

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/26/2024
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NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 680 202/206 NORTH BRIDGEWATER, NJ 08807
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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 #: NJ00170598</p> <p>CENSUS: 115</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 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

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: NJ00170598</p> <p>Based on interview, review of regulations, and pertinent facility documents, it was determined that the facility failed to develop and implement its Policy and Procedure titled, "Resident Attendant Qualifications" regarding employee training requirements for 2 of 3 staff members (SM) reviewed, SM #2, and SM #3. This deficient practice was evidenced by the following:</p> <p>At 12:00 p.m., the surveyor interviewed SM #2 who stated she was employed as a personal care assistant and was scheduled to take the Certified Nursing Aide examination in [redacted NJ Exec Order 26.4b1]. In addition, SM #2 stated she was enrolled in a program at the facility and was required to be certified within [redacted NJ Exec Order 26.4b1] of hire date which was [redacted NJ ex order 26.4b1].</p> <p>On 1/26/24 at 12:18 p.m., the surveyor interviewed the Assisted Living Coordinator (ALC) and inquired about the facility Nurse Aide training program. The ALC stated the training program was a state approved program held at the facility in which the facility employed uncertified staff and trained the staff to care for residents. Additionally, the ALC stated the uncertified staff were paired with licensed/certified staff in the facility to learn and perform resident care. Further, the ALC stated the program required the uncertified staff to be licensed/certified in 6 months or they would be terminated.</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>At 1:37 p.m., the surveyor interviewed the Executive Director (ED) regarding the facility policy on Nurse Aide training held at the facility provided by the ED. The ED stated the program was approved by the state.</p> <p>On 1/30/24 at 4:13 p.m., the surveyor interviewed SM #3 over the telephone who stated she worked as a Dietary Aide and on she into the in which she was paired with a certified staff member to learn resident care. The surveyor asked SM #3 what certification program she would attend, and SM #3 stated she would be going to obtain her and she had 6 months from to be certified.</p> <p>According to the facility policy and procedure titled, "Resident Attendant Qualifications Revised May 14, 2018 ... Policy: All Resident Attendants will meet New Jersey Department of Health and Senior Services requirements before providing direct care to residents. ... Procedure: 1. Within six (6) months of date of hire, each Resident Attendant will have successfully completed a Nurse's Aide (CNA), ... or other equivalent training program approved by the New Jersey Department of Health and Senior Services/Board of Nursing. ..."</p> <p>Reference: "N.J.A.C. SUBCHAPTER 43 ... 8:39-43.1 Nurse aide competency (a) An individual who meets any of the following criteria shall be considered by the Department to be competent to work as a nurse aide ... (2) Has been employed for less than 120 days and is currently enrolled in an approved nurse aide in long term care facilities training course and</p>	A 310		

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A 310	Continued From page 3 scheduled to complete the competency evaluation program (skills and written/oral examination) within 120 days of employment. ... 8:39-43.3 Exemptions ... (a) ... 4. Persons who successfully complete the Core Curriculum for Unlicensed assistive Personnel approved by the Department and the New Jersey Board of Nursing, and the Long-Term Care Module of the Core Curriculum for Unlicensed Assistive personnel approved by the Department." Reference: A-0795, 8:36-9.1(a)	A 310		
A 795	8:36-9.1(a)(1) Personal Care Assistants, Certified Med Aides (a) For the purposes of this subchapter, each personal care assistant shall be an individual who is employed by the facility and who has completed: 1. A nurse aide training course approved by the New Jersey State Department of Health and Senior Services in accordance with N.J.A.C. 8:39-43, and shall have passed the New Jersey Nurse Aide Certification Examination; This REQUIREMENT is not met as evidenced by: NJ00170598 Based on interviews, review of pertinent facility documents, regulations, and policy and procedure, it was determined that the facility failed to ensure its policy and procedure for Resident Attendants followed "SUBCHAPTER 43	A 795		

