

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD</b> <b>MANALAPAN, NJ 07726</b>
--	---

(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 #: NJ00180261</p> <p>CENSUS: 51</p> <p>SAMPLE SIZE: 3</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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD</b> <b>MANALAPAN, NJ 07726</b>
--	---

(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 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00180261</p> <p>Based on interview and record review it was determined that the facility failed to implement its policy and procedure titled, "Community Elopement Alert/Security System" for 1 of 3 residents reviewed for [redacted] Resident #2. This deficient practice was evidenced by the following:</p> <p>On [redacted] the Department of Health (DOH) received a facility Reportable Event (FRE). The Facility reported that on [redacted] Resident #2 [redacted] from the [redacted] around 9:00 p.m., through a [redacted], and was [redacted] shortly after 11:00 p.m., by a staff member, [redacted]. The facility also reported that the resident was transferred to the ER for evaluation. The FRE indicated that the overnight nurse assessed the resident and did not observe any [redacted] and the resident did not complain of any [redacted].</p> <p>On 11/26/24 at 10:00 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed that Resident #2 was admitted to the facility in [redacted] with diagnoses of [redacted] [redacted], and [redacted].</p> <p>At 11:33 a.m., the surveyor interviewed a Certified Medication Aide (CMA) regarding the facility's</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD MANALAPAN, NJ 07726</b>
--	---

(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 310	<p>Continued From page 2</p> <p>practice regarding elopements. The CMA stated that prior to the [NJ Exec Order 26.4b1] of Resident #2, she was not educated, trained, or aware that staff should [NJ Exec Order 26.4b1] to ensure a resident hadn't [NJ Exec Order 26.4b1] when the [NJ Exec Order 26.4b1] is activated. The CMA stated it wasn't until after the [NJ Exec Order 26.4b1] of Resident #2 that staff were educated as to what to do when the [NJ Exec Order 26.4b1] goes off, such as a head count of all residents is performed, staff must check outside the [NJ Exec Order 26.4b1] as well as complete a [NJ Exec Order 26.4b1] around the building, to ensure a resident has not [NJ Exec Order 26.4b1].</p> <p>At 11:40 a.m., the surveyor interviewed a Home Health Aide (HHA) regarding [NJ Exec Order 26.4b1] policy. The HHA stated that when the fire door [NJ Exec Order 26.4b1] staff should always [NJ Exec Order 26.4b1] of the fire exit doors to ensure there are [NJ Exec Order 26.4b1] of the door. The HHA confirmed that fire exit doors, and the [NJ Exec Order 26.4b1] sound the same but require different codes to reset.</p> <p>The HHA stated that she was unaware if there was a written protocol for response to the [NJ Exec Order 26.4b1] prior to the [NJ Exec Order 26.4b1] of Resident #2. The HHA confirmed that after the [NJ Exec Order 26.4b1] of Resident #2, a written protocol was put in place regarding what staff should do when the [NJ Exec Order 26.4b1], or fire exit doors [NJ Exec Order 26.4b1].</p> <p>At 11:45 a.m., the surveyor interviewed a Certified Nursing Assistant (CNA) regarding the [NJ Exec Order 26.4b1] of Resident #2. The CNA confirmed that staff should always [NJ Exec Order 26.4b1] when the fire exit door [NJ Exec Order 26.4b1]. The CNA also confirmed that the fire exit doors, and the [NJ Exec Order 26.4b1] sounded the same but required different but similar codes to reset. The CNA also stated that there was no way to tell the difference between the sounds of each type of [NJ Exec Order 26.4b1]. The CNA stated that she could not</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD</b> <b>MANALAPAN, NJ 07726</b>
--	---

(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 310	<p>Continued From page 3</p> <p>recall if there was a written protocol for response to the [redacted] prior to the [redacted] of Resident #2. The CNA also confirmed that after the [redacted] of Resident #2 a written protocol was put in place regarding what staff should do when a [redacted] or fire exit door [redacted] are activated.</p> <p>At 12:57 p.m., the surveyor interviewed the Executive Director (ED) regarding the facility's practice when there is an [redacted]. The ED stated that staff [redacted] the door whenever the fire exit door [redacted]. The ED explained that after the [redacted] of Resident #2, the Regional Nurse Consultant came to the facility and in-serviced the staff with a new protocol.</p> <p>During interview with the ED, the surveyor requested a written plan of protocols for elopement prior to the [redacted] of Resident #2. The ED was only able to provide a written plan of protocols dated, [redacted], after the [redacted] of Resident #2.</p> <p>Surveyor review of the facility policy titled, "Community Elopement Alert/Security System" indicated, "Policy: It is the policy of [facility] to promote and preserve the safety of all residents... It is the responsibility of the community Executive Director or designee to ensure that the systems preventive maintenance protocols are implemented. All communities must establish a written plan..."</p> <p>Refer to 8:36-4.1(a)(22)</p>	A 310		
A 401	8:36-4.1(a)(22) Resident Rights	A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD</b> <b>MANALAPAN, NJ 07726</b>
--	---

