

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55A004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2024
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NAME OF PROVIDER OR SUPPLIER ATRIA TINTON FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 44 PINE STREET TINTON FALLS, NJ 07753
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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 #: NJ00161812, NJ001622455</p> <p>CENSUS: 81</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 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00161812, NJ001622455</p> <p>Based on observation, interview, review of medical records and pertinent facility documents it was determined that the facility failed to develop a policy and procedure which included notification of Responsible Party, Physician, and Registered Nurse and documentation of how such notification in the medical records for 1 of 3 residents, Resident #1. This deficient practice was evidenced by the following:</p> <p>On [redacted], The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH, which indicated Resident #1 [redacted] at approximately 11:15 p.m. The overnight Nurse received a call from [redacted] which stated they were called to assist with a person that was [redacted]. The report further indicated the resident was transferred to local hospital for [redacted].</p> <p>On 4/29/2024 at 11:10 a.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility on [redacted] with diagnoses which included [redacted].</p> <p>A review of the resident notes revealed a note on [redacted] indicating, Resident #1 [redacted] between 10:00 p.m. - 11:00 p.m., [redacted] and [redacted].</p>	A 310		

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A 310	Continued From page 2 the resident was taken to the hospital by NJ Exec Order 26.4b1 . However, their was no documented evidence of notification to the RP, Physician, or Registered Nurse by the facility. The surveyor reviewed the policy and procedures titled, "Incident Reporting" and "Resident Safety;" revealed neither provided staff instructions on the notification process or documentation process in the MR of elopement involving a resident at the facility.	A 310		
A 615	8:36-5.15(b) General Requirements (b) Notification of any occurrence noted in (a) above shall be documented in the resident's record. The documentation with regard to an occurrence noted in (a)4 above shall include confirmation and written documentation of that notification. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00161812, NJ001622455 Based on interview and record review it was determined that the facility failed to maintain documented evidence in the resident's medical record that the Responsible Party (RP), Physician and Registered Nurse were notified after the reported occurrence of NJ ex order 26.4b1 for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following: On NJ ex order 26.4b1 , The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH, which	A 615		

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A 615	<p>Continued From page 3</p> <p>indicated an [redacted] and stated on [redacted] at approximately 11:15 p.m., the overnight Nurse received a call from [redacted] stating they were called to assist with a person that was [redacted]. The nurse was told it was Resident #1. The report further indicated the resident was transferred to local hospital for [redacted].</p> <p>On 4/29/2024 at 11:10 a.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility on [redacted] with diagnoses which included [redacted].</p> <p>A review of the Resident Notes revealed no documented evidence the facility notified the RP, Physician, or Registered Nurse of the elopement.</p> <p>At 10:40, the surveyor interviewed the Resident Services Director who stated per facility policy, the Licensed Practical Nurse (LPN) on duty or the charge nurse will notify the family and the physician of an incident involving a resident.</p> <p>At 11:05 a.m., the surveyor spoke with an LPN who stated the overnight Nurse probably notified the family and the physician, but was not sure.</p> <p>The surveyor reviewed the policy and procedures titled, "Incident Reporting" and "Resident Safety;" however, neither provided staff instructions on the notification process or documentation process in the MR of a incident involving a resident at the facility.</p>	A 615		
A 783	<p>8:36-7.5(e) Resident Assessments and Care Plans</p> <p>(e) Each resident shall have an annual physical examination by a physician, advanced practice</p>	A 783		

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A 783	<p>Continued From page 4</p> <p>nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00161812, NJ001622455</p> <p>Based on interview and record review it was determined that the facility failed to ensure that all residents received an initial physician certification to confirm that the resident's needs could be met in an Assisted Living Facility, for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 4/29/2024 at 11:10 a.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility on NJ ex order 26.4b1 with diagnoses which included NJ Exec Order 26.4b1.</p> <p>A further review of the residents initial NJ Exec Order 26.4b1 showed no documented evidence of physician certification to confirm that the resident's needs could be met in an NJ ex order 26.4b1.</p> <p>At 1:14 p.m., the surveyor interviewed the Resident Services Director who was unable to produce documented evidence that Resident #1 was certified by the physician as NJ Exec Order 26.4b1 at an Assisted Living Facility.</p>	A 783		

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A1073	Continued From page 5	A1073		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered 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.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00161812, NJ001622455</p> <p>Based on interview and record review, it was determined that the facility failed to maintain documentation of services provided according to the standards of professional practice and provide documented evidence that the facility's staff performed NJ Exec Order 26.4b1 overnight for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On NJ Exec Order 26.4b1, The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH, which revealed on NJ ex order 26.4b1 at approximately 11:15 p.m., the overnight Nurse received a call from NJ Exec Order 26.4b1 who stated they were called to assist with a person that was NJ Exec Order 26.4b1. The Nurse was told it was Resident #1. The report further indicated the resident was taken to local hospital for NJ Exec Order 26.4b1.</p>	A1073		

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A1073	<p>Continued From page 6</p> <p>On 4/29/2024 at 11:10 a.m., the surveyor reviewed Resident #1's Medical Record (MR) which revealed the resident moved into the facility on [redacted] with diagnoses which included NJ ex order 26.4b1.</p> <p>A review of the Resident Service Plan revealed Resident #1 required [redacted] due to a "recent NJ Exec Order 26.4b1, etc." The report further indicated staff will [redacted] Resident #1's NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 overnight.</p> <p>At 1:14 p.m., the surveyor interviewed the Executive Director who stated they were unable to produce documented evidence that the [redacted] were done for Resident #1 on [redacted].</p>	A1073		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A004	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/25/2024
Y1	Y2	Y3
NAME OF FACILITY ATRIA TINTON FALLS		STREET ADDRESS, CITY, STATE, ZIP CODE 44 PINE STREET TINTON FALLS, NJ 07753

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 A0310	Correction	ID Prefix A0615	Correction	ID Prefix A0783	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.15(b)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	05/30/2024	LSC	05/30/2024	LSC	05/30/2024
ID Prefix A1073	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/30/2024	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 4/29/2024
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO