PRINTED: 11/15/2024 FORM APPROVED

New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: AL0209 AL0209		ICIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		07/25/2023			
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
CARE ON	E AT VALLEY ASSISTED) LIVING					
	SUMMARY ST		OOD, NJ 07675	PROVIDER'S PLAN O			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED T DEFICIE		CTION SHOULD BE COMPLE O THE APPROPRIATE DATE		
A 000	Initial Comments		A 000				
	two-story building att	Initial inspection of a new ached to an existing one ial inspection for 81 licensed ial units.					
	SAMPLE SIZE: 0						
	all of the standards in Administrative Code Licensure of Assisted Comprehensive Pers Assisted Living Progr submit a plan of corre completion date for e that the plan is imple deficiencies may resu	8:36, Standards for I Living Residences, ional Care Homes and rams. The facility must ection, including a each deficiency and ensure mented. Failure to correct ult in enforcement action in visions of New Jersey Title 8, Chapter 43E,					
A1179	8:36-17.1(a) Housekeeping-Sanita	ation-Safety-Maintenance	A1179				
	(a) The facility shall provide and maintain a sanitary and safe environment for residents.						
	by: Based on observation other pertinent facility	Γ is not met as evidenced n, interview, and review of / documents the facility failed l hazard-free environment for					

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

(X6) DATE

9V3411

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	ey Department of Hea						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		AL0209	B. WING		07	/25/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CARE ON	E AT VALLEY ASSISTED) LIVING	HOOK ROAD OOD, NJ 07675				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
A1179	Continued From page	e 1	A1179				
	This deficient practice was evidenced by the following:						
	On 7/25/2023 at 10:43 a.m., during the tour of facility resident rooms on the first and second floor, in the presence of the Executive Director (ED) and the Director of Nursing (DON), Surveyor #'s 1 and 2, observed resident apartments did not have emergency call systems in resident bathrooms and bedrooms. In addition, surveyors did not observe any other call system in the rooms. The ED stated that the emergency call systems were on back order, including pull cords and pendants. At 11:00 a.m., continued tour of the facility, in the "Terrace" area, Surveyor #'s 1 and 2, observed walls behind patio chairs that did not have safe						
	concern to the ED an a resident to climb th fall out of the second stated, the area woul by staff. However, th	eyors pointed out the safety ad DON and the potential for rough the open space and story building. The ED d be monitored at all times the ED informed the surveyors ed safety glass to infill outer yent residents from					
	document titled "Assi Agreement" which st ASSISTED LIVING C PROVIDE BASIC CA 3.1 Living Accor	nmodation Il system with access in the					

9V3411

	ey Department of Hea	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	DNSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
AL0209 NAME OF PROVIDER OR SUPPLIER STREET		B. WING		R 08/15/2023			
		DDRESS, CITY, STATE,		00/13/2023			
		300 OLD	HOOK ROAD				
CARE ON	E AT VALLEY ASSISTED	WESTWC	OOD, NJ 07675				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO DEFICIEN		TION SHOULD BE COMPLE THE APPROPRIATE DATE		
{A 000}	Initial Comments		{A 000}				
	by the New Jersey D Facility Survey and F 08/15/2023 and Care of compliance with th participation in Medic 483.90(a), Life Safety Edition of the Nationa	Cone at Valley remains out e requirements for are/Medicaid at 42 CFR / from Fire, and the 2012 al Fire Protection Association ety Code (LSC), Chapter 19					

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

TITLE

(X6) DATE

	1.	2.	3.	4.	
ID Prefix Tag	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.	How the facility will identify other residents having the potential to be affected by the same deficient practice.	What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.	How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what QA program will be put into place to monitor the continued effectiveness of the systemic change.	Completion Date
A1179	A safety glass panel was permanently installed on the outer wall parameter on second floor terrace.	Residents has the potential to affected by this practice.	 The door to the patio will remain locked and the keys kept by the maintenance personnel or designee. Residents on the second floor will have constant staff supervision every shift. The staff will not share the code for the door leading to the Terrace to residents and family members. The Environmental Services Director (or designee) will routinely monitor the door at least once daily. The safety glass on the outer wall parameter has been installed on _8/4/2023 	 The Maintenance /Environmental Services Director, or designee will conduct an audit on the second-floor door leading to the terrace twice daily for 3 months and then once daily. The Maintenance/Environme ntal Services director will present results of audits to the Administrator The outcomes of the audits will be reviewed by the QAPI monthly X 2 months and then during the quarterly QAPI meeting X 3 quarters. 	8/4/23 08/04/23

A1179	Emergency call bells has been installed in the bathrooms and bedrooms in all second floor (40) apartments. Phones have been installed in first floor apartments (39).	Residents has the potential to be affected by this practice.	 The Maintenance Director has obtained eighty-six (86) units of call bells. Two call bells were installed in each apartment, one (1) in the bathroom and one (1) in the common area. Placement and function have been tested and all call bells are in good working order. Phones have been installed in all first-floor apartments, all in working order with capability to call for assistance to the nursing station. The remaining call bells has been ordered and will be delivered the week of August 21st. The administrator will not move in any residents on first floor apartments until the remaining call bells are 	 The Maintenance/Environme ntal Services Director or designee will conduct an audit on call bells/phones function once a month. The Maintenance / Environmental Services Director will update the Administrator of the status of the remaining emergency call delivery and timeframe to install. The Administrator will report the outcome or audits and status of remaining installations to QAPI Team for further recommendation as needed.
			installed. 3. The maintenance director	

	or designee will continue to monitor shipping and logistics of installation.		
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