

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 08/11/2020
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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 #: NJ 00131517</p> <p>CENSUS: 89</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

09/02/20

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00131517</p> <p>Based on interview and record review it was determined that the facility failed to enforce and implement its "Resident Rights" policy for 1 of 3 residents reviewed. This deficient practice was evidenced by the following:</p> <p>On 8/11/20, the Department of Health (DOH) investigated a Reportable Event Report (RER) received on 11/27/19 from the facility regarding an [REDACTED] "t" that occurred on [REDACTED] during a bus trip. At 9:50 a.m., during interview with the Executive Director (ED), he stated that Resident #3 did not accompany the [REDACTED] back to the facility and provided the surveyor "Incident Summary and Conclusion (ISC)" dated [REDACTED]</p> <p>At 11:05 a.m., the surveyor reviewed Resident #3's medical record which revealed that the resident move-in-date was [REDACTED] with diagnoses which included but not limited to NJ EX Order, 264b1 [REDACTED]</p> <p>Surveyor review of the ISC revealed, "On [REDACTED] five residents from our [REDACTED] NJ EX Order, 264b1 were taken on a bus trip with the driver and one additional staff member. The residents got off the bus with the staff member and when another resident reported not feeling well the residents returned to the bus. The bus returned to the community at approximately 2:45 p.m., - 3 p.m. In preparing for dinner, staff noted</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>the resident was not accounted for following their return and in-house search was conducted. Authorities were contacted, and it was discovered that resident had [REDACTED] where a bystander saw and called the first responders."</p> <p>Surveyor review of the RER indicated that on [REDACTED] the bus arrived at the facility at approximately 3 p.m, and under the section, "Time of Event," the event occurred at 5:30 p.m., which showed that Resident #3 was unaccounted for at least two and half (2 1/2) hours.</p> <p>Surveyor review of the "Resident Functional Needs Service Plan," (a document used by the facility to plan care for residents' care) dated [REDACTED] indicated, the following: Documentation under the section, "Emergency Situation Assistance," was, NJ EX Order. 264b1 [REDACTED]. Resident will require one (1) person assist during evacuation procedures for NJ EX Order. 264b1 and NJ EX Order. 264b1. Resident should not be NJ EX Order. 264b1, resident resides on a NJ EX Order. 264b1 unit." Under the section, NJ EX Order. 264b1, " was, "Staff will provide NJ EX Order. 264b1 to assist with NJ EX Order. 264b1. 2 times(s) per day. Resident will require NJ EX Order. 264b1 of NJ EX Order. 264b1."</p> <p>The surveyor reviewed the facility's policy titled, "Resident Rights" which indicated, "The right to be free from physical and mental abuse and/or neglect." In addition, "The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan."</p>	A 310		

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A 355 A 355	<p>Continued From page 3</p> <p>8:36-4.1(a)(1) Resident Rights</p> <p>comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences,</p> <p>1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00131517</p> <p>Based on interview and record review it was determined that the facility failed to implement intervention(s) from a "Resident Functional Needs Service Plan (RFNSP) to ensure resident's safety which caused the resident to [REDACTED] during excursion trip and as a result, sustained NJ EX Order. 2540 [REDACTED] for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 8/10/20 at 9:50 a.m., the surveyor interviewed the Executive Director (ED) regarding a Facility Reportable Event [REDACTED] " [REDACTED] " which occurred on [REDACTED] during a bus ride and was reported to the Department of Health on [REDACTED]</p> <p>The ED stated that Resident #3 did not</p>	A 355 A 355		

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A 355	<p>Continued From page 4</p> <p>accompany the bus back to the facility. He stated that five residents were accompanied by a Life Guidance Director (LGD) and a driver for a bus trip to the shore and he provided the surveyor with "Incident Summary and Conclusion (ISC)" dated [REDACTED]</p> <p>Surveyor review of the ISC revealed, "On [REDACTED] NJ EX Order: 29417, five residents from our memory care neighborhood were taken on a bus trip with the driver and one additional staff member. The residents got off the bus with the staff member and when another resident reported not feeling well they returned to the bus. The bus returned to the community at approximately 2:45 p.m., -3 p.m. In preparing for dinner, staff noted the resident was not accounted for following their return and in-house search was conducted. Authorities were contacted, and it was discovered that resident had [REDACTED] where a bystander saw and called the first responders."</p> <p>At 10:20 a.m., the surveyor interviewed the LGD regarding the aftermentioned incident and she stated that on [REDACTED] sometime in the afternoon, that five residents including Resident#3 took a bus ride to the shore. She stated that she could not recall the exact time of the trip/event, "I don't keep list." The LGD stated that the bus briefly made a stop for the residents to look around but she (LGD) was not aware that Resident #3 did not get back on the bus. She explained that another resident became suddenly ill during the trip and was pre-occupied with that resident.</p> <p>Surveyor review of the Reportable Event Report (RER) revealed that on [REDACTED] the bus arrived at the facility at approximately 3 p.m., and under the section, "Time of Event," the event occurred</p>	A 355		

