

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55A004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ATRIA TINTON FALLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>44 PINE STREET</b> <b>TINTON FALLS, NJ 07753</b>
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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: Compliant # : NJ00161102 Census: 101 Sample Size: 6</p> <p>The facility is not in substantial compliance with N.J.A.C. Title 8 Chapter 36- Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs for this Complaint Investigation: C# NJ00161102 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: NJ00161102</p> <p>Based on interview and record review, it was determined the facility's administrator failed to implement and enforce the facility's policy and procedure titled "Monitoring [REDACTED]". The deficient practice is evidence by the following:</p> <p>Review of the facility document used to document the weights of residents in Life Guidance, it was revealed that 3 of the 6 sampled residents had a [REDACTED] or more pounds in one month or continuous [REDACTED] for three consecutive months.</p> <p>Resident #2 had a move in date of [REDACTED] with diagnoses which included [REDACTED]. The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated [REDACTED], which indicated that Resident #2 was [REDACTED] but may be [REDACTED]. [REDACTED] Review of Resident #2's [REDACTED] it was revealed that his/her [REDACTED] was [REDACTED] pounds (lbs.) in [REDACTED] there was no documented [REDACTED] for [REDACTED], and [REDACTED] lbs. in [REDACTED]. This was a total of [REDACTED] lbs.</p> <p>Resident #5 had a move in date of [REDACTED] with diagnoses which included [REDACTED]. [REDACTED] The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated [REDACTED] which indicated that Resident #5 was [REDACTED] to [REDACTED] and [REDACTED] of [REDACTED]. Review of Resident #5's weights revealed that his/her weight was [REDACTED] lbs. in [REDACTED].</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>NJ EX Order 264b1, there was no documented for NJ EX Order 264b1 lbs. in NJ EX Order 264b1 lbs. in NJ EX Order 264b1 and lbs. in NJ EX Order 264b1. From NJ EX Order 264b1 to NJ EX Order 264b1 there was a NJ EX Order 264b1 of lbs.</p> <p>Resident #6 had a move in date of NJ EX Order 264b1 with diagnoses which included NJ EX Order 264b1. The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated NJ EX Order 264b1 which revealed that Resident #6 was NJ EX Order 264b1 c and NJ EX Order 264b1.</p> <p>Surveyor review of Resident #6's revealed that his/her weight was NJ EX Order 264b1 lbs. in NJ EX Order 264b1, there was no documented weight for NJ EX Order 264b1.8 lbs. in NJ EX Order 264b1 lbs. in NJ EX Order 264b1 lbs. in NJ EX Order 264b1. From NJ EX Order 264b1 to NJ EX Order 264b1 there was a NJ EX Order 264b1 of lbs.</p> <p>The facility failed to provide documented evidence of NJ EX Order 264b1 taken in NJ EX Order 264b1 of NJ EX Order 264b1.</p> <p>On 4/27/2023 at 12:50 p.m., the surveyor conducted a phone call interview with the Resident Services Supervisor (RSS) (Assistant Director of Nursing [ADON]), it was revealed that the Resident Service Director (RSD) (Director of Nursing [DON]) nor the RSS reviewed the NJ EX Order 264b1 book monthly. In addition, there was no documentation that the physicians or dieticians were made aware of Resident #2's NJ EX Order 264b1 from NJ EX Order 264b1 to NJ EX Order 264b1 or Resident #5 and Resident #6's NJ EX Order 264b1 pound NJ EX Order 264b1 ove NJ EX Order 264b1 month, NJ EX Order 264b1.</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>On 4/27/2023 at 2:08 p.m., the surveyor interview with the Life Guidance Director (LGD) via telephone call, it was revealed that he was reviewed the [REDACTED] of the [REDACTED] residents to determine if [REDACTED] had occurred. If the [REDACTED] was significant, which per the LGD the facility considered [REDACTED] pounds [REDACTED] over the past month, the LGD (who is not a nurse) would discuss the [REDACTED] with the RSD and the RSS. The LGD would have a verbal conversation with the RSD or RSS, therefore it was revealed that there was no documentation. The LGD revealed that resident [REDACTED] were being documented in the [REDACTED] book which is a paper copy. The LGD revealed that weights were not being documented in the Atria Resident Care Resident [REDACTED] In Tracker, which is an online documentation system for [REDACTED] as per facility policy.</p> <p>The facility failed to provide documented evidence of [REDACTED] taken in [REDACTED], there was no documented evidence that [REDACTED] occurred, nor documented evidence that the resident's physicians were notified.</p> <p>Per facility policy titled "Monitoring [REDACTED]" included but not limited to:</p> <p>"A. The Resident Service Director (RSD) is responsible to ensure:</p> <p>... 3. If a [REDACTED] pound [REDACTED] or [REDACTED] in one month occurs:</p> <p>a. The resident is [REDACTED] again within three (3) days of determining the [REDACTED]-pound [REDACTED] to verify accuracy;</p> <p>b. The resident's physician is notified after [REDACTED]; and,</p> <p>c. The physician notification is documented in</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>the resident's Atria Resident Care (ARC) notes.</p> <p>4. If continuous [REDACTED] occurs for three (3) consecutive months, regardless of total number of pounds:</p> <p>a. The resident's physician is notified; and</p> <p>b. The physician notification is documented in the resident's Atria Resident Care (ARC) notes.</p> <p>5. [REDACTED] checks are scheduled and documented in ARC Resident [REDACTED] gh In tracker.</p> <p>B. Following (WI) AL-0004-01 Service Standards, Atria care staff must take the following steps to monitor a resident's weight:</p> <p>1. [REDACTED] are obtained on the date and time assigned on the iPod.</p> <p>2. Resident [REDACTED] is reported to the RSD and subsequently recorded in the Wellness Tracker" ...</p>	A 310		
A 615	<p>8:36-5.15(b) General Requirements</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00161102</p> <p>Based on interview and record review it was determined that the facility failed to maintain documented evidence that Responsible Party (RP) was notified of change in condition for 1 of 6 residents reviewed, Resident #2. This deficient</p>	A 615		

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A 615	<p>Continued From page 5</p> <p>practice was evidenced by the following:</p> <p>On 4/25/2023 at 3:45 p.m., the surveyor reviewed the medical record of Resident #2 which revealed that the resident moved into the facility in [REDACTED] of [REDACTED] with diagnoses which included <b>NJ EX Order, 264b1</b>.</p> <p>Review of the "Resident Notes" dated [REDACTED] at 3:05 p.m., identified that the resident was transported to a local emergency room for evaluation. Further review of the "Resident Notes" failed to identify documented evidence that the RP was notified of the [REDACTED] transfer to the emergency room.</p> <p>At 2:45 p.m., during interview with the Executive Director it was reported that the RP was not made aware prior to Resident #2 going to the local emergency room for evaluation. The Executive Director commented that the RP was called after but it was not documented.</p>	A 615		
A 749	<p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 749		

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A 749	<p>Continued From page 6</p> <p>Complaint: NJ00161102</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the Resident Functional Needs Service Plan was updated or revised for 3 of 6 residents, Resident #2, Resident #5, and Resident #6 reviewed to ensure appropriate dietary and nutritional interventions were developed and implemented in a timely manner to address [REDACTED]. This deficient practice was evidenced by the following:</p> <p>Resident #2 had a move in date of [REDACTED] with diagnoses which included [REDACTED]. The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated [REDACTED], which revealed that Resident #2 was [REDACTED] but may [REDACTED]. [REDACTED] the "Resident Functional Needs Service Plan dated [REDACTED] failed to identify Resident #2's [REDACTED]. Review of Resident #2's [REDACTED] it was revealed that his/her [REDACTED] was [REDACTED] pounds (lbs.) in [REDACTED], there was no documented [REDACTED] t for [REDACTED], and [REDACTED] lbs. in [REDACTED]. This was a total of [REDACTED] lbs.</p> <p>On 4/25/2023 at 3:40 p.m., the surveyor conducted an interview with the Executive Director who confirmed that the "Resident Functional Needs Service Plan" dated [REDACTED] was the most recent assessment for Resident #2.</p> <p>Resident #5 had a move in date of [REDACTED] with diagnoses which included [REDACTED]. [REDACTED] e. The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated [REDACTED], which revealed</p>	A 749		

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A 749	<p>Continued From page 7</p> <p>that Resident #5 was [redacted] but may be unable to recall specific events and forgets location of familiar objects; failed to identify Resident #5's [redacted] and need for nutritional supplements. Review of Resident #5's [redacted] NJ EX Order: 264b1 that his/her [redacted] was [redacted] lbs. in [redacted] NJ EX Order: 264b1 there was no documented [redacted] for [redacted] NJ EX Order: 264b1 lbs. in [redacted] NJ EX Order: 264b1 lbs. in [redacted] NJ EX Order: 264b1 lbs. in [redacted] NJ EX Order: 264b1 lbs. in [redacted] NJ EX Order: 264b1 lbs. in [redacted] and [redacted] lbs. in [redacted] NJ EX Order: 264b1 . This was a total of [redacted] lbs. From [redacted] NJ EX Order: 264b1 to [redacted] NJ EX Order: 264b1 there was a [redacted] NJ EX Order: 264b1 of [redacted] lbs.</p> <p>On 4/25/2023 at 3:40 p.m., the surveyor conducted an interview with the Executive Director who confirmed that the "Resident Functional Needs Service Plan" dated 1 [redacted] NJ EX Order: 264b1 was the most recent assessment for Resident #5.</p> <p>Resident #6 had a move in date of [redacted] NJ EX Order: 264b1 with diagnoses which included [redacted] NJ EX Order: 264b1 . The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated [redacted] NJ EX Order: 264b1 , which indicated that Resident #6 was [redacted] NJ EX Order: 264b1 ; the facility failed to produce documentation which identified Resident #6's [redacted] NJ EX Order: 264b1 . Review of Resident #6's [redacted] NJ EX Order: 264b1 showed that his/her [redacted] NJ EX Order: 264b1 was [redacted] lbs. in [redacted] NJ EX Order: 264b1 , no documented [redacted] for [redacted] NJ EX Order: 264b1 , [redacted] lbs. in [redacted] NJ EX Order: 264b1 lbs. in [redacted] NJ EX Order: 264b1 , [redacted] lbs. in [redacted] NJ EX Order: 264b1 lbs. in [redacted] NJ EX Order: 264b1 . This was a total of [redacted] lbs. From [redacted] NJ EX Order: 264b1 to [redacted] NJ EX Order: 264b1 there was a [redacted] NJ EX Order: 264b1 of [redacted] lbs.</p> <p>On 4/25/2023 at 3:40 p.m., the surveyor conducted an interview with the Executive Director who confirmed that the "Resident</p>	A 749		
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A 749	Continued From page 8  Functional Needs Service Plan" dated [REDACTED] was the most recent assessment for Resident #6.  The facility failed to ensure that the "Resident Functional Needs Service Plan" was updated based on resident's needs to ensure dietary and nutritional interventions were implemented to address the [REDACTED] of Resident #2, Resident #5, and Resident #6.	A 749		
A 765	8:36-7.4(c)(1) Resident Assessments and Care Plans  (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following:  1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital;  This REQUIREMENT is not met as evidenced by: Complaint: NJ00161102  Based on interview and record review it was determined that the facility failed to reassess residents upon return from hospitalization in order to determine the resident's needs for [REDACTED] residents, Resident #2, Resident #3, Resident #4 and Resident #5. This deficient practice was evidence by the following:	A 765		