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A 795	<p>Continued From page 4</p> <p>of N.J.A.C. Certification of Nurse Aides..., " for 2 of 3 staff members (SM), SM #2, and SM #3. The facility also failed to provide state approval documentation for training program. This deficient practice was evident by the following:</p> <p>On 1/26/24 at 12:00 p.m., the surveyor interviewed SM #2 who stated she was employed as a personal care assistant and was scheduled to take the Certified Nursing Aide examination in three weeks. In addition, SM #2 stated she was enrolled in a program at the facility and was required to be certified within 6 months of hire date.</p> <p>A review of SM #2's employee record revealed a hire date of [redacted] as a Resident Attendant. According to the "Job Description," listed under "QUALIFICATIONS: ...Within six (6) months of date of hire, each Resident assistant will have successfully completed a Nurse's Aide (CNA)..or other equivalent training program approved by the New Jersey Department of Health and Senior Services/Board of Nursing. ..."</p> <p>At 12:18 p.m., the surveyor interviewed the Assisted Living Coordinator (ALC) regarding the facility 6-month training program. The ALC stated the training program was a state approved program held at the facility in which the facility employed uncertified staff and trained to care for residents. Additionally, the ALC stated the uncertified staff were paired with licensed/certified staff in the facility to learn and perform resident care. Further, the ALC stated the program required the uncertified staff to be licensed/certified in 6 months or they would be terminated. The ALC also stated SM #3 was transferred from Dietary, and started training in the 6-month facility held program on [redacted], and</p>	A 795		

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A 795	<p>Continued From page 5</p> <p>planned to be enrolled into a certification program.</p> <p>At 1:00 p.m., the surveyor interviewed the Executive Director (ED) regarding the 6-month facility training program who stated the program was state approved. The surveyor then requested a copy of the state approval report for the facility ran 6-month training program.</p> <p>At 1:37 p.m., the ED instead provided the surveyor with a copy of the facility policy and procedure titled, "Resident Attendant Qualifications Revised May 14, 2018 ... Policy: All Resident Attendants will meet New Jersey Department of Health and Senior Services requirements before providing direct care to residents. ... Procedure: 1. Within six (6) months of date of hire, each Resident Attendant will have successfully completed a Nurse's Aide (CNA), ... or other equivalent training program approved by the New Jersey Department of Health and Senior Services/Board of Nursing. ..."</p> <p>At 3:15 p.m., the Executive Director stated she was unable to provide the surveyor with documentation of state approval of the 6-month facility training program for uncertified staff to provide resident care prior to certification or licensure. Additionally, the Executive Director stated all the staff members enrolled in the facility held training program were going to start their Certified Home Health Aide classes and not the Certified Nurse Aide class. The ED also stated only SM #2 was enrolled in the Nurse Aide Certification program.</p> <p>On 1/30/24 at 4:13 p.m., the surveyor interviewed SM #3 over the telephone who stated she worked as a Dietary Aide and on she</p>	A 795		
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A 795	<p>Continued From page 6</p> <p>transferred into the 6-month facility training program for Resident Attendant in which she was paired with a certified staff member to learn resident care. The surveyor asked SM #3 what certification program she planned to attend, and SM #3 stated she would be going to obtain her Nursing Aide Certification and she had 6 months from NJ ex order 26.4 to obtain the certification.</p> <p>The facility's policy and procedure for Resident Attendant Qualifications and training of unlicensed staff did not coincide with the Certification for Nursing Aides state regulations for SM #2 and SM #3.</p> <p>According to the Certification for Nursing Aides the following references apply:</p> <p>Reference: "N.J.A.C. SUBCHAPTER 43 ... 8:39-43.1 Nurse aide competency (a) An individual who meets any of the following criteria shall be considered by the Department to be competent to work as a nurse aide ... (2) Has been employed for less than 120 days and is currently enrolled in an approved nurse aide in long term care facilities training course and scheduled to complete the competency evaluation program (skills and written/oral examination) within 120 days of employment. ... 8:39-43.3 Exemptions ... (a) ... 4. Persons who successfully complete the Core Curriculum for Unlicensed assistive Personnel approved by the Department and the New Jersey Board of Nursing, and the Long-Term Care Module of the Core Curriculum for Unlicensed Assistive personnel approved by the Department."</p>	A 795		

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{A 000}	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00170598</p> <p>CENSUS: 115</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}		

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

TITLE

(X6) DATE

02/29/24



THE CHELSEA

AT BRIDGEWATER

Plan of Correction for The Chelsea at Bridgewater – Complaint Survey 1/26/24

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

To be completed by 3/17/24

1. A revision of the policy "Resident Attendant Qualifications" includes an individual who meets the criteria shall be considered competent if they have a valid Certified Nurse Aide or Home Health Aide License and is registered in good standing with the New Jersey Department of Health. This policy is being implemented and any staff member found not to be in compliance will not be able to work as a resident attendant. SM#2 and SM#3 were removed on [redacted] from providing care without a licensed CNA or CHHA staff member. SM#2 and SM#3 were removed from the schedule on [redacted] when the policy was revised and offered positions in support services departments until the completion of license can be verified.

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

3. The measures have been put in place to make sure that this deficient practice will not recur is the facility will be compliant with ensuring that the policy "Resident Attendant Qualifications" is being implemented and any staff member found to not be in compliance will not be able to work as a Resident Attendant; All employees will be in-serviced on this by 3/17/24; On hire and annually.

4. The Administrator or designee will screen all new hires/transferees for qualifications/certification. If qualifications are not met for CNA or HHA in good standing, employees that have been hired for less than 120 days: should be enrolled in a LTC facilities training course & is scheduled to complete the competency evaluation within 120 days of employment; can be oriented during that time and paired with a CNA or HHA in good standing up to 120 days of hire date; If qualifications are not met for the CNA of HHA in good standing, employees that have been hired for no more than 120 days: have completed the required training and has been granted a conditional certificate by the NJDOH while awaiting clearance from criminal background check. This practice will be ongoing and reviewed on an annual basis

*Accepted 3/28/24
M*



THE CHELSEA

AT BRIDGEWATER

A 795 8:39.-43.1 Personal Care Assistants, Certified Medication Aides.

To be completed by 3/17/24

The facility does not have nor has ever had a state approved training program. To clarify, the facility has an orientation program that onboards each new employee and pairs them with another certified employee to learn the role and tasks of Resident Attendant the job title.

1. The facility has an updated policy for 'Resident Attendant Qualifications'. Any resident attendant not in compliance with this will have to be removed from providing care to residents unless they are currently enrolled in an approved nurse aide in long term care facilities training course and scheduled to complete the competency evaluation program within 120 days of transfer or hire into the Wellness Department. This policy is being implemented and any staff member found not to be in compliance will not be able to work as a resident attendant. SM#2 and SM#3 were removed on [redacted] from providing care without a licensed CNA or CHHA staff member. SM#2 and SM#3 were removed from the schedule on [redacted] when the policy was revised and offered positions in support services departments until the completion of license can be verified.

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

3. The measures have been put in place to make sure that this deficient practice will not recur is the facility will be compliant with ensuring that the policy "Resident Attendant Qualifications" is being implemented and all hiring managers will be trained on adhering to and implementing the policy 'Resident Attendant Qualifications'; Any staff member found to not be in compliance will not be able to work as a Resident Attendant; All employees will be in-serviced on this by 3/17/24; On hire and annually

4. The Administrator or designee will comply with Subchapter 43...8:39-43. 1 Nurse Aide Competency and screen all individuals prior to hire in the Wellness Department; The Administrator or designee will screen all new hires/transferees for qualifications/certification. If qualifications are not met for CNA or HHA in good standing, employees that have been hired for less than 120 days: should be enrolled in a LTC facilities training course & is scheduled to complete the competency evaluation within 120 days of employment; can be oriented during that time and paired with a CNA or HHA in good standing up to 120 days of hire date; If qualifications are not met for the CNA of HHA in good standing, employees that have been hired for no more than 120 days: have completed the required training and has been granted a conditional certificate by the NJDOH while awaiting clearance from criminal background check. This practice will be ongoing and reviewed on an annual basis.

Accepted 3/28/24

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80A007	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/26/2024
NAME OF FACILITY CHELSEA AT BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 680 202/206 NORTH BRIDGEWATER, NJ 08807	

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 A0795	Correction	ID Prefix _____	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-9.1(a)(1)	Completed	Reg. # _____	Completed
LSC _____	03/28/2024	LSC _____	03/28/2024	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 1/26/2024

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