(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 401	<p>Continued From page 4</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> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00180261</p> <p>Based on observation, interview, and record review it was determined that the facility failed to provide a safe environment for 1 of 3 residents reviewed for [NJ Exec Order 26.4b1] Resident #2. This deficient practice was evidenced by the following:</p> <p>On [NJ Exec Order 26.4b] the Department of Health (DOH) received a facility Reportable Event (FRE). The Facility reported that on [NJ Exec Order 26] Resident #2 [NJ Exec Order 26] from the [NJ Exec Order 26.4b1] around 9:00 p.m., through a [NJ Exec Order 26.4b1], and was [NJ Exec Order 26] after 11:00 p.m., by a staff member, [NJ Exec Order 26]. The facility also reported that the resident was transferred to the ER for evaluation. The FRE indicated that the overnight nurse assessed the resident and did not observe any [NJ Exec Order 26] and the resident did not complain of any [NJ Exec Order 26].</p> <p>On 11/26/24 at 10:00 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which</p>	A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD MANALAPAN, NJ 07726</b>
--	---

(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 401	<p>Continued From page 5</p> <p>revealed that Resident #2 was admitted to the facility in [redacted] with diagnoses of [redacted] NJ Exec Order 26.4b1</p> <p>Surveyor review of the resident's assessment "Resident Summary" dated [redacted] indicated, " ... [redacted] within unit. Has a [redacted] place for [redacted] ... Staff to check on resident at the common area and when alone in the room. On every [redacted] during overnight shift."</p> <p>At 11:27 a.m. the surveyor tested the fire exit door alarm in the presence of the [redacted]. The surveyor pressed down on the fire egress door for 15 seconds, at which the door opened and the fire exit door alarm activated. The surveyor observed that there were no issues with audibility of the alarm.</p> <p>At 11:31 am, the MCD demonstrated how the [redacted] sounds when the [redacted] come within distance of the sensor, located at each exit door of the [redacted]. The surveyor observed that there were no issues with audibility of the [redacted]. The surveyor observed that the fire exit door [redacted] and the [redacted] sounded identical. There were no identifying factors that differentiated the two [redacted].</p> <p>At 11:33 a.m., the surveyor interviewed a Certified Medication Aide (CMA) regarding the [redacted] of Resident #2 and inquired if she was on duty at the time of the [redacted]. The CMA stated that she worked the first shift and explained that Resident #2 was a [redacted] and had displayed</p>	A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD MANALAPAN, NJ 07726</b>
--	---

(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 401	<p>Continued From page 6</p> <p><b>NJ Exec Order 26.4b1</b> in the past. The CMA stated that Resident #2 had a <b>NJ Exec Order 26.4b1</b> in place because of these <b>NJ Exec Order 26.4b1</b> and was considered an <b>NJ Exec Order 26.4b1</b> risk. The CMA continued to state that the fire exit doors, and the <b>NJ Exec Order 26.4b1</b> sound the same but required different, but similar codes to reset the <b>NJ Exec Order 26.4b1</b>.</p> <p>At 11:40 a.m. and 11:45 a.m., the surveyor interviewed a Home Health Aide (HHA) and a Certified Nursing Assistant (CNA) regarding the <b>NJ Exec Order 26.4b1</b> of Resident #2. The HHA and CNA stated that Resident #2 was a <b>NJ Exec Order 26.4b1</b> and had <b>NJ Exec Order 26.4b1</b>. The HHA and CNA confirmed that the fire exit doors, and the <b>NJ Exec Order 26.4b1</b> sound the same but required different, but similar codes to reset. Additionally, both stated that they were not working at the time of Resident #2's <b>NJ Exec Order 26.4b1</b>.</p> <p>At 11:52 a.m., the surveyor interviewed the Director of Nursing (DON) regarding the <b>NJ Exec Order 26.4b1</b> of Resident #2. The DON stated that Resident #2 had a history of <b>NJ Exec Order 26.4b1</b>. The DON stated that she was contacted via telephone on <b>NJ Exec Order 26.4b1</b> around 11:00 p.m. and was notified that Resident #2 was <b>NJ Exec Order 26.4b1</b> by a staff member. The DON stated that Resident #2 <b>NJ Exec Order 26.4b1</b> ies, and was sent to the emergency room for further evaluation for an <b>NJ Exec Order 26.4b1</b>. The DON stated that the resident was admitted with a <b>NJ Exec Order 26.4b1</b>.</p> <p>During the interview, the DON stated that the above mentioned CMA was the staff member that reset the <b>NJ Exec Order 26.4b1</b> when Resident #2 went through the <b>NJ Exec Order 26.4b1</b>. Additionally, the DON stated that staff were in-serviced on 5/24/24 regarding the new procedure for <b>NJ Exec Order 26.4b1</b>.</p>	A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD MANALAPAN, NJ 07726</b>
--	---

(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 401	<p>Continued From page 7</p> <p>At 12:31 p.m. the surveyor, in the presence of the Executive Director (ED), reviewed the surveillance video dated [redacted] NJ Exec Order 26.4b1. The video was a compilation from various motion censored camera views of the [redacted] NJ Exec Order 26.4b1. The video was visual only, and did not contain any audio. The surveyor observed the following at the following times all dated [redacted] NJ Exec Order 26.4b1.</p> <p>At 8:57 p.m., Resident #2 [redacted] NJ Exec Order 26.4b1 the [redacted] NJ Exec Order 26.4b1 unit through [redacted] NJ Exec Order 26.4b1 located across from [redacted] NJ Exec Order 26.4b1.</p> <p>At 8:58 p.m., Resident #3 [redacted] NJ Exec Order 26.4b1, walked down hallway and alerted the CMA at 9:00 p.m. The CMA reset the door that was [redacted] NJ Exec Order 26.4b1 door.</p> <p>At 9:00 p.m., Resident #2 observed in camera view by the [redacted] NJ Exec Order 26.4b1, "ther [redacted] NJ Exec Order 26.4b1 of camera view without the [redacted] NJ Exec Order 26.4b1.</p> <p>At 10:31 p.m., Resident #2 observed sitting next to the [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>At 11:02 p.m., staff member exited the building by the "Loading Dock," walked towards the right, then she turned around and walked towards the left. Two other staff members exited the building and walked to where staff member was.</p> <p>At 11:05 p.m., three staff members assisted Resident #2 [redacted] NJ Exec Order 26.4b1 [redacted]. Resident #2 [redacted] NJ Exec Order 26.4b1 with the [redacted] NJ Exec Order 26.4b1.</p> <p>At 12:57 p.m., the surveyor interviewed the ED regarding the [redacted] NJ Exec Order 26.4b1 of Resident #2. The ED</p>	A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD MANALAPAN, NJ 07726</b>
--	---

(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 401	<p>Continued From page 8</p> <p>stated that Resident #2 utilized a [redacted] NJ Exec Order 26. The ED stated that Resident #2 would [redacted] NJ Exec Order 26.4b1 of the [redacted] NJ Exec Order 26.4b1. Additionally, the ED confirmed that an in-service regarding a new procedure was conducted on [redacted] NJ Exec Order 26.4b following Resident #2's [redacted] NJ Exec Order 26.4b1.</p> <p>At 1:16 p.m., the surveyor conducted a follow up interview with the CMA. The CMA confirmed that she was the staff member that reset the [redacted] NJ Exec Order after Resident #2 [redacted] NJ Exec Order 26. The CMA stated that she believed the [redacted] NJ Exec Order was going off because Resident #3, who also utilized a [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1 came [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec Order which activated the [redacted] NJ Exec Order. The CMA confirmed she did [redacted] NJ Exec Order 26.4b1 after resetting the [redacted] NJ Exec Order. The CMA stated that she did not recall but she believed she entered both the [redacted] NJ Exec Order [redacted] NJ Exec Order the fire exit door code because they are similar. The CMA stated that she last saw Resident #2 on [redacted] NJ Exec Order 26.4b when she administered medication to the resident in his/her apartment, and at that time, the resident was with a staff member.</p> <p>The CMA, CNA, and HHA all confirmed that they received training on [redacted] NJ Exec Order 26.4b after the [redacted] NJ Exec Order 26.4b1 of Resident #2. All three staff members stated that following the [redacted] NJ Exec Order 26.4b1 of Resident #2, it is required that a head count of all residents be completed before and after the start of the shift. Additionally, the three staff members stated that now when an [redacted] NJ Exec Order goes off, a head count must be preformed, as well as a [redacted] NJ Exec Order 26.4b1 around the building, and once it is completed a supervisor must sign off on it.</p> <p>Surveyor review of the policy and procedure titled, "Resident Rights, Posting And Distribution" indicated, "Policy: Residents shall be made aware</p>	A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD</b> <b>MANALAPAN, NJ 07726</b>
--	---

