

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8HEV7E	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2024
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NAME OF PROVIDER OR SUPPLIER BEAR CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550
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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#: NJ00170652</p> <p>CENSUS: 87</p> <p>SAMPLE SIZE: 5</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

09/26/24

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 #: NJ00170652</p> <p>Based on observation, interview, and record review, it was determined the facility failed to consistently implement their policies and procedures related to emergency response and NJ Exec Order 26.4b1, regarding the notification of a family, and/or designated responsible party of a transfer to the hospital for 1 of 5 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 8/15/24, the surveyor reviewed the medical record (MR) of Resident #3 who had a move-in-date of NJ ex order 26.4b1, and diagnoses that NJ ex order 26.4b1</p> <p>The surveyor reviewed Resident #3's Progress Notes (PNs) which revealed that on NJ ex order 26.4b1 at 10:50 p.m., the Wellness Nurse was informed by a Nurse who worked the 7:00 a.m. to 3:00 p.m. shift, that Resident #3 NJ ex order 26.4b1, and was NJ ex order 26.4b1 at 3:00 p.m., the same day.</p> <p>Further review of the MR revealed no indication that the family Power of Attorney (POA) was notified of Resident #3's NJ ex order 26.4b1.</p> <p>On 8/15/24 at 1:24 p.m., during surveyor interview with the facility Executive Director (ED) and the Director of Wellness (DOW), the DOW explained that when a resident is transferred to</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>the hospital, that the Nurse or Certified Medication Aide (CMA) notifies the DOW, Physician and family. The DOW further explained that the resident emergency would be taken care of first, but "all three are always notified."</p> <p>At 2:35 p.m, during a second interview with the facility ED and DOW, the ED indicated that Resident #3's family visited often, and the ED thought that one of the POA's may have been visiting when Resident #3 NJ ex order 26.4b1 and was therefore aware. The ED however was unable to provide the surveyor with documentation that indicated a family member was notified of the NJ ex order 26.4b1.</p> <p>The surveyor reviewed a facility policy titled,"RESPONDING TO EMERGENCIES", dated 7/2021, with a revision date of 3/2022 which revealed:</p> <p>"OBJECTIVE: The purpose of this policy and procedure is to provide an overview of the process for responding to emergencies...2) PROCEDURE FOR EMERGENCY CARE...d) Notify family or responsible party..."</p> <p>The surveyor reviewed an additional facility policy titled,"CHANGE IN CONDITION", dated 7/2021, which revealed:</p> <p>"PROCEDURE/POLICY:...4) If there is a change in condition the resident's physician and responsible party is notified as appropriate...9) Notify the resident's responsible party of the change in status and action taken..."</p>	A 310		
A 611	8:36-5.15(a)(3) General Requirements	A 611		

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A 611	<p>Continued From page 3</p> <p>(a) The resident's family, guardian, and/or designated responsible person or community agency shall be notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following:</p> <p style="padding-left: 40px;">3. The resident is transferred from the facility;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00170652</p> <p>Based on observation, interview and record review, it was determined the facility failed to ensure the immediate notification of a family, guardian, and/or designated responsible party of a transfer from the facility to the hospital for 1 of 5 residents reviewed, Resident #3. The deficient practice was evidenced by the following:</p> <p>On 8/15/24, the surveyor reviewed Resident #3's medical record (MR) which revealed a move-in-date of NJ ex order 26.4b, and diagnoses that NJ ex order 26.4b1</p> <p>The surveyor reviewed Resident #3's Progress Notes (PNs) which revealed that on NJ ex order 26.4b1 at 10:50 p.m., the Wellness Nurse was informed by a Nurse who worked the 7:00 a.m. to 3:00 p.m. shift, that Resident #3 NJ ex order 26.4b1 because he/she had NJ ex order 26.4b1 at 3:00 p.m., the NJ ex order 26.4b1</p> <p>Further review of the MR showed no indication that the family Power of Attorney (POA) was notified of Resident #3's NJ ex order 26.4b1</p>	A 611		

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A 611	<p>Continued From page 4</p> <p>On 8/15/24 at 1:24 p.m., during surveyor interview with the facility Executive Director (ED) and the Director of Wellness (DOW), the DOW explained that when a resident NJ ex order 26.4b1 that the Nurse or Certified Medication Aide (CMA) notifies the DOW, Physician and family. The DOW further explained that the resident NJ ex order 26.4b1 but NJ ex order 26.4b1</p> <p>At 2:35 p.m, during a second interview with the facility ED and DOW, the ED indicated that Resident #3's family visited often, and the ED thought that one of the POA's NJ ex order 26.4b1 when Resident #3 NJ ex order 26.4b1, and was therefore aware. The ED however NJ ex order 26.4b1</p> <p>The surveyor reviewed a facility policy titled, "RESPONDING TO EMERGENCIES", dated 7/2021, with a revision date of 3/2022 which revealed:</p> <p>"OBJECTIVE: The purpose of this policy and procedure is to provide an overview of the process for responding to emergencies...2) PROCEDURE FOR EMERGENCY CARE...d) Notify family or responsible party..."</p> <p>The surveyor reviewed an additional facility policy titled, "CHANGE IN CONDITION", dated 7/2021, which revealed:</p> <p>"PROCEDURE/POLICY:...4) If there is a change in condition the resident's physician and responsible party is notified as appropriate...9) Notify the resident's responsible party of the change in status and action taken..."</p>	A 611		

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 8HEV7E	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/2/2024
NAME OF FACILITY BEAR CREEK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 291 VILLAGE ROAD EAST WEST WINDSOR, NJ 08550	

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 A0611	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.15(a)(3)	Completed	Reg. #	Completed
LSC	10/01/2024	LSC	10/01/2024	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 8/15/2024	<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
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