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A 765	<p>Continued From page 9</p> <p>The surveyor reviewed Resident #2's medical record which revealed that Resident #2 had a move in date of 1 [REDACTED] with diagnoses which included <b>NJ EX Order, 264b1</b>.</p> <p>The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated [REDACTED], which indicated that Resident #2 was <b>NJ EX Order, 264b1</b>.</p> <p>The "Resident Notes" revealed that on [REDACTED] and [REDACTED] Resident #2 was transferred from the facility to a local emergency room. The facility failed to provide documented evidence that Resident #2 had been reassessed upon his/her return from the hospital.</p> <p>The surveyor reviewed Resident #3's medical record which revealed that Resident #3 had a move in date of [REDACTED] with diagnoses which included <b>NJ EX Order, 264b1</b>. The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated [REDACTED], which revealed that Resident #3 does not require assistance <b>NJ EX Order, 264b1</b>. The surveyor reviewed the facility document titled "Resident Notes" for Resident #3 which revealed that on [REDACTED] Resident #3 was transferred from the facility to a local emergency room. The facility failed to provide documented evidence that Resident #3 had been reassessed upon his/her return from the hospital.</p> <p>The surveyor reviewed Resident #4's medical record which revealed that Resident #4 had a move in date of [REDACTED] with diagnoses which included <b>NJ EX Order, 264b1</b>. The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated [REDACTED], which revealed that Resident #4</p>	A 765		

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A 765	<p>Continued From page 10</p> <p>does not require assistance with [REDACTED] "Resident Notes" for Resident #4 revealed that on [REDACTED] Resident #4 was transferred from the facility to a local emergency room. The facility failed to provide documented evidence that Resident #4 had been reassessed upon his/her return from the hospital.</p> <p>The surveyor reviewed Resident #5's medical record which revealed that Resident #5 had a move in date of [REDACTED] with diagnoses which included <b>NJ EX Order. 264b1</b> [REDACTED]. The surveyor reviewed a facility document titled "Resident Functional Needs Assessment" dated [REDACTED] which indicated that Resident #4 was orientated but may be unable to recall specific events and forgets location of familiar objects. The surveyor reviewed the facility document titled "Resident Notes" for Resident #5 which revealed that on <b>NJ EX Order. 264b1</b> [REDACTED] Resident #5 was transferred from the facility to a local emergency room. The facility failed to provide documented evidence that Resident #5 had been reassessed upon his/her return from the hospital.</p> <p>On 4/25/2023 at 3:40 p.m., during an interview with the Executive Director, it was confirmed that there was no documentation of a reassessment upon return from hospital for Resident #2, Resident #3, Resident #4, and Resident #5.</p>	A 765		
A 885	8:36-10.3 Dining Services	A 885	The facility shall designate a food service coordinator who, if not a dietitian, functions with scheduled consultation from a dietitian. When meals are prepared in the facility, the food	

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NAME OF PROVIDER OR SUPPLIER  <b>ATRIA TINTON FALLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>44 PINE STREET</b> <b>TINTON FALLS, NJ 07753</b>
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A 885	<p>Continued From page 11</p> <p>service coordinator or designee shall be present in the facility. The food service coordinator shall ensure that dining services are provided as specified in the dining portion of the health care plan.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint: NJ0016102</p> <p>Based on interview and review of facility documents it was determined that the facility failed to ensure that a Food Service Coordinator (FSC) or designee was present at the facility and that a FSC worked in consultation with a dietician. This deficient practice was evidence by the following:</p> <p>On 4/27/2023 at 9:50 a.m., the Executive Director stated that the facility did not have a Director of Culinary Services and that the Regional Director of Culinary Services (RDSCS) was overseeing the kitchen. It was also revealed that that there was not a facility kitchen staff member designated to act as Food Service Coordinator in the absence of the Director of Culinary Services. The RDSCS came in bi-weekly to the facility and he did not consult with a dietician in the absence of the facility's Director of Culinary Services.</p> <p>The surveyor conducted a telephone interview on 5/1/2023 with the RDSCS who confirmed that he did not work with a dietician while visiting the facility bi-weekly.</p> <p>On 5/1/2023, at 1:50 p.m., the surveyor conducted a telephone interview with the facility's Cook, it was revealed that she had not been in contact with a dietician in the absence of the</p>	A 885		

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A 885	Continued From page 12  Food Service Director.  The facility failed to designate a Food Service Coordinator who worked in consultation with a Dietician, was present at the facility while meals were being prepped and ensured that dining services were being provided as specified in the dining portion of the health care plan.	A 885		
A 887	8:36-10.4(a)(1) Dining Services  (a) If indicated, according to residents' needs, a dietitian shall be responsible for providing resident care, including, but not limited to, the following:  1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of the health care plan on the basis of the assessment, providing dietary services to the resident as specified in the dietary portion of the health plan, reassessing the resident, and revising the dietary portion of the health care plan. Each of these activities shall be documented in the resident's record;  This REQUIREMENT is not met as evidenced by: Complaint: NJ00106102  Based on interview and review of medical records, it was determined that the facility failed to consult a dietician to assess the resident's nutritional needs who sustained weight loss for 3 of 6 residents, Resident #2, Resident #5, and	A 887		

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A 887	<p>Continued From page 13</p> <p>Resident #6. This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed Resident #2's medical record which revealed that Resident #2 had a move in date of [REDACTED] with diagnoses which included <b>NJ EX Order. 264b1</b> "Resident Functional Needs Assessment" dated [REDACTED] revealed that Resident #2 was [REDACTED]</p> <p>Review of Resident #2's [REDACTED] revealed that his/her [REDACTED] was [REDACTED] pounds (lbs.) in [REDACTED], there was no documented [REDACTED] t for <b>NJ EX Order. 264b1</b>, and [REDACTED] lbs. in <b>NJ EX Order. 264b1</b> This was a total of 1 [REDACTED] lbs.</p> <p>The surveyor reviewed Resident #5's medical record which revealed that Resident #5 had a move in date of [REDACTED] with diagnoses which included <b>NJ EX Order. 264b1</b> . "Resident Functional Needs Assessment" dated [REDACTED] indicated that Resident #4 was [REDACTED]</p> <p>Review of Resident #5's [REDACTED] revealed that his/her [REDACTED] t was [REDACTED] lbs. in <b>NJ EX Order. 264b1</b>, there was no documented weight for <b>NJ EX Order. 264b1</b> lbs. in [REDACTED] lbs. in <b>NJ EX Order. 264b1</b> lbs. in <b>NJ EX Order. 264b1</b> and [REDACTED] lbs. in <b>NJ EX Order. 264b1</b> . This was a total of [REDACTED] lb. From <b>NJ EX Order. 264b1</b> to <b>NJ EX Order. 264b1</b> there was a [REDACTED] of [REDACTED] lbs.</p> <p>The surveyor reviewed Resident #6's medical record which revealed that Resident #6 had a move in date of [REDACTED] with diagnoses which included <b>NJ EX Order. 264b1</b> The surveyor reviewed a facility document titled "Resident Functional Needs</p>	A 887		

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A 887	<p>Continued From page 14</p> <p>Assessment" dated [redacted], which stated that Resident #6 is <b>NJ EX Order. 264b1</b> [redacted]. Upon surveyor review of Resident #6's [redacted] it was revealed that his/her [redacted] was [redacted] 6 lbs. in <b>NJ EX Order. 264b1</b>, there was no documented [redacted] for <b>NJ EX Order. 264b1</b> lbs. in <b>NJ EX Order. 264b1</b> lbs. in <b>NJ EX Order. 264b1</b> lbs. in <b>NJ EX Order. 264b1</b> lbs. in <b>NJ EX Order. 264b1</b>. This was a total of [redacted] lbs. From <b>NJ EX Order. 264b1</b> to <b>NJ EX Order. 264b1</b> there was a <b>NJ EX Order. 264b1</b> of [redacted] lbs.</p> <p>During interview the Executive Director stated that she was not able to locate the [redacted] for Resident #2, Resident #4, and Resident #5 for <b>NJ EX Order. 264b1</b>. The ED stated that the [redacted] were completed but failed to provide documented evidence.</p> <p>During surveyor review of Resident #2, Resident #5, and Resident #6's medical records, it was revealed that the medical records failed to contain documented evidence that the [redacted] for the aforementioned residents were reviewed by the Resident Services Director (DON) per facility policy titled "Monitoring [redacted]" included but not limited to:</p> <p>"A. The Resident Service Director (RSD) is responsible to ensure:</p> <p>... 3. If a [redacted] pound [redacted] or [redacted] in one month occurs:</p> <p>a. The resident is [redacted] again within three (3) days of determining the [redacted]-pound [redacted] to verify accuracy;</p> <p>b. The resident's physician is notified after [redacted]; and,</p> <p>c. The physician notification is documented in</p>	A 887		
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A 887	<p>Continued From page 15</p> <p>the resident's Atria Resident Care (ARC) notes.</p> <p>4. If continuous [REDACTED] or [REDACTED] occurs for three (3) consecutive months, regardless of total number of pounds:</p> <p>a. The resident's physician is notified; and</p> <p>b. The physician notification is documented in the resident's Atria Resident Care (ARC) notes.</p> <p>5. [REDACTED] checks are scheduled and documented in ARC Resident [REDACTED] In tracker ..."</p> <p>There was no documentation indicating that a Registered Dietician was made aware of the [REDACTED] for Resident #2, Resident #5, and Resident #6.</p> <p>The facility was unable to provide dietary or nutritional notes for any resident in the facility from [REDACTED] of [REDACTED] to [REDACTED]. The Executive Director did provide the surveyor with a dietary note from [REDACTED], for an unsampled resident that was referred to the dietician by [REDACTED]. The dietary note referred to a [REDACTED] from [REDACTED]. In addition, the facility provided the surveyor with a nutritional assessment dated [REDACTED], for an additional unsampled resident, which indicated that the resident's representative requested a [REDACTED] for the resident. This note also referred to [REDACTED] from [REDACTED].</p> <p>The facility provided the surveyor with a contract for dietary services dated [REDACTED] to [REDACTED]. The Registered Dietician for this company signed menus for the facility in [REDACTED]. At 3:40p.m., the Executive Director stated that a dietician had not been in the facility in [REDACTED]. The facility provided the surveyor with a different contract for dietary services dated [REDACTED], to [REDACTED].</p>	A 887		



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H5770	<p>8:43E-13.4(c) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall send a completed, paper copy of the Universal Transfer Form with a patient when a patient is transferred.</p> <p>This REQUIREMENT is not met as evidenced by: Compliant: NJ00161102</p> <p>Based on interview and record review it was determined that the facility failed to send a completed copy of the Universal Transfer Form (UTF) with the resident when transferred from the facility to the local emergency room for 4 of 6 residents, Resident #2, Resident #3, Resident #4, and Resident #5. This deficient practice was evidenced by the following:</p> <p>On 4/25/23, the surveyor reviewed the medical record for Resident #2 which revealed that Resident #2 had a move in date of [REDACTED] with diagnoses which included <b>NJ EX Order, 264b1</b> [REDACTED] "Resident Functional Needs Assessment" dated [REDACTED] indicated that Resident #2 was oriented but may be [REDACTED] [REDACTED] <b>NJ EX Order, 264b1</b>.</p> <p>"Resident Notes" revealed that on [REDACTED] and [REDACTED] Resident #2 was transferred from the facility to a local emergency room. The resident's medical record failed to contain documented evidence of a completed copy of the UTF.</p>	H5770		

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H5770	<p>Continued From page 17</p> <p>The surveyor also reviewed the medical record for Resident #3 which revealed that Resident #3 had a move in date of [REDACTED] with diagnoses which included <b>NJ EX Order, 264b1</b> [REDACTED]. "Resident Functional Needs Assessment" dated [REDACTED] revealed that Resident #3 does not require assistance with orientation. "Resident Notes" for Resident #3 indicated that on [REDACTED] Resident #3 was transferred from the facility to a local emergency room. The resident's medical record failed to contain documented evidence of a completed copy of the UTF.</p> <p>The surveyor also reviewed the medical record for Resident #4 which revealed Resident #4 had a move in date [REDACTED] with diagnoses which included <b>NJ EX Order, 264b1</b> [REDACTED]. "Resident Functional Needs Assessment" dated [REDACTED] revealed that Resident #4 does not require assistance with [REDACTED]. "Resident Notes" for Resident #4 revealed that on [REDACTED] Resident #4 was transferred from the facility to a local emergency room. The resident's medical record failed to contain documented evidence of a completed copy of the UTF.</p> <p>The surveyor also reviewed the medical record for Resident #5 which revealed that Resident #5 had a move in date [REDACTED] with diagnoses which included <b>NJ EX Order, 264b1</b> [REDACTED]. "Resident Functional Needs Assessment" dated [REDACTED] indicated that Resident #4 was oriented but may be <b>NJ EX Order, 264b1</b> [REDACTED]. "Resident Notes" for Resident #5 revealed that on <b>NJ EX Order, 264b1</b> [REDACTED] Resident #5 was transferred from the facility to a local emergency room. The resident's</p>	H5770		

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H5770	Continued From page 18  medical record failed to contain documented evidence of a completed copy of the UTF.  The surveyor interviewed the Executive Director and Life Guidance Director on 4/25/2023 at 12:19 p.m., who stated that a UTF was not sent with facility residents upon transfer to emergency room or otherwise. Upon continued interview, it was revealed that the resident's face sheet (documents the residents demographic information, allergies, diagnoses, emergency contacts/ responsible parties, food preferences), and medication list are sent with the resident to the emergency room or otherwise.	H5770		
H5795	8:43E-13.5 UNIVERSL TRANSFR FORM:P&P REGARDG USE OF FORM  A licensed healthcare facility or program shall develop and implement written policies and procedures addressing the required use of the Universal Transfer Form by a licensed healthcare facility or program's staff, method of transportation, procedures for security of the resident and all personal belongings or other items that accompany or immediately follow a transferred resident.  This REQUIREMENT is not met as evidenced by: Compliant: NJ00161102  Based on interview, it was determined that the facility failed to develop and implement a written policy and procedure addressing the required use of the Universal transfer Form by a licensed healthcare facility. This was deficient practice was	H5795		

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H5795	<p>Continued From page 19</p> <p>evidence by:</p> <p>On 4/25/2023 at 12:19 p.m., upon surveyor interview the Executive Director and Life Guidance Director, it was revealed that the facility does not use a Universal Transfer Form upon resident transfers, nor was there a policy relating to the use of Universal Transfer Forms.</p> <p>The surveyor reviewed a facility policy and procedure titled "Emergency File," which included but not limit to:</p> <p>"...Emergency File: A separate file from the Assisted Living Care File that contains the following resident specific documents: ARC profile (Face sheet), current Advance Directives, including DNR and front and back copies of insurance information. Each resident 's Emergency File is kept in the community Emergency 911 Binder.</p> <p>Emergency 911 Binder: A binder which contains a copy of the Emergency Files for all residents. The resident Emergency Files are filed in the binder alphabetically for easy retrieval...</p> <p>A. Assisted Living Residents: The Resident Services Director must:</p> <ol style="list-style-type: none"> <li>1. Obtain the following upon move in of a resident: <ol style="list-style-type: none"> <li>a. Advanced Directives (including DNR) <ol style="list-style-type: none"> <li>1) Make 3 copies.</li> <li>2) Place copies in the following locations: <ol style="list-style-type: none"> <li>a) Assisted Living Care File;</li> <li>b) Business Office File; and</li> <li>c) Emergency File.</li> <li>d) The CBD must upload a copy of the advanced directive into RMS using the correct RMS category (document type).</li> </ol> </li> </ol> </li> </ol> </li> </ol>	H5795		

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H5795	<p>Continued From page 20</p> <p>3) Enter the advanced directive information in ARC:</p> <p>a) Go to the Resident Dashboard in ARC, then go to the Resident Care Services section and click on Advanced Directives;</p> <p>b) Designate the applicable information by clicking on yes or no; and,</p> <p>c) Click on submit.</p> <p>b. Copies of the front and back of insurance cards</p> <p>1) Make 2 copies.</p> <p>2) Place copies in the following locations:</p> <p>a) Assisted Living Care File; and</p> <p>b) Emergency File.</p> <p>3) Enter the insurance information into RMS:</p> <p>a) Task List from the top, select "Insurance/Other Coverage;</p> <p>b) Select Insurance, then select Add Insurance;</p> <p>c) Complete all fields (those fields in red are required);</p> <p>d) Click Submit.</p> <p>e) Under Attachments on the same screen at the bottom, select Insurance Card, browse for the correct file saved to your computer, Insert and Go to the Resident ' s Lease Management page, select the 2nd click on Submit.</p> <p>c. Immunization Record</p> <p>1) Make a copy and place it in the Emergency File.</p> <p>2) Enter the Immunization Record in the tracker in ARC.</p> <p>d. Contact information</p> <p>1) Emergency contact(s);</p> <p>2) Physician contact(s);</p> <p>3) Enter contact information into ARC:</p> <p>a) Go to the Resident Dashboard in ARC and scroll to the Contacts section;</p> <p>b) Choose from the Contact</p>	H5795		

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H5795	<p>Continued From page 21</p> <p>dropdown the contact type you are entering;</p> <p>c) Complete the required fields designated in red; and,</p> <p>d) Click on submit.</p> <p>e. Enter the following information in ARC:</p> <ol style="list-style-type: none"> <li>1) Allergies</li> <li>2) Diagnosis</li> <li>3) Food Preferences</li> <li>4) Pharmacy contact information</li> <li>5) Hospital contact information</li> <li>6) Remaining demographic information</li> </ol> <p>f. Print two copies of the Face sheet and place in the following locations:</p> <ol style="list-style-type: none"> <li>1) Hardcopy Assisted Living Care File;</li> </ol> <p>and,</p> <ol style="list-style-type: none"> <li>2) The Emergency File.</li> </ol> <p>g. Place a copy of the photo of the resident in the Emergency File.</p> <p>2. The Emergency Files must be kept in a binder which is referred to as the 911 Emergency Binder, which contains all residents in the community.</p> <p>3. The 911 Emergency Binder must be stored at the front desk in an area accessible to all staff 24 hours a day.</p> <p>4. Create a second (duplicate) copy of the 911 Emergency Binder for memory care residents to be kept in the memory care neighborhood to be taken on the bus during outings.</p> <p>5. Review the Emergency Files and update annually or as information changes. Update or replace the information as soon as possible if the community becomes aware that it has become outdated.</p> <ol style="list-style-type: none"> <li>a. To update insurance information, <ol style="list-style-type: none"> <li>1) Follow the steps above in A.1.b.3).</li> <li>2) Under Insurance select Edit, then update the fields needing editing, upload any attachments and select Submit.</li> </ol> </li> <li>b. To update the Advanced Directives</li> </ol>	H5795		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55A004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ATRIA TINTON FALLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>44 PINE STREET</b> <b>TINTON FALLS, NJ 07753</b>
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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
H5795	Continued From page 22  information, Upload a new version of the document..."	H5795		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A004	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/3/2023	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 H5770	Correction	ID Prefix H5795	Correction	ID Prefix _____	Correction
Reg. # 8:43E-13.4(c)	Completed	Reg. # 8:43E-13.5	Completed	Reg. # _____	Completed
LSC _____	06/14/2023	LSC _____	06/14/2023	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 4/27/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO



**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A004	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/3/2023
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 A0749	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.15(b)	Completed	Reg. # 8:36-7.3(a)	Completed
LSC	06/14/2023	LSC	06/14/2023	LSC	06/14/2023
ID Prefix A0765	Correction	ID Prefix A0885	Correction	ID Prefix A0887	Correction
Reg. # 8:36-7.4(c)(1)	Completed	Reg. # 8:36-10.3	Completed	Reg. # 8:36-10.4(a)(1)	Completed
LSC	06/14/2023	LSC	06/14/2023	LSC	06/14/2023
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 4/27/2023
  CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
  YES  NO

## A 310 8:36-3.4(a)(1) Administration

### How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- Upon identification of this deficient practice, the community Administrator was educated, on Tuesday, May 30<sup>th</sup>, on the responsibility to ensure the community policy entitled "Monitoring [REDACTED]" is implemented and enforced.
- Resident # 2 no longer resides at the community.
- Resident # 5 was assessed by the community dietitian on [REDACTED] and had a [REDACTED] taken on [REDACTED]. Recommendations were communicated to the physician.
- Resident # 6 was assessed by the community dietitian on [REDACTED] and had a [REDACTED] taken on [REDACTED]. Recommendations were communicated to the physician.
- The dietitian and physicians for residents #5, #6 were made aware of these residents' current [REDACTED] and dietitian recommendations.
- The Resident Service Supervisor and Resident Services Director were educated on the need to inform a resident's physician and dietitian of a resident who exhibits a [REDACTED] of [REDACTED] lbs. document monthly resident [REDACTED] and take a [REDACTED] of a resident when indicated.
- Resident's that reside on the [REDACTED] unit had a monthly [REDACTED] taken, with [REDACTED] results communicated to the physician and dietitian. This was completed on [REDACTED]. The remaining residents at the community will have their [REDACTED] taken with [REDACTED] results communicated to the physician and dietitian by June 14, 2023.
- Consultant dietitian assessed the residents that reside on the [REDACTED] unit with resident recommendations communicated to the physician and Resident Services Director. This was completed by [REDACTED]. The remaining residents at the community will have their recommendations communicated to the physician and Resident Services Director communicated to the physician and dietitian by June 14, 2023.

### How the facility will identify other residents having the potential to be affected by the same deficient practice.

- All residents have the potential to be affected by this deficient practice.

### What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- Audits will be conducted for the next six months of the monthly [REDACTED] and dietitian consults. Each month the audit will review 17% of residents and will be completed by the Resident Services Director and/or designee to assure that residents have a [REDACTED] taken and a referral for a dietitian consult based on their [REDACTED] of plus or minus [REDACTED] lbs. Results of this audit will be presented to the Quality Assurance and Process Improvement Committee using the Resident Needs Review process for the next six months.

### How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Results of the monthly [REDACTED] and dietitian consult audit will be presented to the Quality Assurance and Process improvement (QAPI) Committee via the Resident

Needs Review process for review and recommendations of next steps x 6 months  
. The first QAPI Committee meeting will be held on June 27, 2023.

**Completion Date: June 14, 2023**

## **A 615 8:36-5.15(b) General Requirements**

### **How the corrective action will be accomplished for those residents found to have been affected**

- Resident # 2 no longer resides at the community.
- Education was provided to the Resident Services Director and the NJ EX Order. 264b1 Director on the requirement to contact the responsible party when a resident is transferred to the hospital and document the communication in the resident's record. Education was provided on May 31, 2023.
- Clinical staff will be re-educated on the requirement to contact the responsible party when a resident is transferred to the hospital and document the communication in the resident's record.

### **How the facility will identify other residents having the potential to be affected by the same deficient practice.**

- All residents have the potential to be affected by this deficient practice.

### **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.**

- An audit of residents will be facilitated monthly for the next six months by the Resident Services Director and/or designee on residents who were transferred to the hospital to assure responsible party communication has been documented in the resident record.

### **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.**

- Results of the audit to verify that the Responsible Party is contacted will be presented to the Quality Assurance and Process improvement (QAPI) Committee via the Resident Needs Review process for review and recommendations of next steps x 6 months . The first QAPI Committee meeting will be held on June 27, 2023.

**Completion Date: June 14, 2023**

## **A 749 8:36-7.3(a) Resident Assessments and Care Plans**

### **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**

- Upon identification of this deficient practice, the community Resident Services Director was educated, on Tuesday, May 30<sup>th</sup>, on the responsibility to ensure the "Resident Functional Needs Service Plan"/ Health Service Plan (HSP) is updated based on resident's needs to ensure dietary and nutritional interventions are implemented.
- Resident #2 no longer resides at the community.
- Resident # 5's Functional Needs Service Plan/Health Service Plan was updated on [REDACTED] to reflect dietary and nutritional recommendations and interventions are reflected.
- Resident #6's Functional Needs Service Plan/Health Service Plan was updated on [REDACTED] to reflect dietary and nutritional recommendations and interventions are reflected.
- An audit was facilitated to assure that residents on the Life Guidance Unit had a "Resident Functional Needs Service Plan" / Health Service Plan updated based on resident's needs to ensure dietary and nutritional interventions are implemented, which was completed on [REDACTED] NJ EX Order. 26461. The remaining residents at the community will have their Functional Needs Service Plan/Health Service Plan updated by June 14, 2023.

### **How the facility will identify other residents having the potential to be affected by the same deficient practice.**

- All residents have the potential to be affected by this deficient practice.

### **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.**

The Resident Services Director and/or designee will facilitate a monthly audit of 17% of residents residing at the community for the next 6 months to assure that residents "Resident Functional Needs Service Plan/Health Services Plan" for dietary/weight is updated based on resident's needs to ensure dietary and nutritional interventions are implemented.

### **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.**

- Results of the monthly Resident Functional Needs Service Plan audit will be presented to the Quality Assurance and Process improvement (QAPI) Committee via the Resident Needs Review (RNR) for review and recommendations of next steps x 6 months. The first QAPI Committee meeting will be held on June 27, 2023.

**Completion Date: June 14, 2023**

## **A 765 8:36-7.4(c)(1) Resident Assessments and Care Plans**

### **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**

- Upon identification of this deficient practice, the community Resident Services Director and Executive Director was educated, on Tuesday, May 30<sup>th</sup>, on the reassessment of residents upon return from hospitalization in order to determine the resident's needs.
- Resident # 2 no longer resides at the community.
- Resident # 5 was reassessed on [REDACTED] to assess for any changes in resident's needs.
- Resident #3 no longer resides at the community.
- Resident #4 was reassessed on [REDACTED] to assess for any changes in resident's needs.
- Resident Services Director/Designee audited residents who returned from the hospital over the last 30 days to assure they had a reassessment of their needs upon return from hospitalization on [REDACTED].

### **How the facility will identify other residents having the potential to be affected by the same deficient practice.**

- All residents have the potential to be affected by this deficient practice.

### **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.**

- The Resident Services Director and/or designee will facilitate a monthly audit of 17% of residents who have returned from the hospital for the next six months in order to determine any changes in their needs.

### **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.**

- Results of the monthly hospital reassessment audit will be presented to the Quality Assurance and Process improvement (QAPI) Committee via the Resident Needs Review (RNR) for review and recommendations of next steps x 6 months. The first QAPI Committee meeting will be held on June 27, 2023.

**Completion Date: June 14, 2023**

## **A 885 8:36-10.3 Dining Services**

**How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**

- A Food Service Coordinator was Hired on [REDACTED].
- A Dietitian Consultant was contracted with on [REDACTED].

**How the facility will identify other residents having the potential to be affected by the same deficient practice.**

- All residents have the potential to be affected by this deficient practice.

**What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.**

- The Executive Director will facilitate an audit monthly for the next six months to assure that the Consultant dietitian is providing services minimally on a monthly basis and is working in conjunction with the Culinary Director.

**How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.**

- Results of the monthly Consultant Dietitian and Culinary Director audit will be presented to the Quality Assurance and Process improvement (QAPI) Committee via the Resident Needs Review (RNR) for review and recommendations of next steps x 6 months. The first QAPI Committee meeting will be held on June 27, 2023.

**Completion Date: May 1, 2023**

## A 887 8:36-10.4(a)(1) Dining Services

### How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- The Resident Services Director was educated on, June 1, 2023, on the requirement to assure [REDACTED] documentation is reviewed and documented in the resident record and that Dietitian is consulted.
- Resident # 2 no longer resides at the community.
- Resident # 5 was assessed by the community dietitian on [REDACTED] and had a [REDACTED] taken on [REDACTED]. Recommendations were communicated to the physician.
- Resident # 6 was assessed by the community dietitian on [REDACTED] and had a [REDACTED] taken on [REDACTED]. Recommendations were communicated to the physician.
- Resident's that reside on the [REDACTED] unit had a monthly [REDACTED] taken, with an [REDACTED] results communicated to the physician and dietitian. This was completed on [REDACTED]. The remaining residents at the community will have their [REDACTED] taken with [REDACTED] results communicated to the physician and dietitian by June 14, 2023.
- Consultant dietitian assessed the residents that reside on the [REDACTED] unit with recommendations communicated to the physician and Resident Services Director. This was completed by [REDACTED]. The remaining residents at the community will have assessed by the consultant dietitian with recommendations communicated to the physician by June 14, 2023.

### How the facility will identify other residents having the potential to be affected by the same deficient practice.

- All residents have the potential to be affected by this deficient practice.

### What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- Monthly weight and dietitian audits of 17% of residents will be completed by the Resident Services Director and/or designee to assure that residents residing at the community have a [REDACTED] taken and a referral for a dietitian consult based on their [REDACTED] of plus or minus [REDACTED] lbs. Results of this audit will be presented to the Quality Assurance and Process Improvement Committee.

### How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Results of the monthly [REDACTED] and dietitian audit will be presented to the Quality Assurance and Process improvement (QAPI) Committee via the Resident Needs Review for review and recommendations of next steps x 6 months. The first QAPI Committee meeting will be held on June 27, 2023.

**Completion Date: June 14, 2023**



## **H5770 8:43E-13.4(c) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM**

### **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**

- Upon identification of the deficient practice, the Executive Director, Resident Service Director and [NJ EX Order. 26461] Director were educated on the requirement to send a Universal Transfer Form with a resident who is being transferred to a hospital setting on [NJ EX Order. 26461].
- Clinical staff were educated on the requirement to send a Universal Transfer Form with a resident who is being transferred to a hospital setting on [NJ EX Order. 26461].
- Emergency response policy has been updated to include the Universal Transfer Form requirement as of [NJ EX Order. 26461]

### **How the facility will identify other residents having the potential to be affected by the same deficient practice.**

- All residents have the potential to be affected by this deficient practice.

### **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.**

- An audit of 17% will be conducted monthly for the next six months by the Resident Services Director and/or Designee to assure that residents who have been transferred to a hospital setting have a Universal Transfer Form completed and sent with them.

### **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.**

- Results of the monthly Universal Transfer Form audit will be presented to the Quality Assurance and Process improvement (QAPI) Committee via the Resident Needs Review (RNR) for review and recommendations of next steps x 6 months. The first QAPI Committee meeting will be held on June 27, 2023.

**Completion Date: May 26, 2023**

## **H5795 8:43E-13.5 UNIVERSAL TRANSFER FORM:P&P REGARDING USE OF FORM**

### **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**

- Upon identification of the deficient practice, the Executive Director, Life Guidance Director and Resident Service Director were educated on the requirement to send a Universal Transfer Form with a resident who is being transferred to a hospital setting on [NJ EX Order 28467](#)
- A written policy and procedure addressing the required use of the Universal transfer Form by a licensed healthcare community was written and implemented on June 9, 2023.
- Community staff responsible to initiating this form when a resident is being transferred will be educated on the new policy by June 14, 2023.

### **How the facility will identify other residents having the potential to be affected by the same deficient practice.**

- All residents have the potential to be affected by this deficient practice.

### **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.**

- A monthly audit of 17% will be conducted by the Resident Services Director and/or Designee to assure that residents who have been transferred to a hospital setting have a Universal Transfer Form completed and sent with them.

### **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.**

- Results of the monthly Universal Transfer Form audit will be presented to the Quality Assurance and Process improvement (QAPI) Committee via the Resident Needs Review (RNR) for review and recommendations of next steps x 6 months. The first QAPI Committee meeting will be held on June 27, 2023.

**Completion Date: June 14, 2023**