

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03A006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/04/2021
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NAME OF PROVIDER OR SUPPLIER CAMBRIDGE ENHANCED SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 255 E MAIN STREET MOORESTOWN, NJ 08057
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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: Complaint</p> <p>COMPLAINT #: NJ00144557</p> <p>CENSUS: 45</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 751	<p>8:36-7.3(b) Resident Assessments and Care Plans</p> <p>(b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to develop a Health Service Plan (HSP) which included interventions to address the [REDACTED] of 1 of 3</p>	A 751		

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

TITLE

(X6) DATE

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A 751	<p>Continued From page 1</p> <p>residents reviewed for [REDACTED], Resident #1. This deficient practice was evidenced by the following:</p> <p>1. On 5/3/21, the surveyor reviewed the medical record of Resident #1, who moved into the facility [REDACTED] with diagnoses which included [REDACTED]. The surveyor reviewed a document titled, "Weights and Vitals Summary," and noted that the resident had the following weight changes:</p> <p>a. On [REDACTED] the resident's weight was [REDACTED] pounds (lbs).</p> <p>b. On [REDACTED] the resident weighed [REDACTED] lbs, a [REDACTED], or [REDACTED] of resident's body weight.</p> <p>c. On [REDACTED] the resident weighed [REDACTED] lbs, a [REDACTED], or [REDACTED] of resident's body weight.</p> <p>d. On [REDACTED] the resident weighed [REDACTED] lbs, a [REDACTED], or [REDACTED] of resident's body weight.</p> <p>e. On [REDACTED] the resident weighed [REDACTED] lbs, a [REDACTED] lb [REDACTED] of resident's body weight.</p> <p>The surveyor reviewed Resident #1's General Service Plan and observed that there was no documentation which addressed the resident's weight loss. Further review of Resident #1's medical record revealed that there was no HSP with documentation of interventions to address and ensure that the resident did not continue to [REDACTED].</p> <p>On 5/3/21 at 1:30 p.m., the surveyor interviewed the Regional Director of Operations/Registered Nurse who stated that the facility did not have an HSP to address Resident #1's [REDACTED].</p>	A 751		
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A 751	<p>Continued From page 2</p> <p>The surveyor reviewed the facility's policy titled, "Weight Assessment and Intervention," which revealed "...Care Planning...2. Individualized care plans shall address, to the extent possible: a. The identified causes of weight change; b. Goals and benchmarks for improvements; and c. Time Frames and parameters for monitoring and reassessment..."</p> <p>The facility failed to develop an HSP and ensure a resident's weight changes were addressed with interventions, goals, and time frames for monitoring and reassessment to prevent further weight loss.</p>	A 751		
A 779	<p>8:36-7.5(c) Resident Assessments and Care Plans</p> <p>(c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to notify the Registered Nurse (RN) of a change in condition in residents, to ensure appropriate nursing and medical interventions were initiated for 3 of 3 residents reviewed, Resident #1, Resident #2, and Resident #3. This deficient practice was evidenced by the following:</p>	A 779		

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A 779	<p>Continued From page 3</p> <p>1. On 5/3/21, the surveyor reviewed the medical record of Resident #1, who moved into the facility [REDACTED] with diagnoses which included [REDACTED] and [REDACTED] re.</p> <p>According to the Progress Notes (PNs) dated [REDACTED], written by the Licensed Practical Nurse (LPN) at 11:48 a.m., Resident #1 was noted with increased [REDACTED]. Further review of the LPN's note revealed that the note did not include documentation that the Registered Nurse (RN) was notified of the resident's change in condition.</p> <p>2. On 5/3/21, the surveyor reviewed the medical record of Resident #2, who moved into the facility in [REDACTED] with diagnoses which included [REDACTED].</p> <p>According to the PNs dated [REDACTED], written by the LPN at 2:20 p.m., Resident #2 [REDACTED] and complained of [REDACTED] and was sent to the hospital. The resident returned to the facility on [REDACTED].</p> <p>Review of the PNs dated [REDACTED] written by the LPN at 5:04 p.m., revealed that Resident #2 [REDACTED] and that within the next half hour, [REDACTED] more times. Further review of the PNs dated [REDACTED] written by the LPN at 2:11 p.m., revealed that Resident #2 [REDACTED] and complained that his/her [REDACTED] and did not want to eat.</p> <p>According to the PNs, the resident was again transferred to the emergency room on [REDACTED] and returned on the same day. The PNs from [REDACTED] through [REDACTED], did not include documentation</p>	A 779		

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A 779	<p>Continued From page 4</p> <p>from the LPN that the RN was notified of Resident #2's complaints, change in condition, or hospitalization/emergency room visits.</p> <p>3. On 5/3/21, the surveyor reviewed the medical record of Resident #3, who moved into the facility [REDACTED] with diagnoses which included [REDACTED]</p> <p>According to the PNs dated [REDACTED], written by the LPN at 9:01 p.m., the resident [REDACTED] and the resident was transferred to the hospital. There was no documentation that the RN was notified of the resident's condition.</p> <p>On 5/3/21, at 2:00 p.m., during an interview with the Executive Director (ED), the ED stated that the Regional Nurse was not available during the time of the survey and that the Regional Director of Operations (RDO), who was also a Registered Nurse (RN), was the delegating Nurse.</p> <p>On 5/4/21, at 12:00 p.m., the surveyor interviewed an LPN who stated that the facility's RDO/RN was covering the community, and confirmed that she did not notify the RN when Resident #1, Resident #2 and Resident #3's condition changed.</p> <p>The surveyor reviewed the facility policy titled, "Notification of the Registered Nurse - Assisted Living" which revealed that the RN will be notified of the onset of illness, injury or change in condition to arrange for the medical needs of the resident.</p>	A 779		