STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80A007	A. BUILDING: _____ B. WING _____	C 03/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHELSEA AT BRIDGEWATER, THE	680 202/206 NORTH BRIDGEWATER, NJ 08807

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint and COVID-19 Focused Infection Control COMPLAINT #: NJ143461 CENSUS: 76 SAMPLE SIZE: 11 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. 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 The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19, based on this COVID-19 Focused Infection Control Survey.	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/31/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 310	Continued From page 1	A 310		
A 310	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; This REQUIREMENT is not met as evidenced by: Complaint Intake NJ143461 Based on interviews, record review, and facility policy review, it was determined the facility failed to ensure an allegation of abuse was thoroughly investigated with resident and staff interviews, as well as protect residents during the investigation of an abuse allegation, for one (Resident #11) of two abuse allegations reviewed. Findings included: On 3/19/22, the surveyor reviewed the abuse investigations that the facility conducted from 01/2022. There were two investigations completed since the Executive Director started at the facility two months previously. One of the two allegation of abuse investigated included an	A 310		

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A 310	Continued From page 2	A 310		

email, dated [redacted] from a family member of Resident [redacted], which read, " ...the aide then in a very aggressive manner removed the pendant from the [redacted] and placed it on the sink counter ... She then ...pointed to [redacted] and raised her middle finger directly at [the resident] in a disrespectful and disgusting way ...can you investigate ...." Review of this investigation revealed that there was no evidence to indicate the allegation made was thoroughly investigated and did not include interviews with residents and other staff members. There was no evidence to indicate how the residents were protected during the investigation, including residents that were on PCA #4's assignment.

The surveyor's review of the staffing schedule for [redacted], revealed that the Personal Care Assistant (PCA) #4 was the only aide working on the night in question.

Surveyor's review of PCA #4's employee/personnel file revealed that the file did not contain evidence that PCA #4 had been suspended during the investigation of the alleged abuse of Resident [redacted] nor of any additional write ups.

The surveyor reviewed the time records of PCA #4 which indicated that PCA #4 worked nine days after the allegation was made: [redacted], and [redacted]

On 03/19/2022 at 11:08 AM, the surveyor interviewed the Executive Director regarding the [redacted] allegation of abuse. She stated that she conducted an investigation and that the employee was written up "even though it was not

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A 310	Continued From page 3 substantiated" that abuse had occurred. She stated that the aide could not go in and work with Resident [redacted] during the investigation. The Executive Director then stated that PCA #4 continued to work with other residents during the investigation. The Executive Director stated that she only interviewed Resident [redacted] and did not interview other staff and residents. She then stated she did not have any documentation of the investigation and that she provided everything she had. The Executive Director acknowledged the aide continued to work and that the facility had not protected residents from potential abuse. The surveyor reviewed the facility policy, titled, "Abuse," dated 03/01/2010, which read, " ...All incidents of resident abuse and/or exploitation will be thoroughly investigated and reported to the appropriate authorities as required by law ... 2. All allegations of potential resident abuse will be investigated. The resident(s) involved will continue to be cared for and protected during the investigation ...5. As soon as possible following the incident, the resident will be interviewed by the Executive Director or Health Services Director to obtain details of the incident. 6. Employees that are directly or indirectly involved will be interviewed as soon as possible ...11. Any employee involved in the abuse or exploitation of a resident, or who fails to report or disclose abuse or exploitation of a resident, will be subject to disciplinary action, up to and including termination ...." This facility policy was not followed during the investigation of an allegation of abuse for Resident [redacted].	A 310		