

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2021
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NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 MULLICA HILL ROAD GLASSBORO, NJ 08028
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A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 28</p> <p>Sample Size: 5</p> <p>TYPE OF SURVEY: Standard Survey of 39 residential units.</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.</p> <p>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 549	<p>8:36-5.7(a)(7) General Requirements</p> <p>(a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following:</p> <p>7. Policies and procedures, including content and frequency, for physical examinations and immunizations and tuberculin testing upon employment and subsequently for employees and individuals providing direct resident care</p>	A 549		

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

TITLE

(X6) DATE

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A 549	<p>Continued From page 1</p> <p>services in the facility through contractual arrangements or written agreement;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to develop and implement a policy for physical examination for employees upon hire and thereafter for five of five employees reviewed, (Certified Medication Aide #4, Receptionist/Life Enrichment Coordinator #3, Housekeeper #5, Chef #6, and Licensed Practical Nurse #7).</p> <p>The facility had 18 staff members.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Receptionist/Life Enrichment Coordinator #3 was hired on [REDACTED]. A review of the employee's personnel file failed to provide documented evidence of a physical examination record. 2. Certified Medication Aide #4 was hired on [REDACTED]. A review of the employee's personnel file failed to provide documented evidence of a physical examination record. 3. Housekeeper #5 was hired on [REDACTED]. A review of the employee's personnel file failed to provide documented evidence of a physical examination record. 4. Chef #6 was hired on [REDACTED]. A review of the employee's personnel file failed to provide documented evidence of a physical examination record. 	A 549		

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A 549	Continued From page 2 5. Licensed Practical Nurse #7 was hired on [REDACTED]. A review of the employee's personnel file failed to provide documented evidence of a physical examination record. On 09/21/2021 at 12:40 PM, the Executive Director (ED) stated he could not provide physical examination reports for employees. He stated there was no facility policy for employee physical examinations.	A 549		
A1243	8:36-17.6(b) Housekeeping-Sanitation-Safety-Maintenance (b) The temperature of the hot water used for bathing and handwashing shall be at least 105 degrees and shall not exceed 120 degrees Fahrenheit. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide hot water in resident rooms for their personal use within the acceptable temperature range of 105-120 degrees Fahrenheit (F). The elevated water temperatures were observed in four of four rooms, Rooms [REDACTED] and [REDACTED]. The facility identified the elevated hot water temperatures affected all the residents at the facility. The census was 29. It was determined the provider's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.	A1243		

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A1243	<p>Continued From page 3</p> <p>On 09/20/2021 at 12:16 PM, the Certified Assisted Living Administrator (CALA) was informed of the immanent danger of the situation.</p> <p>Findings included:</p> <p>On 09/20/2021 at 10:54 AM through 11:58 AM, during the facility inspection tour with the CALA (the position of the maintenance director was vacant during the survey), hot water temperatures were taken in random residents' rooms across the living units of the facility. The hot water temperature recorded were as follows: Room [REDACTED] had hot water temperature of 130 degrees F, Room [REDACTED] had hot water temperature of 129 degrees F, Room [REDACTED] had hot water temperature of 130 degrees F and Room [REDACTED] had hot water temperature of 131 degrees F.</p> <p>On 09/20/2021 at 10:58 AM, at 11:18 AM, at 11:27 AM and at 11:39 AM, the surveyor conducted interviews with the residents who occupied the identified rooms with the elevated hot water temperature. The residents responded to the surveyor stating they had yet to attempt to use the water on the day of the survey. The residents said they did not know what the water temperature in their bathrooms felt like.</p> <p>On 09/20/2021 at 11:24 AM, the CALA told the surveyor that the facility had been without a maintenance director for weeks prior to the survey. He said the position was advertised, and the facility had yet to see a well-qualified person to fill the vacancy. The CALA told the surveyor that he stood in to take care of most maintenance issues pending the recruitment of a new</p>	A1243		

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A1243	<p>Continued From page 4</p> <p>maintenance director. The CALA said hot water supplied for domestic use in residents' rooms was to be maintained at a temperature of 105 degrees F but not to exceed 120 degrees F. He said the recorded hot water temperatures from the identified rooms posed a risk to residents of getting burned if they got exposed to it. Per the CALA, he maintained a log which recorded daily water temperatures in randomly selected residents' rooms across the facility. The CALA failed to provide the copy of the said log in response to the surveyor's request throughout the survey.</p> <p>On 09/21/2021 at 11:11 AM, the divisional vice-president of facilities management reported to the surveyor that water should be set at 140 degrees F going to the kitchen. He said the temperature of the water heater that fed hot water for domestic use in residents' rooms should also be set at 140 degrees F to discourage bacteria build-up in pipes and to ensure residents had access to clean water. He said that the system needed a mixer valve which helped regulate the temperature of the hot water delivered in residents' rooms at the desirable temperature. He reiterated the process which had been identified by the CALA in the interview above.</p> <p>An undated Summit Place Water Policy was provided by the CALA. The policy read, "Resident room water temperature for bathing and handwashing will fall between regulatory guideline of at least 105 degrees and not more than 120 degrees."</p> <p>On 09/20/2021 at 3:17 PM, a Removal Plan to remove the immanent danger of resident exposure to excessively hot water was submitted by the facility and accepted by the state agency. The document "Plan of Removal for Summit</p>	A1243		

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A1243	<p>Continued From page 5</p> <p>Place" read as follows:</p> <p>1: Water Temperatures above safe range for resident rooms.</p> <p>Water Heater Thermostats were set too high. This has the potential to impact all residents who are capable of using faucets/showers. Water Heater Thermostats were adjusted lower by Executive Director to a temperature of 118 degrees.</p> <p>Plan to Correct: Temperature will be retested this afternoon that they fall within appropriate regulatory ranges after correcting water heater thermostat. If this does not rectify the problem, caregivers will be equipped with thermometers to test water before performing personal hygiene & showers with residents. Residents who are independent of using water supply will be assessed to prevent them from utilizing hot water. Additional steps including contracting plumber inspection is being addressed by Vice President of Maintenance. Review of this matter will be ongoing and continue to be addressed urgently until rectified.</p> <p>On 09/20/2021 at 3:10 PM, the CALA told the surveyor that he turned down the temperature on the water heater in the boiler room from 140 degrees F to 120 degrees F and had water running in empty resident rooms across the facility to help bring down the built-up hot water temperature across the facility.</p> <p>On 09/20/2021 at 3:21 PM, a re-check of the hot water temperature in the identified rooms revealed the hot water temperature from the faucets in the rooms recorded between 108-109 degrees F.</p> <p>On 09/21/2021 at 9:40 AM, water temperatures were re-checked in the identified rooms with the</p>	A1243		

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A1243	<p>Continued From page 6</p> <p>CALA present, and they still maintained a temperature range of between 108-109 degrees F. The CALA said that although a temporary solution was found (adjusting the thermostat on the hot water heater tank from 140 degrees F to 120 degrees F), the facility intends to install a mixer system for a permanent solution. Per the CALA, the facility had ordered the part and was unsure when the part would be delivered. He said the facility was working to coordinate a time when the plumber would be available to install the part as well. The CALA said that the facility intended to have implemented their plan by 10/07/2021.</p> <p>On 10/21/2021, a revisit was conducted to ensure implementation of the facility's removal plan. The surveyor ascertained that the removal plan had in fact not been implemented as the facility had not installed a new mixing valve as stated in the removal plan of 9/20/2021. The CALA told the surveyor that the facility had not been able to acquire a new mixing valve. The CALA provided no evidence that the facility had acquired or attempted to acquire the mixing valve. The CALA provided no evidence of contractual agreement with any plumbing company to demonstrate the facility intended to fix the situation as stipulated in the removal plan. No purchase order or work order was provided to the surveyor to support the facility's effort to acquire the mixing valve. The surveyor tested the hot water throughout the facility and temperatures remained in the acceptable range of 108-110 degrees Fahrenheit. The facility continued to check hot water temperatures and maintain a log since the 9/20/2021 survey. Hot water temperatures remained within the acceptable range throughout this time period.</p>	A1243		

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A1249	Continued From page 7	A1249		
A1249	<p>8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to ensure fire doors closed properly and latched within the frame in order to prevent the passage of smoke in the event of a fire. Failure of the fire doors to close properly and securely had the potential to affect all the residents at the facility. The census was 29.</p> <p>Findings included:</p> <p>1. On 09/20/2021 at 10:54 AM, during the tour of the facility, the CALA (certified assisted living administrator) informed the surveyor that the position of the maintenance director was vacant during the survey. The fire doors located next to the housekeeping supply room and the fire doors located just before Rooms [REDACTED] and [REDACTED] did not latch securely within their frame. The two halves of the door could not be manually secured either. The fire door located just before Rooms [REDACTED] and</p>	A1249		

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A1249	<p>Continued From page 8</p> <p>█, when released from the magnetic holders which secured the doors in the open position, overlapped with one door going over the other thereby preventing the doors from latching together securely in their frame to prevent the passage of fire and smoke in the event of a fire.</p> <p>On 09/20/2021 at 11:24 AM, the CALA reported to the surveyor that the facility had been without a maintenance director "for weeks" prior to the survey. He said the position was advertised and the facility had yet to see a well-qualified person to fill the vacancy. The CALA informed the surveyor that he stood in to take care of most maintenance issues pending the recruitment of a new maintenance director. The CALA identified that the failure of the doors to latch, because the main fire doors which separated the residents' living area from the rest of the facility, meant that the facility was unable to confine smoke and fire from spreading from one area to the next in the event of a fire emergency. The CALA informed the surveyor that he contacted their cooperate office to have them send qualified maintenance personnel to check the doors and offer a professional approach to addressing the issue which prevented the doors from latching. The CALA served as the fire watch person until the maintenance personnel arrived to fix the door.</p> <p>On 09/21/2021 at 11:37 AM, the CALA provided a document titled, "Key Procedures and Fire /Wildfire Response Plan Update December 2014." The document, under the First Response Plan (immediate action) portion of it read in part, "...Confine the fire by closing all windows and doors. Fire needs air to spread. Eliminating air will help contain the fire."</p> <p>On 09/20/2021 at 3:10 PM, the Divisional Vice President for Facilities Management</p>	A1249		

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A1249	<p>Continued From page 9</p> <p>(DVPFM)was at the facility to fix the identified issues with the fire doors. Per the DVPFM,, the latching mechanism on the door needed to be adjusted. He said, once the latching mechanism on the doors was adjusted, "they latched into the door frame hitch free."</p> <p>On 09/21/2021 at 11:19 AM, the fire doors were re-checked by the surveyor and they latched properly and securely within the door frame.</p>	A1249		