

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/30/2024
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NAME OF PROVIDER OR SUPPLIER MILLENNIUM MEMORY CARE AT MATAWAN LI	STREET ADDRESS, CITY, STATE, ZIP CODE 447 MATAWAN AVENUE CLIFFWOOD, NJ 07721
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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
R 000	Initial Comments Complaint#: NJ00173745, NJ00176538 Census: 10 Sample: 3 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C. 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R 712	8:37-5.4(a)(1) Personal Care-Training & Staffing Requirement All staff who are employed by the facility who have regular direct contact with residents and are not licensed healthcare professionals shall successfully complete the home health aide course (75 hours) given by a home health agency approved by the State Board of Nursing. This STANDARD is not met as evidenced by: Complaint#: NJ00176538 Based on interview and review of pertinent facility documents, it was determined the facility failed to ensure employee and staff completed the required course and training by the New Jersey Board of Nursing (NJBON) and obtain certification as a home health aides to provide direct care to facility residents for which an Imminent Danger (ID) was identified. This deficient practice was evidenced by the following.	R 712		

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

TITLE

(X6) DATE

10/22/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/30/2024
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R 712	<p>Continued From page 1</p> <p>On 8/29/2024 at 9:53 a.m., while conducting a complaint survey, the surveyor interviewed the facility's Director of Operations (DOO) and House Manager (HM), the DOO stated the facility employed Home Health Aides (HHA), Certified Medication Aides (CMA), and Activity Aides (AA). At that time the facility's HM gave the surveyor a list of the facility's employees, on a document titled, "Employee Contact List". The ID was reported to the DOO on 8/30/24 at 9:53 a.m. The DOO was presented with the ID template that included information about the above issues.</p> <p>At that time, the DOO stated the facility employed six certified HHAs and that three of the certified HHAs received CMA training but had not received their CMA certification. The DOO also stated that the facility's six AAs had pending HHA certifications and were not providing care to the facility resident, only assisting the facility certified HHAs. However, review of the employee schedule from 7/22/2024 through 9/1/2024, revealed that five AAs who were non-certified HHAs worked as certified HHAs overnight and provided care to residents without certified HHA staff present.</p> <p>At 12:07 p.m., during surveyor interview, the surveyor requested all facility's staff certifications and licenses.</p> <p>On 8/30/2024 at 9:30 a.m., the surveyor received evidence of six HHAs certifications from the facility's DOO. The facility has 15 employees who were utilized as HHAs and were providing care to facility residents. The DOO was unable to provide a HHA certificaion for the other eight staff and for the facility's HM who was also working as a hospice HHA and a CMA. Review of the NJBON</p>	R 712		

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R 712	<p>Continued From page 2</p> <p>website revealed that the facility HM had a HHA certification that was not active and with "pending" status.</p> <p>At 1:14 p.m., the surveyor interviewed the facility's DOO who stated that the facility's HM and eight other non-certified employees should have not provided care to the facility's residents.</p> <p>The Removal Plan revisions were requested, verified and accepted on 10/18/24 including staff schedules and staff certifications showing care and medication being administered by properly qualified staff.</p>	R 712		
R1000	<p>8:37-6.2(a)(1) Pharmacy-Administration of Medication</p> <p>Facilities employing certified medication aides to administer medications to residents shall comply with the requirements at N.J.A.C. 8:36-11.5.</p> <p>This STANDARD is not met as evidenced by: Complaint#: NJ00173745, NJ00176538</p> <p>1. Based on interview and record review, it was determined that the facility failed to ensure appropriately certified and authorized staff administered medications to its residents for which an Imminent Danger (ID) was identified. This deficient practice was evidenced by the following.</p> <p>On 8/29/2024 at 9:53 a.m., while conducting a complaint survey, the surveyor reviewed the facility's employee list and interviewed the facility's House Manager and the facility's Director</p>	R1000		

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R1000	<p>Continued From page 3</p> <p>of Operations (DOO) who stated that the facility did not employ Certified Medication Aides (CMAs) who were certified by the New Jersey Board of Nursing to administer medications to the facility residents. During continued interview, the DOO stated the three acting CMAs were trained in house and that they were awaiting to take the exam and/or waiting for an official CMA certification. At that time the DOO also stated the facility was utilizing a waiver that allowed the facility to educate and utilize CMAs that weren't certified by the New Jersey Board of Nursing (NJBON) during COVID and that he would provide the surveyor with the waiver. The ID was reported to the DOO on 8/30/24 at 9:53 a.m. The DOO was presented with the ID template that included information about the above issues.</p> <p>At 11:14 a.m., the surveyor reviewed the electronic Medication Administration Records (MARs) for the months of November 2023 through the 28th of August 2024, which revealed the facility utilized four staff members who were not certified or licensed by the NJ BON to administer medication for all the facility residents.</p> <p>At 11:59 a.m., the surveyor conducted a telephone interview with the facility's Registered Nurse (RN#1) who stated that she did not provide the acting CMAs with CMA delegation, RN #1 stated that she completed weekly competency with the acting CMAs. During continued surveyor interview, RN #1 stated that RN #2 provided CMA delegation and that she believed that there was a waiver for the CMAs.</p> <p>At 12:07 p.m., the surveyor interviewed the facility's DOO stated he was unable to locate the CMA waiver and that the facility's RN #2 and Business Office Manager were looking for the</p>	R1000		

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R1000	<p>Continued From page 4</p> <p>waiver.</p> <p>At 12:50 p.m., the surveyor conducted a telephone interview with the facility's RN#2 who stated she was the facility's Executive Director (ED) who confirmed that she does not have a waiver from the New Jersey Department of Health for the acting CMAs to administer medications to the facility's residents or for the acting HHAs to administer care to the facility's residents. The facility failed to follow the regulations in regards to having certified staff administer and provide care to all residents.</p> <p>By 1:04 p.m., the surveyor had not received copies of licensures or certifications for the facility's licensed or certified staff as requested.</p> <p>At 1:16 p.m., the surveyor interviewed the facility's House Manager who stated that she physically administers medication to the facility's residents, including insulin. The House Manager also stated that no facility resident has any physician orders to self-administer medication and the House manager is not certified to give medications.</p> <p>On 8/30/2024 at 12:22 p.m., the surveyor reviewed the facility's MARs for the months of January 2022 through August 2024, which revealed that the facility had non-certified medication aides dispensing medication to residents from November 2022 through August 30, 2024 at 9 am. The sampled months are listed below:</p> <p>In the month of November 2022, the facility housed six residents who received medications, Employee#1, who was not certified or licensed to administer medications, administered medication</p>	R1000		

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R1000	<p>Continued From page 5</p> <p>to five of the facility's residents for nine days and an additional resident for 10 days.</p> <p>In the month of December 2022, the facility housed five residents who received medications, Employee#1, who was not certified or licensed to administer medications, administered medication to two of the residents for 15 days, two residents for 14 days, and one resident for 3 days.</p> <p>In the month of March 2024, the facility housed seven residents who received medications, Employee#1, and Employee#2, who were not certified or licensed to administer medications, administered medication all seven resident for 31 days.</p> <p>In the month of July 2024, the facility housed eight residents who received medications, Employee#'s 2, 3, and 4, who were not certified or licensed to administer medications, administered medication to all eight residents for 31 days.</p> <p>In the month of August 2024, the facility housed ten residents who received medications, Employee#'s 2, 3, and 4, who were not certified or licensed to administer medications, administered medication to all ten residents for 28 days.</p> <p>At 1:14 p.m., the surveyor interviewed the facility's DOO who stated that although Employee#'s 1, 2, 3, and 4 administered medication to the facility's residents, they were not licensed or certified to administer medications to residents.</p> <p>Surveyor review of the facility's policy and procedure titled, "Limits to Delegation of</p>	R1000		

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R1000	<p>Continued From page 6</p> <p>Medication Administration", which revealed, "Policy The RN [Registered Nurse] is responsible for the administration of medication. The RN may chose to delegate the task to the LPNS [Licensed Practical Nurses] and or CMS;'s [Certified Medication Aides] who have received the required training."</p> <p>2. Based on interview, medical record review, it was determined the facility failed to administer medication as ordered by the resident's physician in accordance with N.J.A.C 8:36-11.5(f) for 1 or 5 residents, Resident #5. This deficient practice was evidence by the following: Reference: N.J.A.C. "8:36-11.5(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders."</p> <p>On 8/30/2024 at 10:23 a.m., while conducting a complaint survey, the surveyor reviewed Resident's #5's medical record (MR) which revealed a document titled, "Resident Information (RI)", which revealed Resident #5 had an Admit date of [redacted] and a Discharge date of [redacted]. The RI also revealed the resident had diagnosis which included [redacted], and [redacted]. The Resident's MR also revealed documents titled, 'MEDICATION ADMINISTRATION RECORD (MAR)'. A MAR is a document utilized to document medications administered to residents, including the name and dosage of the medication, time of administration, and the identity of who administered the medication.</p> <p>Review of the Resident #5's MAR dated [redacted] revealed the following medications were not signed out as administered as order on [redacted] and [redacted].</p>	R1000		