(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 401	<p>Continued From page 9</p> <p>of their rights as prescribed by law and consistent with the concepts of Assisted Living. These rights shall be respected and supported by staff..."</p> <p>At 1:16 p.m. the surveyor notified the ED, DON, Regional Nurse Consultant, and the Clinical Implementation Analyst that an imminent danger was identified and requested a removal plan.</p> <p>A removal plan was provided on 11/26/24. The removal plan included training for the updated protocol for when a fire exit door, and [REDACTED] are activated, in addition to the facility's root cause analysis, and Quality Assurance and Performance Improvement review based on the root cause analysis results.</p>	A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AL13003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 11/26/2024
NAME OF PROVIDER OR SUPPLIER  SPRINGPOINT LIVING AT MANALAPAN			STREET ADDRESS, CITY, STATE, ZIP CODE 199 WOODWARD ROAD MANALAPAN, NJ 07726		
(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	Initial Comments  Initial Comments: TYPE OF SURVEY: Complaint  COMPLAINT #: NJ00180261  CENSUS: 51  SAMPLE SIZE: 3  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.	A 000			
A 310	8:36-3.4(a)(1) Administration  (a) The administrator or designee shall be responsible for, but not limited to, the following:  1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310			

**NJ Exec Order 26.4b1**

SIGNATURE *1/27/2025*  
JA4V11

TITLE (X6) DATE



# SPRINGPOINT LIVING AT MANALAPAN

ASSISTED LIVING & MEMORY CARE

January 27, 2025

Please see the Plan of Correction below related to the complaint survey dated 11/26/2024 #NJ00180261 for Springpoint Living at Manalapan Assisted Living AL13003.

A310

1. Resident #2 [NJ Exec Order 26.4b1] at the community.
2. All residents have the potential to be affected, no other residents were affected by the practice.
3. A written response plan was developed. Our Corporate Regional Nurse in-serviced all Wellness/Nursing staff regarding responding to door/wander guard alarms. This training occurred [NJ Exec Order 26.4b1]. All staff are trained during their new hire orientation and in-serviced annually.
4. The Executive Director or designee will ensure all staff are trained during their orientation at the time of hire and in-serviced annually regarding the Community Elopement Plan. New Hire training is reviewed after completion of 90 days via Relias and signed-off training. Verification of annual training is done monthly utilizing Relias, this was first reviewed 12/18/24 and is ongoing. All training is also reviewed during our Quality Assurance meeting.
5. Completion date 12/18/24 and ongoing

A401

1. Resident #2 [NJ Exec Order 26.4b1] at the community.
2. All residents have the potential to be affected, no other residents were affected by the practice.
3. To ensure a safe environment for our residents, a written response plan was developed and our Corporate Regional Nurse in-serviced all Wellness/Nursing staff regarding how to respond on [NJ Exec Order 26.4b1]. On 12/13/24, we changed the alarms to differentiate between the [NJ Exec Order 26.4b1] alert and exit alert. We changed and increased the audible sound as well as added a visual strobe light at exit points. All staff were in-serviced on the difference between the alarms 12/20/24.
4. The Executive Director or designee will ensure all staff are trained during their orientation at the time of hire and in-serviced annually regarding the Community Elopement Plan and Exit Alarms. New Hire training is reviewed after completion of 90 days via Relias and signed-off training. Verification of annual training is done monthly utilizing Relias, this was first reviewed 12/18/24 and is ongoing. All training is also reviewed during our Quality Assurance meeting.
5. Completed date 12/20/24 and ongoing.

199 Woodward Road, Manalapan, NJ 07726 • 833-754-2167  
SpringpointAtManalapan.org





New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL13003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/29/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRINGPOINT LIVING AT MANALAPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>199 WOODWARD ROAD MANALAPAN, NJ 07726</b>
--	---

(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 401}	Continued From page 1  does not admit more residents than it can safely accommodate while providing services and care;  This REQUIREMENT is not met as evidenced by:	{A 401}		