Plans (c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. This REQUIREMENT is not met as evidenced by: Complaint # NJ00165130 Based on interview and record review, it was determined that the facility failed to provide documented evidence that the Registered Nurse (RN) was notified when 2 of 4 residents were NJ ex order 26.4b1, Resident #2, and #3. On 01/03/2024 at 11:25 a.m., the surveyor reviewed Resident #2's medical records (MR) which revealed that the resident moved into the facility on NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 Upon continued surveyor review of Resident #2's	A 779		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8HEV7E	A. BUILDING: _____ B. WING _____	C 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR CREEK ASSISTED LIVING	291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550

(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 779	Continued From page 4 Progress Notes, it was revealed that on NJ ex order 26.4b1, the resident NJ ex order 26.4b1 from the Licensed Practical Nurse and was transported to the hospital via ambulance for evaluation; however, there is no documented evidence that the RN was notified. At 12:30 p.m., the surveyor reviewed Resident #3's MR which revealed the resident moved into the facility on NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 Upon continued surveyor review of Resident #'s Progress Notes, it was revealed that on NJ ex order 26.4b1, the resident NJ ex order 26.4b1 however, there was no documented evidence that the RN was notified. At 12:43 p.m. the surveyor interviewed the Administrator and the Director of Nursing and confirmed there was no documented evidence that the RN was notified when Resident #2 or Resident #3 was transfer to the hospital. The facility failed to provide documented evidence that the RN was notified that Resident #2 and Resident #3 's were transferred to the hospital for evaluation.	A 779		
A 781	8:36-7.5(d) Resident Assessments and Care Plans (d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional	A 781		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8HEV7E	A. BUILDING: _____ B. WING _____	C 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR CREEK ASSISTED LIVING	291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550

(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 781	Continued From page 5 nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded. This REQUIREMENT is not met as evidenced by: Complaint # NJ00165130 Based on interview and record review, it was determined that the facility failed to provide documented evidence that the Physician was notified when 2 of 4 residents were transferred to the hospital, Resident #2, and #3. On 01/03/2024 at 11:25 a.m., the surveyor reviewed Resident #2's medical records (MR) which revealed that the resident moved into the facility on NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 Upon continued surveyor review of Resident #2's Progress Notes, it was revealed that on NJ ex order 26.4b1, the resident NJ ex order 26.4b1 from the Licensed Practical Nurse and was transported to the hospital via ambulance for evaluation; however, there was no documented evidence that the Physician was notified. At 12:30 p.m., the surveyor reviewed Resident #3's MR which revealed that the moved into the facility on NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 Upon continued surveyor review of Resident #3's	A 781		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8HEV7E	A. BUILDING: _____ B. WING _____	C 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR CREEK ASSISTED LIVING	291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550

(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 781	Continued From page 6 Progress Notes, it was revealed that on NJ ex order 26.4b1 the resident NJ ex order 26.4b1 [redacted] however, there was no documented evidence that the physician was notified. At 12:43 p.m. the surveyor interviewed the Administrator and the Director of Nursing and confirmed there was no documented evidence that the physician was notified when Resident #2 or Resident #3's transfer to the hospital. The facility failed to provide documented evidence that the physician was notified that Resident #2 and Resident #3 's were transferred to the hospital for evaluation.	A 781		