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R1000	<p>Continued From page 7</p> <p>NJ Ex Order 26.4(b)(1)) tab NJ Ex Order 26.4(b)(1)) tab NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet</p> <p>Review of the Resident #5's MAR dated NJ Ex Order 26.4(b)(1) revealed the following medications were not signed as administered as order on NJ Ex Order 26.4(b)(1): NJ Ex Order 26.4(b)(1)) tab NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet</p> <p>Review of the Resident #5's MAR dated NJ Ex Order 26.4(b)(1) revealed the following medications were not signed out as administered as ordered on NJ Ex Order 26.4(b)(1): NJ Ex Order 26.4(b)(1)) tab NJ Ex Order 26.4(b)(1)) tab NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet</p> <p>Review of the Resident #5's MAR dated NJ Ex Order 26.4(b)(1) revealed the following medications were not signed out as administered as ordered on NJ Ex Order 26.4(b)(1): NJ Ex Order 26.4(b)(1)) tab NJ Ex Order 26.4(b)(1)) tab NJ Ex Order 26.4(b)(1) tablet</p>	R1000		

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R1000	<p>Continued From page 8</p> <p>NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) tablet NJ Ex Order 26.4(b)(1) [REDACTED]</p> <p>At 11:05 a.m., the surveyor interviewed the facility's DOO who stated that there should not be any blank spaces on the MAR and that the MAR should indicate why a medication was not administered.</p> <p>Review of the Resident #5's MAR dated [REDACTED] revealed a key titled, "CHARTING CODES:" which revealed what keys should be utilized when medications were not administered as ordered such as, "REF" when a medication is refused by the resident and, "OUT" when the medication was not administered due to the resident not being present in the facility at the scheduled time of medication administration.</p> <p>The Removal Plan revisions were requested, verified and accepted on 10/18/24 including staff schedules and staff certifications showing care and medication being administered by properly qualified staff.</p>	R1000		



Millennium Memory Care at Matawan

R 1000

- I. Corrective action(s) accomplished for resident(s) affected:**
 - All staff who are currently employed by the facility and are regularly administering medication to residents have successfully completed the Medication Aide course and are certified by the State Board of Nursing.
 - Residents(s) #1, #2, #3, #4 and #5 were not adversely affected by

- II. Residents identified having the potential to be affected and corrective action taken:**
 - All residents have the potential to be affected by this deficient practice.

- III. Measures will be put into place to ensure the deficient practice will not re occur:**
 - A Certified Medication Aide will be scheduled on all shifts that require medication administration.

- IV. Corrective actions will be monitored to ensure the deficient practice will not re occur:**
 - The Director of Operations/designee will audit all personnel files monthly and report all findings to the Executive Director. The Facility Administrator will ensure that all newly hired employees are properly certified with a copy of certification/licensure placed in each personnel file.
 - The facility RN will review the electronic Medication Administration Record weekly to identify missing documentation. A weekly report will be provided to the Director of Operations and Executive Director for review.

Completed Date: 08/29/24



Millennium Memory Care at Matawan

R 712

- I. Corrective action(s) accomplished for resident(s) affected:**
 - All staff who are currently employed by the facility and have regular direct contact with residents have successfully completed the home health aide course (75 hours) given by a home health agency approved by the State Board of Nursing.
 - Residents(s) #1, #2, #3, #4 and #5 were not adversely affected by the deficient practice.

- II. Residents identified having the potential to be affected and corrective action taken:**
 - All residents have the potential to be affected by this deficient practice.

- III. Measures will be put into place to ensure the deficient practice will not re occur:**
 - A Certified Home Health Aide will be scheduled on all shifts 7am to 3pm, 3pm to 11pm and 11pm to 7am.

- IV. Corrective actions will be monitored to ensure the deficient practice will not re occur:**
 - The Director of Operations/designee will audit all personnel files monthly and report all findings to the Executive Director. The Facility Administrator will ensure that all newly hired employees are properly certified with a copy of certification/licensure placed in each personnel file.

Completed Date: 08/29/24

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R 000	Initial Comments Complaint#: NJ00173745, NJ00176538 Census: 10 Sample: 3 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C. 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000			
R 712	8:37-5.4(a)(1) Personal Care-Training & Staffing Requirement All staff who are employed by the facility who have regular direct contact with residents and are not licensed healthcare professionals shall successfully complete the home health aide course (75 hours) given by a home health agency approved by the State Board of Nursing. This STANDARD is not met as evidenced by: Complaint#: NJ00176538 Based on interview and review of pertinent facility documents, it was determined the facility failed to ensure employee and staff completed the required course and training by the New Jersey Board of Nursing (NJBON) and obtain certification as a home health aides to provide direct care to facility residents for which an Imminent Danger (ID) was identified. This deficient practice was evidenced by the following.	R 712			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: **NJ Ex Order 26.4(b)(1)** LE Director of Operations (X6) DATE **10/22/24**

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/23/2024
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NAME OF FACILITY MILLENNIUM MEMORY CARE AT MATAWAN LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 447 MATAWAN AVENUE CLIFFWOOD, NJ 07721
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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 R0712	Correction	ID Prefix R1000	Correction	ID Prefix	Correction
Reg. # 8:37-5.4(a)(1)	Completed	Reg. # 8:37-6.2(a)(1)	Completed	Reg. #	Completed
LSC	08/29/2024	LSC	08/29/2024	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 8/30/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		