		Ith (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED C	
		05A006	B. WING		06/12/2023	
AME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	/ILLAGE AT PARAMUS		RAMUS ROAD US, NJ 07652			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
A 000	Initial Comments		A 000			
	Initial Comments: TYPE OF SURVEY: Complaint					
	COMPLAINT #: NJ0	0164353				
	CENSUS: 115					
	SAMPLE SIZE: 3					
	all of the standards in Administrative Code & Licensure of Assisted Comprehensive Pers Assisted Living Progr submit a plan of correct completion date for e that the plan is impler	8:36, Standards for I Living Residences, onal Care Homes and ams. The facility must ection, including a ach deficiency and ensure mented. Failure to correct ult in enforcement action in risions of New Jersey Title 8, Chapter 43E,				
A 310	8:36-3.4(a)(1) Admini (a) The administrator		A 310			
	1. Ensuring the c	ot limited to, the following:				

If continuation sheet 1 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED C		
			A. BUILDING:			
		05A006	B. WING		06	6/12/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	VILLAGE AT PARAMUS		AMUS ROAD US, NJ 07652			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
A 310	Continued From page	e 1	A 310			
	This REQUIREMENT by: Complaint # NJ00164	⁻ is not met as evidenced I353				
	determined that the fat policy and procedure	•				
	record (MR) who mov view order 26:401 with diago NJ Exec Order 26: According to the resid dated ^{NJ Exec Order 26:401} , the assistance with ^{NJ Exec} Further, review of the titled, "Communication indicated the family of	hoses which included 6.4b1 dent service plan (RSP) e resident required c Order 26.4b1, and ^{N Exec Order 20.4b1} . MR revealed the document n/Continuation Note" which f Resident #2 asked the end someone to examine				
	Wellness Director (W about the aforemention Registered Nurse (Ri believed that the incide however, she was un	veyor interviewed the D) who stated she found out oned incident from the N) during report. The WD dent had been documented; able to provide the surveyor on that the event occurred.				
	At 2:30 p.m., the surv Licensed Practical Nu	veyor interviewed the urse (LPN) who stated he				

New Jersey Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A006		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		C	
		B. WING		06/12/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
JUNIPER	VILLAGE AT PARAMUS		AMUS ROAD US, NJ 07652			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
A 310	Continued From page	e 2	A 310			
	received a call from the was were ordered from R further stated he did n because he didn't see not inform the RN of the At 3:00 p.m., the surve stated she was on-can notified of the incident noted in the commun morning. The RN stat the incident when were stated she was on-can notified of the incident noted in the commun morning. The RN stat the incident when were stated she was on-can notified of the incident noted in the commun morning. The RN stat the surveyor reviewer titled, "Incident Report When the unusual oc person identifying will supervisor10in a	veyor interviewed RN who ill at the time and was not it by the LPN nor was it ication report the following ted she was made aware of contacted her on essing Resident #2. stated she considered this stated she considered this ed the policy and procedure rts" which revealed, "2. courrence is identified, the I notify his or her immediate addition to the Incidentwill dentinvestigation form				
A 779	8:36-7.5(c) Resident Plans	Assessments and Care	A 779			
	called at the onset of condition of any resid	sident's nursing care needs				

New Jersey Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A006		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			C 06/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
JUNIPER	VILLAGE AT PARAMUS		AMUS ROAD JS, NJ 07652			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
A 779	Continued From page	23	A 779			
	This REQUIREMENT by: Complaint # NJ00164	is not met as evidenced				
	determined that the fa Registered Nurse (RN to ens the resident's condition	nd record review, it was acility failed to notify a N) of a suspected ^{MERCE ORTEREDEST} sure a timely assessment of on and medical needs for 1 ent #2. This deficient practice e following:				
	record (MR) who mov ^{NJ ex order 26.4b1} with diagr NJ Exec Order 26 According to the resid dated ^{NJ Exec Order 26.4b1} , the	hoses which included 5.4b1				
	further review of the N titled, "Care Commun which indicated the fa the N EXECONCEPTED agency to	MR revealed the document ication/Continuation Note" imily of Resident #2 asked o send someone to examine NJ Exec Order 26.4b1 into				
	was on break when th not receive a call from after Resident #1 was Resident #2's	eyor interviewed the urse (LPN) who stated he ne incident occurred and did n the staff on the unit until s already stateorer from The LPN further stated he ncident because he didn't ping to write anything he				

New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		05A006		B. WING		C 06/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
UNIPER	VILLAGE AT PARAMUS		AMUS ROAD JS, NJ 07652				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE	
A 779	At 3:00 p.m., the surv Nurse (RN) who state time and was not noti LPN nor was it noted the following morning The surveyor reviewe titled, "Incident Repor	eyor interviewed Registered ed she was on-call at the fied of the incident by the in the communication report ed the policy and procedure ts" which revealed, when ce is identified, the person	A 779				



Juniper Village at Paramus 186 Paramus Rd Paramus NJ 07652 05A006

Plan of Correction-Survey Date: 6/12/2023/REVISED/

Submitted by: Administrator

This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly.

Please accept this plan as our credible allegation of compliance.

A310 8:36-3.4(a)(1) Administration

- A) Resident #2 was not affected
- B) All residents had the potential of being affected.
- C) DON inserviced the RN's,LPNs, and Med Techs who function in a supervisory role were inserviced on the policy to report all incidents to DON and ED.
- D) This policy will be reviewed quarterly during scheduled townhall-staff meetings with the designated supervisory staff. Compliance will be ongoing and ensured by designated department heads to include the Director of Nursing and Executive Director. Completion date 7/28/23

A779 8:36-7.5(c) Resident Assessments and Care Plans

- A) Resident #2 was not affected
- B) All residents had the potential of being affected.
- C) ED inserviced RN's to complete timely assessments for any change of condition.
- D) This policy will be reviewed quarterly during scheduled townhall-staff meetings with the designated supervisory staff. Compliance will be ongoing and ensured by designated department heads to include the Director of Nursing and Executive Director. Completion date 7/28/23

Juniper Village at Paramus

186 PARAMUS ROAD, PARAMUS, NJ 07652 📢 201.251.9600 📲 201.251.0776