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A 355	<p>Continued From page 5</p> <p>at 5:30 p.m., which indicated that Resident #3 was unaccounted for at least two and half (2 1/2) hours.</p> <p>At 11:05 a.m., the surveyor reviewed Resident #3's medical record which revealed that the resident move-in-date was [REDACTED] with diagnoses which included but not limited to NJ EX Order. 264b1 [REDACTED]. The "Resident Functional Needs Assessment" dated [REDACTED] indicated that the resident required [REDACTED] n of his/her [REDACTED]. During interview with the facility's Registered Nurse at 10:25 a.m., she stated that the resident no longer resides at the facility due to the resident's change in [REDACTED].</p> <p>The surveyor reviewed the resident's medical record which revealed "Progress Notes (PN)" from ... Nursing & Rehab at ... dated [REDACTED]. According to the PN documentation, Resident #3's Responsible Party, stated that the resident was found [REDACTED] by the police after an unwitnessed [REDACTED] at a venue visited by the facility and was brought to the hospital. In addition, the PN revealed that the resident sustained the following NJ EX Order. 264b1; NJ EX Order. 264b1 [REDACTED].</p> <p>Continued surveyor review of the "Resident Functional Needs Service Plan," (a document used by the facility to plan care for residents' care) dated [REDACTED], indicated, the following: Documentation under the section, "Emergency Situation Assistance," was, "Resident [REDACTED] NJ EX Order. 264b1. Resident will require</p>	A 355		

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A 355	<p>Continued From page 6</p> <p>one [redacted] NJ EX Order. 264b1 during evacuation procedures for NJ EX Order. 264b1 Resident should not be [redacted] NJ EX Order. 264b1, resident resides on a [redacted] NJ EX Order. 264b1 unit." Under the section, "[redacted] NJ EX Order. 264b1 Capabilities," was, "Staff will provide [redacted] NJ EX Order. 264b1 with [redacted] NJ EX Order. 264b1, etc. 2 times(s) per day. Resident will require [redacted] NJ EX Order. 264b1 [redacted] NJ EX Order. 264b1</p> <p>The surveyor reviewed the facility's policy titled, "Resident Rights" which indicated, "The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan." The facility did not follow its RFNSP to ensure that Resident #3 was protected from serious injuries.</p> <p>A police report was received post survey on 8/19/20 at 12:31 p.m. Surveyor's review of the police "Report for Incident" dated [redacted] NJ EX Order. 264b1 at 2:55 [14:55] p.m., revealed, "I responded to the above location for a report of an [redacted] NJ EX Order. 264b1 who was struck by a [redacted] NJ EX Order. 264b1. While enroute I was advised by Sgt ..., who was reviewing the ... pole camera in the area, that the [redacted] NJ EX Order. 264b1 while crossing the street and was not struck. Upon arrival I located the [redacted] NJ EX Order. 264b1 down in the roadway being assisted by pedestrians. He/she had no identification on him/her and was [redacted] NJ EX Order. 264b1 or [redacted] NJ EX Order. 264b1 at this time."</p>	A 355		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A004	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/22/2020
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 A0355	Correction	ID Prefix _____	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(1)	Completed	Reg. # _____	Completed
LSC _____	09/04/2020	LSC _____	09/04/2020	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 _____	
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 8/11/2020	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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8:36-3.4(a)(1) Administration

(a) The administrator or designee shall be responsible for, but not limited to, the following:

1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;

POC-

1. Resident #3 was affected, when resident #3 identified as not returning a search was conducted and all involved parties were notified. A call to local police department identified resident had been transported to the hospital where facility was able to follow up with affected resident. Resident #3 service plan unable to be updated due to resident not returning to facility.

2. While resident #3 was affected all residents have the potential to be affected by this deficiency.

3. The community will follow an established Bus Trip protocol to ensure that the Residents Rights are met, including the safety and well-being of all residents who leave the community on a trip. This protocol will include: Prior to leaving the community the designated staff member and driver will have a list of all residents attending the trip along with their ambulatory needs as outlined in their emergency needs and service plan (binder with all necessary information kept on the bus). Service plan/Emergency Need will be reviewed to ensure residents needs can be safely met on a trip. A designated staff member to oversee the trip in addition to the bus driver, and may include an additional staff if the resident's needs require (escorting, incontinence care). This list will be distributed to the reception desk and driver prior to the trip leaving the community. The staff member and driver will use the list to conduct a headcount as the residents board the bus and will conduct a headcount each time the residents disembark and get back on the bus. Upon return to the community the driver, designated staff member and reception upon entering the building will conduct a final headcount for all residents.

4. ED or designee will review protocol and bus trips weekly to ensure compliance with established protocol.

POC completion date: 9/4/2020

A 355 8:36-4.1(a)(1) Resident Rights

comprehensive personal care homes and assisted living programs. Each resident is entitled to the following rights: (a) Each assisted living provider will post and distribute a statement of resident rights

for all residents of assisted living residences, 1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;

1. Resident #3 was affected, when resident #3 identified as not returning a search was conducted and all involved parties were notified. A call to local police department identified resident had been transported to the hospital where facility was able to follow up with affected resident. Resident #3 service plan unable to be updated due to resident not returning to facility.

2. While resident #3 was affected all residents have the potential to be affected by this deficiency.

3. Resident service plans will be reviewed to ensure each residents' specific needs are outlined. Bi-weekly resident needs review meetings are held and include all disciplines in the review of the residents' needs. Each resident is reviewed quarterly or more frequently based on a change of need to ensure that their needs are being met and that those needs are outlined in the resident service plan.

4. Director of Nursing (RSD), ED or designee will review resident care plans quarterly (in biweekly meetings) to ensure resident needs are captured in the care plan and that those needs are being met.

POC completion date: 9/4/2020