New Jersey Department of Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			A. BUILDING.		С				
		03A008	B. WING		1	4/2021			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE					
ARTIS SENIOR LIVING OF EVESHAM, LLC  302 LIPPINCOTT DRIVE EVESHAM, NJ 08053									
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)			
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE			
A 000	Initial Comments		A 000						
	Initial Comments: TYPE OF SURVEY:								
	COMPLAINT #: NJ0	0148998							
	CENSUS: 50								
	SAMPLE SIZE: 3								
Δ 60.7	all of the standards in Administrative Code & Licensure of Assisted Comprehensive Person Assisted Living Programsubmit a plan of correct completion date for eather the plan is impler	3:36, Standards for Living Residences, onal Care Homes and ams. The facility must action, including a ach deficiency and ensure mented. Failure to correct alt in enforcement action in isions of New Jersey Title 8, Chapter 43E, sure Regulations.	A 607						
7,007	(a) The resident's fam designated responsib agency shall be notific the resident's consen occurrence, in the eve	nily, guardian, and/or le person or community ed, when known, and with t, immediately after the ent of the following:	A 007						
	This REQUIREMENT by: COMPLAINT #: NJ0	is not met as evidenced							

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
and Plan of Correction identification number:		IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		03A008	B. WING		11/2	; 4/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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A 607	Continued From page	<del>:</del> 1	A 607			
A 607	Based on interview and determined that the faresident's Power of A residents condition the treatment for 1 of 3 residents condition the treatment for 1 of 3 residents condition. This deficient practice of the Licensed Practice procedure followed with condition. The LPN in the would notify the A (ADON) and the Direct would call the resident family.  At 11:00 a.m., the Surable ADON who informed resident had a chang condition, the resident called. The ADON and Director (ED) would readdition, the family wife the MD provided and the Surveyor that coutbreak of the facility which require the facility which require the surveyor asked to t	acility failed to notify a ttorney of a change in the at required medical esidents reviewed, Resident ctice was evidenced by the a.m., the Surveyor inquired fical Nurse (LPN) the hen when there was a status or medical informed the surveyor that assistant Director of Nursing ctor of Nursing (DON) and it's Medical Doctor (MD) and it's Medical Doctor (MD) and it's family and MD would be dided that the Executive notify the family member. In bould be notified by telephone y new orders.  Insence of the ED, explained in the eresidents were isolated in physicians who ordered tion. Also, the families were e would be no visitation. The ADON and the ED how	A 607			
the families were notified. The ED stated that typically the facility used email and text to communicate with families or Power of Attorney (POA).						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		03A008	B. WING		11/24/2021					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
ARTIS SE	ARTIS SENIOR LIVING OF EVESHAM, LLC  SEVESHAM, NJ 08053									
(X4) ID		ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	( - /					
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A 607	Continued From page	e 2	A 607							
	s medical record was admitted to the diagnoses which inclusurveyor review of Redated Resident Surveyor review of Resident Surveyor review of Resident Surveyor Resident Surveyor Resident Surveyor Resident Surveyor Resident Surveyor Surveyor Resident Surveyor Surveyor Surveyor Resident Surveyor Survey	esident s Assessment and able to The "Nursing Notes" of Nidentified that Resident however there was no hat Resident had at family and or POA had ing to Resident ation Record (MAR), hinistered and on hinistered and on hinistered and on hinistered had at family and or POA had ing to Resident had a tablets, re used to treat his document titled "Change and or "Policy:prompt ident's physician and rty. Procedures: 4 The bocument his/her amily/responsible party in the so of the Individual Resident had been detected to the sext message and an email and to the rest of the family the residents' contact list. In all or text message had been detective confirmation that								
	-	veyor reviewed a copy of the sent in regard to Resident								

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
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NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ARTIS SE	ARTIS SENIOR LIVING OF EVESHAM, LLC  302 LIPPINCOTT DRIVE  EVESHAM, NJ 08053								
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A 607	Continued From page	÷ 3	A 607						
	condition which cemailed on an sent. According to the Resident POA was cabies out break in the loved one developed expected the separate notification to the According to the facility Resident surveyor review of the was no separate emailed POA other than individualized condition. At 3;00 p.m., the ED is the residents signed a participate in the facility and the residents signed as participate in the facility and the residents signed as participate in the facility and the residents signed as participate in the facility and the residents signed as participate in the facility and the residents signed as participate in the facility and the residents signed as participate in the facility and the residents signed as participate in the facility and the residents and the residents are residents.	displayed that the POA was nd a text message had been e facility email message, as informed that there was a he facility and that if their a diagnosed or e POA would receive a by telephone or email. Ity Line Listing dated had compared to Resident regarding the resident's on.							
	agreements for Residinformed the surveyor email the agreements facility liaison was not On 11/26/21 at 3:14 psurveyor that she was notification agreement facility was unable to that Resident specific s	r that she would have to set to the surveyor since the tavailable.  o.m., the ED emailed the set unable to find the set for Resident.  O. The provide information to verify OA agreed to be contacted elephone call for change in all condition or treatment.							
A1073	care and service prov	and treatments by health riders shall be entered dards of professional ion and/or notes from all ce providers shall be	A1073						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED						
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NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
ARTIS SE	ARTIS SENIOR LIVING OF EVESHAM, LLC  302 LIPPINCOTT DRIVE  EVESHAM, NJ 08053									
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A1073	Continued From page	e 4	A1073							
	professional practice.									
	by: COMPLAINT #: NJ0  Based on interview at determined that the fa and provide documer medical record for as: physician instructions disease outbreak for Residents and evidenced by the following are sidents change in number that she had just start due to the re ED. Further, the ED: Nursing (DON) was on Director of Nursing (A At 10:45 a.m., the Su Practical Nurse (LPN) medical condition wood other care staff. The I that she, the LPN, wood and provided and provided that the LPN, wood document and interview of the care staff. The I that she, the LPN, wood and provided that the complex condition wood other care staff. The I that she, the LPN, wood and provided that the complex care staff.	and record review it was accility failed to implement station in the residents' sessments, treatments, or a during a communicable 2 of 3 residents reviewed, This deficient practice was owing:  a.m., the Department of sted a survey of the facility to concerning notification of medical condition, delay in on control.  a.m., during the entrance complaint survey, the D) informed the surveyor sted as the Interim ED on designation of the previous stated that the Director of an vacation but the Assistant and DON) was on duty.  Treveyor asked the Licensed of how a resident's change in all de communicated to LPN informed the surveyor ould document this enty-four-hour report and in								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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A1073 Contin	ued From page	÷ 5	A1073						
that if the an ass Medical notified treatmed document the fan at 11:1 review  1. Sur record, the fact include Assess Teview Record one was Reside Reside rational and ab Reside and ab Reside creations.	there was a charessment would essment would all Doctor (MD) d. Also, the charents ordered by ented in the renily would be not a considered and the constant of Resident of Resident of Resident d. (MAR) dated and the constant of Resident of Residen	reveyor began medical record and Resident s medical Resident was admitted to with diagnoses which according to Resident was inders. During Surveyor Medication Administration identified that on sed to treat tablets by mouth times as administered to and again on s Notes" failed to identify a t with this medication on  of Resident was admitted to with diagnoses which diagnoses which esident s Assessment entified Resident as cate needs. According to atted							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED					
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A1073	Continued From page	e 6	A1073						
A1073	infections) was documented in Nurse documentation concert reatment with these dadministered. Further surveyor review Notes identified that documented that Resemble However, there the onset or course of the Surveyor that on outbreak of the Surveyor that on outbreak of the ADON where the outbreak was related instructions, and treat resident medical recounable to answer or put At 3:00 p.m., the Surveyor that on outbreak was related instructions, and treat resident medical recounable to answer or put At 3:00 p.m., the Surveyor that on outbreak was related instructions, and treat resident medical recounable to answer or put to an another than the Surveyor that on outbreak was related instructions, and treat resident medical recounable to answer or put to an another than the Surveyor that on outbreak was related instructions, and treat resident medical recounable to answer or put to an another than the service plan."	nented as administered to  The Surveyor reviewed is Notes" and there was no rning the rationale for medications on the dates and sew of Resident is 's Nurse's on the ADON ident was see was no documentation of the surveyor asked documentation for the to assessments, MD the ADON was provide the documentation.  The Surveyor asked documentation for the to assessments, MD the and the ADON was provide the documentation.  The Surveyor reviewed the facility is for documentation titled askecord Documentation ed 1/2020" and under	A1073						
	procedure titled "Cha under "Procedures: document his/her ass change, notification o family/responsible pa	nge of Condition." Listed4. The DHW/designee will essment of the condition							

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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		03A008	B. WING		11/24/2021				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ARTIS SE	ARTIS SENIOR LIVING OF EVESHAM, LLC  302 LIPPINCOTT DRIVE  EVESHAM, NJ 08053								
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A1073	Continued From page	e 7	A1073						
	of the individual Resi	dent Record."							



January 28, 2021



Dear Ms.



Enclosed please find the Plan of Correction for the Survey conducted at Artis of Evesham on November 24, 2021.

I would like to add that the surveyor was extremely knowledgeable and I appreciate the time spent in my community.

Should you have any further questions concerning the POC please feel to reach out at <a href="mailto:cfallick@artismgmt.com">cfallick@artismgmt.com</a> or by phone at 856-810-0007.

Kindly.

Cheyenne Fallick, CDP, CALA

Artis Senior Living of Evesham





Plan of Correction for Artis Senior Living of Evesham

A6078;36-515(a)(1)

- 1. DON reviewed the records of Resident #3 for the deficient practice on 12/09/2021. Nurses and ADON were in-serviced by the DON on 12/13/2021, on the ways to properly Notify and Notate as per our Policy & Procedure. Whenever there's a change in treatment or status to resident #3 the current shift will notify POA and notate in chart. Follow up calls were made to resident #3 POA on 12/13/2021 and will be made by the DON, ADON or designee ongoing.
- 2. All residents are at risk for this deficient practice.
- 3. DON, ADON or designee will perform update calls weekly for twelve weeks to resident #3 POA to ensure clear and transparent communication between the community and the POA. DON will perform yearly in-services to ensure Nurse's are aware of Notation and Notification protocols to all residents POA's per our Policy & Procedures. Resident #3 POA will notified by staff if there's a change in status per our Policy & Procedures. Nurses and ADON were in- serviced by the DON on 12/13/2021, on the ways to properly Notify and Notate as per our Policy & Procedure.
- 4. ED or designee will perform weekly calls to resident #3 POA to ensure they have been notify of any changes, ongoing for four months. Charts will be audited by DON, ADON or designee quarterly to ensure Notification and Notation compliance per our Policy & Procedures. Chart Audit reviews will be added to quarterly meetings agenda to ensure we remain compliant.

Completion date: 12/17/2921





## A1073836-15.6(b)

- 1. DON reviewed the records of resident #1 and resident #3 for the deficient practice on 12/09/2021. Nurses and ADON were in-serviced by the DON on the way to properly perform documentation in resident #1 and resident #3 charts on 12/13/2021 as per our Policy & Procedure. Whenever there's a change in treatment or status to resident #1 and resident #3, the nurse on shift will notify POA, DON, ADON and MD and document in the chart as such. Checks will be completed by the DON, ADON or designee weekly for twelve weeks.
- 2. All residents are at risk for this deficient practice.
- 3. DON, ADON or designee will review charts of resident #1 and resident #3 daily for any changes in status or treatment for eight weeks to ensure Nurses our compliant with documentation as per our Policy & Procedures.
- 4. Findings will be reported to the Executive Director for 2 months until Compliance is reached. DON performed full audit on 12/09/2021 of all residents charts outcome was reported to Executive Director. Executive Director will monitor DON's quarterly inservices and chart audits during weekly meetings ongoing to ensure compliance with our Policy & Procedure.

Completion date: 12/3/0/2021



New Jersey Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING 03A008 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **302 LIPPINCOTT DRIVE** ARTIS SENIOR LIVING OF EVESHAM, LLC EVESHAM, NJ 08053 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 000 Initial Comments A 000 Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00148998 CENSUS: 50 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 607 A 607 8:36-5.15(a)(1) General Requirements (a) The resident's family, guardian, and/or designated responsible person or community agency shall be notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following: 1. The resident acquires an acute illness requiring medical care; This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00148998

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

TITLE

(X6) DATE

STATE FORM

6899

3DV911

If continuation sheet 1 of 8

1/28/22

New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ С B, WING \_ 03A008 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 302 LIPPINCOTT DRIVE ARTIS SENIOR LIVING OF EVESHAM, LLC EVESHAM, NJ 08053 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 607 A 607 Continued From page 1 Based on interview and record review it was determined that the facility failed to notify a resident's Power of Attorney of a change in the residents condition that required medical treatment for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 11/24/21 at 10:45 a.m., the Surveyor inquired of the Licensed Practical Nurse (LPN) the procedure followed when when there was a change in a resident's status or medical condition. The LPN informed the surveyor that she would notify the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) and would call the resident's Medical Doctor (MD) and family. At 11:00 a.m., the Surveyor interviewed the ADON who informed the surveyor that if a resident had a change in status or medical condition, the resident's family and MD would be called. The ADON added that the Executive Director (ED) would notify the family member. In addition, the family would be notified by telephone if the MD provided any new orders. The ADON, in the presence of the ED, explained to the Surveyor that on 9/24/21 there had been an hγ the facility which required all residents to be treated. In addition, the residents were isolated and assessed by their physicians who ordered treatment of the infection. Also, the families were made aware that there would be no visitation. The surveyor asked the ADON and the ED how the families were notified. The ED stated that typically the facility used email and text to

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If continuation sheet 2 of 8

New Jersey Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ C B. WING 03A008 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 302 LIPPINCOTT DRIVE ARTIS SENIOR LIVING OF EVESHAM, LLC EVESHAM, NJ 08053 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) A 607 A 607 Continued From page 2 communicate with families or Power of Attorney (POA). At 11:15 a.m., the Surveyor reviewed Resident #3's medical record which showed that Resident #3 was admitted to the facility on diagnoses which included disconditional 2844 During surveyor review of Resident #3's Assessment Resident #3 was alert and able to dated communicate needs. The "Nursing Notes" of by the ADON identified that Resident #3 however there was no was post a prior documentation that Resident #3 had scables and was treated or that family and or POA had been notified. According to Resident #3's Medication Administration Record (MAR), Resident #3 was administered cream on NJ EX Order. 264 and on Resident #3 was administered tablets. both medications were used to treat According to the facility document titled "Change of Condition," listed under "Policy: ...prompt notification to the resident's physician and family/responsible party. Procedures: 4. ... The DHW/designee will document his/her ...notification of the family/responsible party ... in the Nursing care Notes of the Individual Resident Record." At 1:45 p.m., the Surveyor asked the ED to explain the facility system used to send emails or texts. The ED informed the surveyor that the facility used a notification system in which the facility would send a text message and an email to the POA and an email to the rest of the family that were listed on the residents' contact list. In addition, after an email or text message had been sent, the facility would receive confirmation that the email or text was opened.

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If continuation sheet 3 of 8

1/28/22

New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A. BUILDING: \_ С B. WING 03A008 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 302 LIPPINCOTT DRIVE ARTIS SENIOR LIVING OF EVESHAM, LLC EVESHAM, NJ 08053 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 607 A 607 Continued From page 3 At 2:00 p.m., the Surveyor reviewed a copy of the email and text report sent in regard to Resident #3's condition which displayed that the POA was emailed or and a text message had been sent. According to the facility email message, Resident #3's POA was informed that there was a but break in the facility and that if their loved one developed a diagnosed or expected the POA would receive a separate notification by telephone or email. According to the facility Line Listing dated Resident #3 had a rash. Ongoing surveyor review of the report identified that there was no separate emails sent to Resident #3's POA other than regarding the resident's individualized condition. At 3;00 p.m., the ED informed the Surveyor that the residents signed a move in agreement to participate in the facility's notification system. The surveyor than asked the ED for a copy of the agreements for Resident #1, #2, and #3. The ED informed the surveyor that she would have to email the agreements to the surveyor since the facility liaison was not available. On 11/26/21 at 3:14 p.m., the ED emailed the surveyor that she was unable to find the notification agreement for Resident #3. The facility was unable to provide information to verify that Resident #3's POA agreed to be contacted by email, text or by telephone call for change in Resident #3's medical condition or treatment. A1073 A1073 8:36-15.6(b) Resident Records

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If continuation sheet 4 of 8

C. Jula

(b) All assessments and treatments by health care and service providers shall be entered

1/28/22

New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ С B. WING 800AE0 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **302 LIPPINCOTT DRIVE** ARTIS SENIOR LIVING OF EVESHAM, LLC EVESHAM, NJ 08053 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) A1073 Continued From page 4 A1073 according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice. This REQUIREMENT is not met as evidenced COMPLAINT #: NJ00148998 Based on interview and record review it was determined that the facility failed to implement and provide documentation in the residents' medical record for assessments, treatments, or physician instructions during a NUE for 2 of 3 residents reviewed, Residents #1 and #3. This deficient practice was evidenced by the following: On 11/24/21 at 9:30 a.m., the Department of Health (DOH) conducted a survey of the facility regarding a complaint concerning notification of residents change in medical condition, delay in treatment and infection control. On 11/24/21 at 9:30 a.m., during the entrance conference for this complaint survey, the Executive Director (ED) informed the surveyor that she had just started as the Interim ED on due to the resignation of the previous ED. Further, the ED stated that the Director of Nursing (DON) was on vacation but the Assistant Director of Nursing (ADON) was on duty. At 10:45 a.m., the Surveyor asked the Licensed Practical Nurse (LPN) how a resident's change in

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New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ С 800AE0 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **302 LIPPINCOTT DRIVE** ARTIS SENIOR LIVING OF EVESHAM, LLC EVESHAM, NJ 08053 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID  $\{X5\}$ (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A1073 A1073 Continued From page 5 medical condition would be communicated to other care staff. The LPN informed the surveyor that she, the LPN, would document this information on the twenty-four-hour report and in the resident's medical record. At 11:00 a.m., the ADON informed the Surveyor that if there was a change in a resident's status, an assessment would be performed and the Medical Doctor (MD) and the family would be notified. Also, the change in condition or any new treatments ordered by the MD would be documented in the resident's medical record and the family would be notified. At 11:12 a.m., the surveyor began medical record review for Resident #1 and Resident #3. 1. Surveyor review of Resident #1's medical record, revealed that Resident #1 was admitted to the facility on vith diagnoses which included According to Resident #3's Assessment Plan dated Resident #1 was alert, but needed reminders. During Surveyor review of Resident #1's Medication Administration Record (MAR) dated , identified that on mg give tablets by mouth times one was documented as administered to Resident #1 on and again on Resident #1's "Nurse's Notes" failed to identify a rationale for treatment with this medication on 2. Surveyor Review of Resident #3's medical record revealed that Resident #3 was admitted to the facility on with diagnoses which included Resident #3's Assessment Plan dated identified Resident #3 as and able to communicate needs. According to

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New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ С B. WING 03A008 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **302 LIPPINCOTT DRIVE** ARTIS SENIOR LIVING OF EVESHAM, LLC EVESHAM, NJ 08053 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A1073 A1073 Continued From page 6 Resident #3's MAR dated cream (used to treat a condition caused by was documented as applied to Resident #3 on Resident #3's MAR identified that WEX Order, 2646 (used to NJ infections) was documented as administered to Resident #3 on The Surveyor reviewed Resident #3's "Nurse's Notes" and there was no documentation concerning the rationale for treatment with these medications on the dates administered NJ EX Order. 264b1 and Further surveyor review of Resident #3's Nurse's Notes identified that on the ADON documented that Resident #3 was However, there was no documentation of the onset or course of the At 1:40 p.m., the ADON and the ED explained to the Surveyor that on the facility had an outbreak of in which all residents had to be treated. In addition, the residents were isolated and assessed by their MD's and treatments were ordered. The Surveyor asked the ADON where the documentation for the outbreak was related to assessments, MD instructions, and treatments ordered in the resident medical record and the ADON was unable to answer or provide the documentation. At 3:00 p.m., the Surveyor reviewed the facility policy and procedures for documentation titled "Individual Resident Record Documentation Guideline VII.2 updated 1/2020" and under "Procedures: ...2. Document to pertinent changes in the resident's condition, reaction to treatment, medication, etc., as well as routine observations and changes in physician orders or the service plan."

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New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_ С B. WING \_ 800AE0 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **302 LIPPINCOTT DRIVE** ARTIS SENIOR LIVING OF EVESHAM, LLC EVESHAM, NJ 08053 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A1073 A1073 Continued From page 7 The Surveyor also reviewed the facility policy and procedure titled "Change of Condition." Listed under "Procedures: ...4. The DHW/designee will document his/her assessment of the condition change, notification of the physician and family/responsible party and interventions taken including new orders, in the Nursing Care Notes of the individual Resident Record."

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