

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55A009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2020
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NAME OF PROVIDER OR SUPPLIER MATTISON CROSSING AT MANALAPAN AVE	STREET ADDRESS, CITY, STATE, ZIP CODE 93 MANALAPAN AVENUE FREEHOLD, NJ 07728
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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 00138755, NJ 00133845</p> <p>CENSUS: 130</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 563	<p>8:36-5.10(a)(2) General Requirements</p> <p>(a) The facility shall notify the Department immediately by telephone at 609-633-9034 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following:</p> <p>2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, elopements, and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of</p>	A 563		

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

TITLE

(X6) DATE

11/13/20

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A 563	<p>Continued From page 1</p> <p>services, and extent of damages;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00138755</p> <p>Based on interview and record review it was determined that the facility failed to notify the Department of Health (DOH) of a resident left wrist fracture of unknown origin that occurred on [REDACTED] at the facility for Resident #2, 1 of 3 residents reviewed for injuries. This deficient practice was evidenced by the following:</p> <p>On 10/14/20 at 11:20 a.m., the surveyor reviewed Resident #2's closed medical record which indicated that the resident was admitted to the facility [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>The "Milestone Assessment" dated [REDACTED] revealed that the resident was [REDACTED] and required verbal and visual cues.</p> <p>The surveyor reviewed the "Notes" dated [REDACTED] and timed at 8:52 a.m., written by a Licensed Practical Nurse (LPN), which documented, "During am care, res [resident] noted [REDACTED] when using ... [his/her] [REDACTED]. Noted with [REDACTED] and right above [REDACTED]. No discoloration noted. Res [REDACTED]"</p>	A 563		

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A 563	<p>Continued From page 2</p> <p>██████████ and ██████████. Md [physician] made aware and new order for ██████████</p> <p>The Notes dated ██████████ written and timed at 12:54 p.m., by a LPN documented that the resident had a ██████████ had ██████████ forming on ██████████. In addition, the LPN documented that the resident continued to ██████████ the ██████████</p> <p>The Notes dated 6/13/20 and timed at 2:55 p.m., written by a LPN revealed that she spoke with the resident's Power of Attorney (POA) and face timed the POA and that the resident appeared ██████████ and had ██████████. The LPN documented that the physician was made aware that Resident #1's POA would like the resident to be sent to the hospital. The resident was transferred to the hospital for further evaluation. The "New Jersey Transfer Form" dated ██████████ and completed by the LPN documented, "Reason for Transfer: ... Noted c [with] ██████████.</p> <p>The Notes dated 6/14/20 at 9:04 a.m., and written by a LPN documented that the previous shift staff reported that the resident returned from the hospital at approximately 2 a.m., with left wrist fracture. The LPN documented that the resident had ██████████ and ██████████ in place to the ██████████</p> <p>At 12:05 p.m., the surveyor reviewed the "Incident/Accident Report" provided by the facility's Registered Nurse (RN). The surveyor asked the RN if the aforementioned incident was investigated to rule out possible abuse. The RN stated that staff did not know how the resident</p>	A 563		

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A 563	<p>Continued From page 3</p> <p>sustained the [REDACTED] and confirmed that it was of unknown origin. The RN explained that she documented on the report that the resident was non-compliant with using his/her walker for ambulation and that no one hurt the resident.</p> <p>At 12:45 p.m., during an interview with the Executive Director (ED), the surveyor requested the investigative report for review and asked the ED if the aforementioned incident was reported to the Department of Health (DOH). The ED stated that she did not report the aforementioned incident to the DOH and that she did not suspect abuse.</p> <p>Surveyor review of the policy and procedure titled, "Internal Incident Reports and State Reports" provided by the ED indicated, "Injury and unusual incidents will be reported in compliance with state regulatory requirements."</p>	A 563		