

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90A000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2024
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NAME OF PROVIDER OR SUPPLIER MIRA VIE AT FANWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 295 SOUTH AVENUE FANWOOD, NJ 07023
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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 #: NJ00174605, NJ00168485</p> <p>CENSUS: 55</p> <p>SAMPLE SIZE: 2</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 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider will post and 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>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p>	A 401		

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

TITLE

(X6) DATE

07/12/24

New Jersey Department of Health

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A 401	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00174605, NJ00168485</p> <p>Based on interview, record review, and review of other pertinent facility documents, it was determined that the facility failed to ensure that safety was maintained for 1 of 2 residents, Resident #2, who [redacted] from the facility's secured [redacted] Community on three separate occasions for which an Imminent Danger (ID) was identified due to the potential for or likelihood of a serious outcome. The ID was reported to the Licensed Assisted Living Administrator on 6/13/24 at 3:30 p.m. The deficient practice was evidenced by the following:</p> <p>1. The surveyor reviewed a Facility Reportable Event (FRE), a report utilized by health care facilities to report events to the New Jersey Department of Health (NJDOH), that had a "Date of Event" of [redacted], and a "Time of Event" of 5:44 a.m., and revealed Resident #2 exited the facility's secured [redacted] Community, referred to as [redacted] at 5:44 a.m., through the unit double doors that led to the assisted living wing, then went down the elevator, and [redacted]. The surveyor reviewed the facility investigation which revealed that Resident #2 [redacted] the [redacted] unit at 5:35 a.m., and was [redacted] the facility at the front entrance by an incoming housekeeper at 5:42 a.m., attempting to [redacted] the facility. The facility investigation further indicated that Resident #2 was assessed and [redacted].</p> <p>On 6/13/24 the surveyor reviewed Resident #2's medical record (MR) and observed an admission</p>	A 401		
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A 401	<p>Continued From page 2</p> <p>date of ^{NJ ex order 26.4b1} and diagnoses that included NJ ex order 26.4b1</p> <p>On 6/13/24 at 1:05 p.m., the surveyor interviewed the facility Director of Plant Operations who stated that there was a system in place to monitor the door alarm batteries and that he received a phone alert when the battery checks are due, which was every two weeks. He additionally stated that the front door alarm was programmed to sound during the hours of 9 p.m. until 8:00 a.m., as an additional security measure. Surveyor review of the facility investigation revealed the front door of the facility did not alarm, and upon checking the front door alarm, the battery was found to be in need of replacement.</p> <p>Further review of the FRE indicated that there were interventions in place prior to Resident #2's ^{NJ ex order 26.4b1} that included: the facility had a secured keypad for the elevator, all of the ^{NJ Exec Or} exit egress doors were alarmed, there was a mural covering the double door exit surface to provide redirection away from the main exit door; and, photos of residents who posed a risk of ^{NJ Exec Order 26.4b1} were located at the front desk.</p> <p>On 6/13/24 at 10:57 a.m., the surveyor interviewed the facility Director of Wellness (DOW) who stated that the staff heard the ^{NJ Exec Or} door alarm when Resident #2 ^{NJ ex order 26.4b1} however, it was during critical morning care time, the two aides were providing care, and the CMA was administering medications. The DOW also stated that the 3 staff members did respond to the alarm but it took a few moments.</p> <p>2. On 6/13/24 at 11:00 a.m., during continued surveyor interview, the DOW stated that Resident</p>	A 401		
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A 401	<p>Continued From page 3</p> <p>#2 NJ ex order 26.4b1, however the door to the NJ Exec Order 26.4b1 did not alarm as Resident #2 entered the NJ Exec Order 26.4b1 Resident #2 NJ ex order 26.4b1, instead he/she sat in the first floor common area, was NJ Exec Order 26.4b1 by staff, and escorted safely back to the NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed a FRE that had a "Date of Event" NJ ex order 26.4b1 and a "Time of Event" of 4:26 a.m., and indicated Resident #2 NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 through the double doors by NJ Exec Order 26.4b1, it was unclear how he/she knew the code. It further revealed that Resident #2 went down the hallway, onto the elevator at 4:29 a.m. to the first floor common area, where he/she remained until 4:59 a.m. when he/she NJ ex order 26.4b1 by a staff member. The DOW further stated that Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1 and was therefore familiar with the building layout.</p> <p>The ED clarified that Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1 on the date of NJ ex order 26.4b1. The ED also stated that family members, visitors and residents are not given the NJ Exec Order 26.4b1 door code information which enhanced the safety of the residents who resided in the NJ Exec Order 26.4b1 unit, and that had always been the practice.</p> <p>3. The surveyor reviewed an additional FRE with a "Date of Event" of NJ ex order 26.4b1, and a "Time of Event" of 5:35 a.m., that indicated Resident #2 eloped from the NJ Exec Order 26.4b1 at 5:35 a.m., and upon facility review of the security cameras, he/she pushed on the double doors and set off the door alarm in the NJ Exec Order 26.4b1 unit, entered the assisted living area where he/she took the elevator down to the first floor, proceeded down the hallway, up the stairs and NJ Ex Order 26.4b1. The</p>	A 401		
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A 401	<p>Continued From page 4</p> <p>FRE further indicated that Resident #2 ^{NJ Exec Order 26.4b1} to the end of the driveway and turned back toward the main entrance and then into the lobby at 5:51 a.m.</p> <p>On 6/13/24 at 1:50 p.m., the surveyor interviewed the facility DOW in the presence of the ED who stated that a family meeting was pending to discuss alternative living placement for Resident #2.</p> <p>On 6/13/24 at 3:30 p.m., the surveyor notified the facility ED that an ID was issued due to the potential and likelihood for a serious outcome for Resident #2 ^{NJ ex order 26.4b1}.</p> <p>On survey the surveyor confirmed that the ID was removed as Resident #2 had a 1:1 ^{NJ ex order 26.4b1} since the ^{NJ ex order 26.4b1} on ^{NJ ex order 26.4b1}; and, a family meeting was pending to discuss alternative living arrangements. The DOW in the presence of the ED reinforced that the ^{NJ Exec} will remain in place for the remainder of Resident #2's ^{NJ ex order 26.4b1}. Additionally, the facility re- in-serviced all staff on ^{NJ Exec Order 26.4b1} procedures, the General/ Health Service Plan was updated to reflect the interventions, and the door alarm company changed all facility door alarm codes.</p>	A 401		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90A000 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/24/2024 Y3
NAME OF FACILITY MIRA VIE AT FANWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 295 SOUTH AVENUE FANWOOD, NJ 07023	

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 A0401	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-4.1(a)(22)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/19/2024	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 _____	
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 6/13/2024
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO