

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50a005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/08/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE OF CLARA BARTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 AMBOY AVENUE</b> <b>EDISON, NJ 08837</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Standard with Complaint and Focused Infection Control</p> <p>COMPLAINT #: NJ 00152281, NJ 00153241, NJ 00149368, NJ 00153239, NJ 00144711, NJ 00149588, NJ 00153240, NJ 00151705</p> <p>CENSUS: 80</p> <p>SAMPLE SIZE: 13</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 511	<p>8:36-5.5(a) General Requirements</p> <p>(a) The facility or program shall develop and implement written job descriptions to ensure that all personnel are assigned duties based upon their education, training, and competencies and in accordance with their job descriptions.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: Smith, Tahira</p>	A 511		

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

TITLE

(X6) DATE

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A 511	<p>Continued From page 1</p> <p>Based on interview and record review, it was determined that the facility failed to ensure written job descriptions were developed and implemented to ensure each employee possessed the necessary education and competency to perform their assigned duties for 7 of 8 employees whose personnel file was reviewed, Employee #'s 1, #2, #3, #4, #5, #6 and #7 (1-7). The deficient practice was evidenced by the following:</p> <p>On 4/7/22 at 11:00 a.m., the surveyor reviewed the personnel files of 8 employees. The surveyor observed that these files failed to contain a written job description for Employee #'s 1-7. There was no documented evidence of a job description in each employees' personnel file to ensure that the employees received a copy of their job description and to confirm that each employees' assigned duties and responsibilities were in accordance with their education and competencies.</p> <p>On 4/7/22 at 12:00 p.m., the surveyor interviewed the facility's Business Office Manager, who who was responsible for maintaining the Employee Personal Files, confirmed that the personnel files of Employees #'s 1-7 failed to contain a copy of each employee's job description.</p> <p>On 4/8/22 at 1:00 p.m., during surveyor interview, the surveyor informed the facility's Executive Director (ED) of the above findings. The ED failed to provide the surveyor with written job descriptions for the sampled employees.</p>	A 511		
A 745	8:36-7.2(f) Resident Assessments and Care Plans	A 745		

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A 745	<p>Continued From page 2</p> <p>(f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00153239</p> <p>Based on observation, interview, and record review it was determined that the facility failed to ensure that care assessments were completed and maintained by the Registered Nurse (RN) for 1 of 13 residents reviewed, Resident #2. This deficient practice was evidence by the following:</p> <p>On 4/6/22 at 10:00 a.m., the surveyor reviewed the closed Medical Record (MR) of Resident #2 who moved into the facility on [REDACTED] and was discharged on [REDACTED] with diagnoses which included [REDACTED]. The surveyor observed that the "Initial Recreation Assessment" was completed on [REDACTED]. However, the surveyor did not observe an initial or follow up assessments documented by the RN.</p> <p>On 4/6/22 at 1:00 p.m., the surveyor interviewed the Regional Director of Nursing (RDON) regarding Resident #2's initial and follow up RN assessments. The RDON informed the surveyor that RN assessments were completed in the "Electronic Medical Record" (EMR) upon admission to the facility, and usually semi-annually, and if the resident experienced a change in condition. The surveyor requested the</p>	A 745		
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A 745	Continued From page 3  RN assessments for Resident #2 and was informed by the RDON that she was unable to locate the initial RN assessment nor any follow up RN assessments for Resident #2.  Later at 1:30 p.m., the surveyor reviewed the policy and procedure titled, "Resident Assessment-Resident Plan of Care," which revealed, " ...All residents will be assessed for physical, functional, and cognitive needs prior to move-in, 30 days after move-in, semi-annually, and/or upon change of condition..."	A 745		
A 749	8:36-7.3(a) Resident Assessments and Care Plans  (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.  This REQUIREMENT is not met as evidenced by: Complaint # NJ00153239  Based on interview and record review it was determined that the facility failed to ensure that the General Service Plan (GSP) was updated or revised to include specific interventions to reduce the risk of falls with injuries for 1 of 13 residents reviewed, Resident #2. This deficient practice was evidenced by the following:	A 749		

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A 749	<p>Continued From page 4</p> <p>On 4/6/22 at 10:00 a.m., the surveyor reviewed the closed Medical Record (MR) of Resident #2 who moved into the facility on [REDACTED] with diagnoses which included [REDACTED]. Additional MR review showed that Resident #2 was [REDACTED] with [REDACTED]. According to the GSP dated [REDACTED] Resident #2 ambulated with a [REDACTED].</p> <p>During review of Resident #2's Progress Notes (PNs), the surveyor identified documentation that Resident #2 had a total of [REDACTED] within the months of [REDACTED], [REDACTED], and [REDACTED] as follows:</p> <ol style="list-style-type: none"> <li>1. On [REDACTED] the Licensed Practical Nurse (LPN) documented that Resident #2 [REDACTED] at bedside at 8:45 a.m. and had a [REDACTED] I in the dining area at 12:00 p.m., with no injury.</li> <li>2. On [REDACTED] the LPN documented at 7:26 p.m., that Resident #2 was found on the floor next to the bed with a [REDACTED] and a [REDACTED].</li> <li>3. On [REDACTED] the LPN documented at 10:46 p.m., that Resident #2 was found sitting on the floor next to the bed with complaints of [REDACTED] and [REDACTED].</li> <li>4. On [REDACTED] the LPN documented at 2:54 p.m., that Resident #2 was found sitting on the floor next to the bed on buttocks no injury.</li> <li>5. On [REDACTED] the LPN documented at 11:41 a.m., that Resident #2 was found on the floor next to the bed no injury.</li> <li>6. On [REDACTED] the LPN documented at 7:20 p.m., that Resident #2 was found sitting on the floor next to the bed with prior complaints of [REDACTED]. Further review, Resident #2 was transferred</li> </ol>	A 749		
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A 749	<p>Continued From page 5</p> <p>to the emergency room on [REDACTED] due to falling [REDACTED] times in one day according to the LPN's documentation in the PN's.</p> <p>On 4/6/22 at 1:00 p.m., the surveyor further reviewed Resident #2's GSP that was initiated on [REDACTED] and last revised on [REDACTED] for [REDACTED] risk related to [REDACTED]. The GSP identified under "Interventions" for [REDACTED] risk that Resident #2 was referred to Physical and Occupational therapy with adjustments to medication. However, the surveyor did not identify any other GSP updates or revisions addressing each of the [REDACTED] that Resident #2 sustained after revision of the GSP on [REDACTED].</p> <p>Later that day, the surveyor interviewed the Regional Director of Nursing (RDON) regarding GSP updates and revisions. The RDON told the surveyor that she worked at the facility for three days and had been in the process of reviewing resident charts. The RDON further stated that she did not know why there were no further revisions to Resident #2's GSP or updated interventions after the resident had sustained multiple [REDACTED].</p>	A 749		
A1057	<p>8:36-15.4 Resident Records</p> <p>All records shall be maintained for a period of 10 years after the discharge of a resident from the assisted living residence, comprehensive personal care home or assisted living program.</p> <p>This REQUIREMENT is not met as evidenced</p>	A1057		

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A1057	<p>Continued From page 6</p> <p>by: Complaint #: NJ00144711</p> <p>Based on interview and record review it was determined that the facility failed to provide the surveyor with a closed record for 1 of 6 residents reviewed, Resident #13. This deficient practice was evidenced by the following:</p> <p>On 4/5/22 at 9:30 a.m., the surveyor reviewed the admission and discharge list which identified that Resident #13 had been discharged from the facility on [REDACTED]. Later the same day, the surveyor requested the closed medical record of Resident #13 from the Executive Director (ED).</p> <p>On 4/7/22 at 10:30 a.m., the surveyor followed up on the previous request for Resident #13's closed medical record. The ED stated that the facility was unable to locate the record at this time and would continue to look for the requested records.</p> <p>On 4/8/22 at 1:45 p.m., during the exit conference, the ED and Regional Director of Nursing stated that the facility was not able to locate the closed medical record for Resident #13.</p> <p>The facility failed to maintain Resident #13's closed medical record for a period of 10 years after discharge, in accordance with state regulation.</p>	A1057		