

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2022
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NAME OF PROVIDER OR SUPPLIER CHELSEA AT TOMS RIVER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1657 SILVERTON ROAD TOMS RIVER, NJ 08753
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ147923; NJ150893; NJ152152; NJ152414; and NJ152423</p> <p>CENSUS: 73</p> <p>SAMPLE SIZE: 16</p> <p>SURVEY DATE: 03/16/2022 and 03/17/2022</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, based on this Complaint Survey.</p> <p>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 607	<p>8:36-5.15(a)(1) General Requirements</p> <p>(a) The resident's family, guardian, and/or designated responsible person or community agency shall be notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following:</p> <p>1. The resident acquires an Executive Order illness requiring medical care;</p>	A 607		

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

TITLE

(X6) DATE

04/22/22

New Jersey Department of Health

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A 607	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: C#NJ147923 Based on interview and record review, it was determined the facility failed to immediately notified the resident's power of attorney (POA) when a Executive Order 26, 4.b. was Executive Order 26, 4.b. for one of three residents reviewed for Executive, Resident Executive.</p> <p>Findings included:</p> <p>Surveyor's review of Resident Executive medical record revealed that the resident was Executive Order 26, 4.b. and Executive Order 26, 4.b. from the facility on Executive Order 26, 4.b.. The resident had diagnoses which included Executive Order 26, 4.b.</p> <p>Executive A review of the medical record's face sheet indicated that the resident's family member was the POA and the emergency contact person.</p> <p>Further review of Resident Executive record revealed that the resident had Executive Order 26, 4.b. Executive Order 26, 4.b. with no injuries sustained due to the Executive. However, review of a progress note dated Executive Order 26, 4.b. indicated that Resident Executive had a Executive Order 26, 4.b.. An Executive report performed and dated Executive Order 26, 4.b. confirmed that the resident had a Executive Order 26, 4.b.. The resident's medical record did not include any documentation as to what caused the Executive.</p> <p>On 03/17/2021 at 3:45 PM, the surveyor interviewed the Assistant Health Services Director (AHSD) and asked as to what happened to the Resident Executive Order 26, 4.b. that caused the</p>	A 607		
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A 607	<p>Continued From page 2</p> <p>Executive Order 26, 4.b. The AHSD stated that the facility felt it was an Executive Order 26, 4.b. when the resident Executive Order 26, 4.b. The AHSD then stated that the Health Services Director (HSD) would be able to say for sure what happened.</p> <p>On 03/17/2022 at 4:45 PM, the surveyor interviewed the HSD and asked as to what happened to Resident Executive Order 26, 4.b. The HSD stated the resident had a Executive Order 26, 4.b. and Executive Order 26, 4.b. reported it to the facility. The HSD stated that an Executive Order 26, 4.b. had been ordered and the family was notified when the Executive Order 26, 4.b.</p> <p>On 03/17/2022 at 5:40 PM, the HSD confirmed that the resident had an Executive Order 26, 4.b. and Executive Order 26, 4.b. found the resident in a Executive Order 26, 4.b. The HSD stated Executive Order 26, 4.b. reported the Executive Order 26, 4.b. around 10:00 AM. They got the Executive Order 26, 4.b. and then notified the family. The HSD was asked what the policy was for notifying family of Executive Order 26, 4.b., pain, and/or Executive Order 26, 4.b. being ordered. The HSD indicated that the POA should have been notified immediately. The HSD was asked if the facility had notified the POA based on their policy, the HSD stated they did not. The HSD stated that resident's Executive Order 26, 4.b. should have been reported once they knew about it. The HSD then stated that the notification to the POA did not happen timely and did not occur until later in the afternoon.</p> <p>On 03/17/2022 at 6:15 PM, the POA was asked about the incident that occurred on Executive Order 26, 4.b. The POA stated they did not know about an Executive Order 26, 4.b. until the resident was being sent out to the hospital with a Executive Order 26, 4.b. The POA then stated that was when they found out the Executive Order 26, 4.b. was from a Executive Order 26, 4.b.</p>	A 607		
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A 607	Continued From page 3 A facility policy regarding notification was requested, however, it was not provided by the facility.	A 607		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A114	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/22/2022
NAME OF FACILITY CHELSEA AT TOMS RIVER, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 SILVERTON ROAD TOMS RIVER, NJ 08753

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 A0607	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-5.15(a)(1)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/22/2022	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 _____	
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 3/17/2022		<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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

M. Ashbaugh

4/20/2022

TITLE

Executive Director

6899

OVRK11

If continuation sheet 1 of 4

New Jersey Department of Health

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April 20, 2022

65A114

RESPONSE TO COMPLAINT of MARCH 17, 2022

1. The POA was notified of the fall and x-ray was taken with a **Executive Order 26, 4.b.**
2. A review will be conducted for the last three months to identify and residents with an end result of a **Executive Order 26, 4.b.** The resident's record will be reviewed for proper documentation and notification of the POA.
3. If it is determined that the proper procedure was not followed additional in-services and training will be conducted with all Nurses, CMA's and caregivers on policy and expectation to immediately notify all necessary parties. In-service will occur no later than 30 days following the acceptance of the plan of correction.
4. All incident reports will be reviewed within 24-48 hours following the incident by the Executive Director and Health Services Director to ensure timely notification was completed and documented. This will be reviewed at the quarterly safety meeting and documented in the minutes.

M. J. Haughnessy, CMA, CSA



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 367
TRENTON, N.J. 08625-0367

www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

April 11, 2022

Mary O'shaughnessy, Administrator
Chelsea At Toms River, The
1657 Silverton Road
Toms River, NJ 08753

Dear . O'shaughnessy:

Thank you for your courtesy and cooperation extended during our Complaint visit to your facility, which was conducted on March 17, 2022.

Your Statement of Deficiencies (SOD) will be emailed to you. Please reply to each deficiency on an item-by-item basis in your Plan of Correction (POC) and include the date you expect the correction to be completed. All responses should be numbered to correspond with the numbers on your deficiency statement. Then email the POC back to **HFEL.POCAL@doh.nj.gov** within ten (10) business days from receipt of this letter. **Please do not mail the POC.**

The POC should be a narrative and must include:

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. How the facility will identify other residents having the potential to be affected by the same deficient practice.
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. 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.

Sign and date the first page of the Statement of Deficiencies, and return via email as instructed in paragraph three of this letter within ten (10) business days from receipt of this letter.

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution (IDR) with Department representatives. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but may request a formal hearing at the Office of Administrative Law. IDR requests must be made in writing within ten (10) business days from receipt of this letter and must state whether the facility opts for an in-person conference at the Department, a telephone conference or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. A specific listing of the deficiencies for which informal review is requested; and,
2. Documentation supporting any contention that a survey finding was in error.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel.

Send the above referenced IDR INFORMATION ONLY to:
Program Compliance & Health Care Financing
New Jersey Department of Health
P.O. Box 358
Trenton, New Jersey 08625-0358

It is important to return the completed forms promptly. Please do not hesitate to contact me if you have any questions regarding the deficiencies. I can be reached at (609) 633-8990.

Sincerely,

Jacqueline Jones

Jacqueline Jones, RN, BSN, CPM
Supervisor of Inspections
Health Facility Survey & Field Operations

Enc.



CHELSEA SENIOR LIVING POLICY AND PROCEDURE

SUBJECT: Change in Resident Condition

REVISED DATE: April 21st 2022

POLICY: The Residence will respond to, and document, all changes in a resident's condition.

PROCEDURE:

1. The following conditions may be considered changes in a resident's condition:
 - Fever, not reduced by normal procedures
 - Repeated atypical episodes of angry or aggressive behavior
 - Atypical, withdrawn behavior
 - Diarrhea not affected by approved over the counter medications
 - Rash that lasts for several days or appears to worsen
 - Persistent sore throat
 - Severe seizure, or increase in seizure activity for a resident with a history of seizures
 - Onset of confusion or cognitive change
 - Change in sleeping patterns
 - Unexplained bruising
 - Lack of coordination
 - Acute pain/new onset
2. After the above conditions are observed, the RN will be notified as soon as possible for proper assessment, intervention, and documentation.
3. The resident's physician and responsible party will be notified.
4. The resident will continue to be observed for improvement and/or further changes. All observations will be documented.