

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL0209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT VALLEY ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 OLD HOOK ROAD WESTWOOD, NJ 07675</b>
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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: Initial inspection of a new two-story building attached to an existing one floor building. An initial inspection for 81 licensed beds and 79 residential units.</p> <p>CENSUS: 0</p> <p>SAMPLE SIZE: 0</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		
A1179	<p>8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other pertinent facility documents the facility failed to provide a safe and hazard-free environment for its future residents.</p>	A1179		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A1179	<p>Continued From page 1</p> <p>This deficient practice was evidenced by the following:</p> <p>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.</p> <p>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 barriers to prevent potential falls.</p> <p>At this time the surveyors pointed out the safety concern to the ED and DON and the potential for a resident to climb through the open space and fall out of the second story building. The ED stated, the area would be monitored at all times by staff. However, the ED informed the surveyors that the facility ordered safety glass to infill outer perimeter wall to prevent residents from accessing these openings.</p> <p>At 1:15 p.m., the surveyor reviewed a facility document titled "Assisted Living Residency Agreement" which stated under "Section 3. ASSISTED LIVING COMMUNITY'S DUTY TO PROVIDE BASIC CARE SERVICES 3.1 Living Accommodation ... an emergency call system with access in the bedrooms and bathroom ..."</p>	A1179		

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{A 000}	<p>Initial Comments</p> <p>Initial Comments: A Revisit Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 08/15/2023 and Care One at Valley remains out of compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p>	{A 000}		

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A1179	<p>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).</p>	<p>Residents has the potential to be affected by this practice.</p>	<ol style="list-style-type: none"> <li>1. 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.</li> <li>2. The remaining call bells has been ordered and will be delivered the week of August 21<sup>st</sup>. The administrator will not move in any residents on first floor apartments until the remaining call bells are installed.</li> <li>3. The maintenance director</li> </ol>	<ol style="list-style-type: none"> <li>1. The Maintenance/Environmental Services Director or designee will conduct an audit on call bells/phones function once a month.</li> <li>2. The Maintenance / Environmental Services Director will update the Administrator of the status of the remaining emergency call delivery and timeframe to install.</li> <li>3. The Administrator will report the outcome or audits and status of remaining installations to QAPI Team for further recommendation as needed.</li> </ol>	
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