STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	j6tdgc	A. BUILDING: _____ B. WING _____	C 06/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE ESTATE, THE	201 CROSSWICKS STREET BORDENTOWN, NJ 08505

(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 #: NJ00164138 CENSUS: 20 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		
A1179	8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance (a) The facility shall provide and maintain a sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: NJ#164138 Based on observation and review of facility provided documentation on 06/05/2023 in the presence of facility management, it was determined the facility failed to provide and	A1179		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	j6tdgc	A. BUILDING: _____ B. WING _____	C 06/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE ESTATE, THE	201 CROSSWICKS STREET BORDENTOWN, NJ 08505

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A1179	Continued From page 1	A1179		

maintain a safe environment for the residents.

The evidence includes the following:

During the survey entrance at approximately 9:20 AM, a request was made to the Maintenance Supervisor (MS) to provide a copy of the facility layout which identifies the various rooms and common areas in the building. The surveyor also requested a copy of the last semi-annual Fire, Alarm, and Detections system inspection for review.

A review of the facility provided lay-out/plan identified the facility is made up of two buildings:

1. The Monastery building which has four (4) levels

2. The Assisted Living building which has two (2) levels

Starting at approximately 9:25 AM, in the presence of the facility's MS, the surveyor observed the following building safety hazards:

1) At approximately 9:27 AM, the surveyor observed in the Assisted Living building lobby with two (2) smoke detectors that had blue painters tape covering the detectors sensing chamber.

2) At approximately 11:35 AM, the surveyor observed on the second floor of the Assisted Living building with one (1) smoke detector in the corridor next to Resident Room A-102 that had blue painters tape covering the detector sensing chamber.

3) At approximately 11:37 AM, the surveyor observed on the second floor of the Assisted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	j6tdgc	A. BUILDING: _____ B. WING _____	C 06/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE ESTATE, THE	201 CROSSWICKS STREET BORDENTOWN, NJ 08505

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A1179	Continued From page 2 Living building one (1) smoke detector in the corridor next to the Elevator that had blue painters tape covering the detector sensing chamber. Additionally, the surveyor observed multiple ceiling tiles out of place in this area that in the event of a fire with the ceiling tiles not in place, the heat would by-pass the fire sprinklers and not activate. 4) At approximately 11:39 AM, the surveyor observed on the second floor of the Assisted Living building with one (1) smoke detector in the corridor next to Resident room A-104 that had blue painters tape covering the detector sensing chamber. 5) At approximately 11:45 AM, the surveyor observed on the second floor of the Assisted Living building one (1) smoke detector in the corridor next to the corridor double smoke doors that had blue painters tape covering the detector sensing chamber. 6) At approximately 11:56 AM, the surveyor observed on the first floor of the Assisted Living building with one (1) smoke detector in the corridor next to the Nursing Office that had blue painters tape covering the detector sensing chamber. 7) At approximately 12:01 AM, the surveyor observed on the first floor of the Assisted Living building with one (1) smoke detector in the corridor next to Resident Room A-002 that had blue painters tape covering the detector sensing chamber. Later a review of the facility provided Fire Alarm and Detection System inspection dated May 26, 2023, identified the following Heat and Smoke	A1179		

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	j6tdgc	A. BUILDING: _____ B. WING _____	C 06/05/2023

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A1179	Continued From page 3 Detectors that were not tested due to Sprinkler Burst/ Under Construction: a) Elevator Mechanical Room on the ground floor: (1) heat sensor and (1) smoke detector b) Elevator Pit: (1) heat sensor and (1) smoke detector c) First floor: (10) smoke detectors Fire Safety Hazards.	A1179		

The Clare Estate

ID: j6tdgc Complaint Survey Date: 6/05/2023

1. **A 1179: Housekeeping-Sanitation-Safety-Maintenance**

   a. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice**
      - The Corrective action was addressed immediately after the surveyor pointed out the concern and the blue tape and it was removed from all detectors including : (2) smoke detectors in the lobby, (1) detector in corridor to Resident Room A-102, second floor Assisted Living (1) detector corridor near elevator, (1) detector near A-104, (1) detector in corridor next to the corridor double smoke doors, (1) smoke detector in the corridor next to Nursing office, (1) detector in corridor next to Resident Room A-002.
      - All missing ceiling tiles have been replaced.
      - Fire Safety Yearly inspection completed by the Bordentown Fire Department on 9/27/2023
      - Otis Elevator conducted yearly inspection on 8/7/2023.

   b. **How the facility will identify other residents having the potential to be affected by the same deficient practice**

      - All resident had the potential to be affected by this deficient practice.

   c. **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur**

      i. The Maintenance Director will conduct daily walk throughs to ensure no detectors have been taped or obstructed in any way.
      ii. The Executive Director will conduct weekly walk through to ensure no smoke detectors have been obstructed.

   d. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.**
      i. The Maintenance Director will conduct daily walk throughs to make ensure no detectors have been taped or obstructed in any way.
      ii. The Executive Director will conduct weekly walk throughs to ensure no smoke detectors have been obstructed.

   e. **Completion Date**: 9/29/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	j6tdgc	A. BUILDING: _____ B. WING _____	R-C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE ESTATE, THE	201 CROSSWICKS STREET BORDENTOWN, NJ 08505

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{A 000}	Initial Comments Initial Comments: TYPE OF SURVEY: REVISIT COMPLAINT #: NJ00164138 CENSUS: 19 SURVEY DATE: 11/29/2023 The facility is not in substantial compliance with all 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}		
{A1179}	8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance (a) The facility shall provide and maintain a sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Not Corrected Based on observation, interviews, and facility document review, the facility failed to maintain a sanitary and safe environment in the main entrance lobby. The facility also failed to conduct	{A1179}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A1179}	Continued From page 1 fire alarm system inspections semi-annually according to National Fire Protection Association (NFPA) 72, National Fire Alarm and Signaling Code. The failures had the potential affect to all residents residing in the facility. Findings included: 1. An observation on 11/29/2023 at 10:40 AM revealed a significant accumulation of dust and dirt on all the floor surfaces in the main lobby area. During an interview on 11/29/2023 at 10:40 AM, the Director of Maintenance (DOM) confirmed the surveyor's observation. The DOM stated that the dirty floors were a result of a renovation project that was being conducted in a vacant memory care wing that was adjacent to the main lobby. The DOM stated he oversaw housekeeping in the facility and said there was no facility policy related to conducting environmental monitoring rounds. During an interview on 11/29/2023 at 12:15 PM, the Administrator stated that she was aware of the dirty conditions in the front lobby. The Administrator stated a cleaning contractor was scheduled to come the following Tuesday. The Administrator indicated there was not any documentation to confirm the appointment. 2. A review of the facility's fire alarm systems inspections and testing documents, provided by the Director of Maintenance (DOM), revealed the most recent inspection was dated 06/30/2022. During an interview on 11/29/2023 at 10:45 AM, the DOM indicated that he was aware of the inspection and testing of the fire alarm system being overdue. He said a fire alarm system	{A1179}		

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{A1179}	Continued From page 2 contractor was scheduled to conduct an inspection, but could not provide a date or documentation to confirm the appointment. This defcient practice was not corrected during this visit.	{A1179}		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
j6tdgc		3/12/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE ESTATE, THE	201 CROSSWICKS STREET BORDENTOWN, NJ 08505

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 A1169 Reg. # 8:36-16.15(a) LSC	Correction Completed 04/15/2024	ID Prefix A1179 Reg. # 8:36-17.1(a) LSC	Correction Completed 04/15/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
6/5/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO