

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: j6tdgc | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/23/2021 |
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| NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505 |
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| A 000 | <p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 00148302</p> <p>CENSUS: 27</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 269 | <p>8:36-3.1(a) Administration</p> <p>(a) An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator. The administrator or a designated alternate shall be available at all times and shall be on-site at the facility on a full-time basis in facilities that have 60 or more licensed beds, and on a half-time basis in facilities that have fewer than 60 licensed beds, in accordance with the definition of "full-time" and "half-time" at N.J.A.C. 8:36-1.3.</p> | A 269 | | |

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

TITLE

(X6) DATE

10/20/21

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| A 269 | Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure that the facility employed either an Administrator or Administrator's designee to the facility in accordance with the state regulations. This deficient practice was evidenced by the following: On 9/23/21 at 9:20 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) and inquired about the Administrator or designee. The LPN stated that the facility did not have an Administrator and that he resigned the previous week on Friday, 9/17/21. The surveyor then asked the LPN who was designated in the absence of the Administrator. The LPN stated that the DON who was designated in the absence of the Administrator had also resigned. The LPN informed the surveyor that the Regional Human Resource Manager (RHRM) was available at the facility to provide more information. At 9:45 a.m., the RHRM approached the surveyor at the Assisted Living section of the facility and stated that she was from the Corporate office. During the interview, the RHRM confirmed that the facility did not have an Administrator nor an alternate Administrator designated in writing in the absence of the Administrator. The RHRM explained that the Administrator resigned on 9/18/20 without notification and that she was in the process of hiring an Administrator for the facility. | A 269 | | |
| A 571 | 8:36-5.10(a)(6) General Requirements (a) The facility shall notify the Department | A 571 | | |

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| A 571 | <p>Continued From page 2</p> <p>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>6. Termination of employment of the administrator, and the name and qualifications of his or her replacement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that the Department of Health (DOH) was notified after the termination of employment of the administrator with the name and qualifications of his or her replacement. The deficient practice was evidence by the following:</p> <p>On 9/23/21 at 9:20 a.m., during the entrance conference with a Licensed Practical Nurse (LPN), the surveyor inquired about the facility's Administrator. The LPN told the surveyor that the facility did not have an Administrator and that he resigned on 9/20/21 without notification. In addition, the LPN informed the surveyor that the Regional Human Resource Manager (RHRM)was in the building and would have more information regarding the former Administrator's resignation.</p> <p>At 9:45 a.m., the surveyor interviewed the RHRM regarding the above concern at which time she confirmed that the Administrator resigned on 9/20/21 and that she was still in the process of finding a replacement. The surveyor then asked the RHRM if the DOH was notified of the Administrator's termination of employment. She</p> | A 571 | | |

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| A 571 | Continued From page 3 stated that she did not and was not sure if the Corporate President notified the DOH. No documented evidence was provided that the facility notified the DOH of the Administrator's resignation. | A 571 | | |
| A 793 | 8:36-8.2 Nursing Services A facility shall have at least one registered professional nurse available at all times. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure a Registered Professional Nurse (RN) was available to the facility at all times. The facility failed to have an RN available from 9/20/21 through the date of the survey, 9/23/21. This deficient practice was evidenced by the following: On 9/23/21 at 9:20 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) and inquired as to the whereabouts of the Director of Nursing (DON). The LPN stated that the facility did not have a DON and that the DON, who was also an RN, had resigned without notice on 9/20/21 with the facility's Administrator. The surveyor then asked the LPN who she would [LPN] notify in the event of an incident or accident at the facility. The LPN stated that there was no RN available to notify of any incident/or accident and that there had not been any issues to report. At 9:45 a.m., the Regional Human Resource Manager (RHRM) arrived at the Assisted Living unit and stated that she was from the Corporate office. During the interview, she confirmed that the facility did not have an RN and that the | A 793 | | |

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| A 793 | Continued From page 4 DON/RN had resigned on 9/20/21 with the facility's Administrator without notice. The RHRM informed the surveyor that she did not have a replacement for the RN and that she was still interviewing for the position. | A 793 | | |
| A 885 | 8:36-10.3 Dining Services The facility shall designate a food service coordinator who, if not a dietitian, functions with scheduled consultation from a dietitian. When meals are prepared in the facility, the food service coordinator or designee shall be present in the facility. The food service coordinator shall ensure that dining services are provided as specified in the dining portion of the health care plan. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00148302 Based on observation and interview it was determined that the facility failed to ensure that a Food Service Coordinator (FSC) or designee was present at the facility after the resignation of the previous FSC. This deficient practice was evidenced by the following: On 9/23/21 at 9:30 a.m., the surveyor observed a server at a breakfast table and inquired as to the whereabouts of the FSC. The Server stated that the facility did not have a FSC and that she resigned two weeks ago without notice. The surveyor then asked the Server if there was a kitchen staff member designated in the absence of the FSC. She stated that Cook #1 was on vacation and would be returning sometime next week [not sure of exact date] and Cook #2 | A 885 | | |

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| A 885 | <p>Continued From page 5</p> <p>worked part-time evenings. The Server told the surveyor that the Regional Human Resource Manger (RHRM) was overseeing the Dietary department and was available at the facility on the date of the survey.</p> <p>At 10:05 a.m., the surveyor interviewed the RHRM who confirmed that the FSC resigned on 9/7/21 without notice and that alternate Cook #1 was on vacation and would be returning to work on 9/27/21. The RHRM stated that Cook #2 worked part-time evenings and picked up more hours to assist in the kitchen until a full-time FSC was employed.</p> <p>There was no evidence of a FSC or designee at the facility after the previous FSC resigned on 9/7/21 through the survey date on 9/23/21.</p> | A 885 | | |
| A 901 | <p>8:36-10.5(c)(4) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p> <p>4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;</p> <p>This REQUIREMENT is not met as evidenced</p> | A 901 | | |

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| A 901 | <p>Continued From page 6</p> <p>by: Complaint #: NJ 00148302</p> <p>Based on observation, interview and record review it was determined that the facility failed to follow the Dietitian's planned and written menus and failed to notify the Dietitian of menu changes. This deficient practice was evidenced by the following:</p> <p>On 9/23/21 at 9:30 a.m., the surveyor observed a few residents eating breakfast in the dining room of the [redacted] floor [redacted] unit and were served grits (hot cereal), pork roll, scramble eggs, toast and bagel. The surveyor did not observe a breakfast menu with portion sizes posted in the serving area.</p> <p>At 12:30 p.m., during the lunch meal, the surveyor observed that the residents were served macaroni mixed in ground beef, sauce and mixed vegetables on the side. The surveyor observed the server plating the food and again did not observe a lunch menu with portion sizes posted in the serving area. The surveyor then requested from the Server a dietician's planned written menu with portion sizes. The server later provided the surveyor a three-week menu cycle and indicated that the they were in "week-1" of the menu cycle.</p> <p>At 1:15 p.m., the surveyor observed a prepped meal for Thursday in the refrigerator which included, roast pork with gravy, steamed broccoli, buttered noodles, fresh rolls and zucchini cake. The Server stated that lunch and dinner were prepped by an outside chef and fully cooked at the facility until the Cook returned from vacation.</p> <p>Surveyor review of the Thursday menu provided by the Server did not reflect the food that was</p> | A 901 | | |

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| A 901 | <p>Continued From page 7</p> <p>prepared for the residents for breakfast, lunch and dinner. The "Breakfast Alternative Menu" for Thursday included, pears, oatmeal, corn flakes, waffle and scrambled eggs. The "Lunch" menu included, meatloaf, roasted potatoes, green beans and cakes for dessert. The "Dinner" menu included, roast turkey with gravy, stuffing, glazed carrots and cake for dessert.</p> <p>The surveyor inquired from the Server the rationale for not following the dietician's three-week menu. The Server acknowledge that the menu was not followed and told the surveyor that the kitchen ran out of the recommended food the weekend of 9/17/21. The Server added that the facility's former Food Service Supervisor (FSS) resigned without notice and that the Lead Cook was on vacation. Further, the Server stated that she attempted to place a new food supply order but the order was rejected. She stated that the issue was resolved and normal delivery is expected the week of 9/27/21.</p> <p>In addition, the surveyor inquired if the facility's dietician was notified of the change in menu. The Server stated that she did not and was not sure if someone from the corporate office informed the dietician about the menu changes.</p> <p>On 9/24/21 at 5 p.m., during post survey interview, the Dietitian stated that she was aware that the facility's FSS resigned but was not notified of the menu changes and that the Dietary staff should have followed the three-weeks recommended menu.</p> <p>The facility failed to follow the 3-week planned, written menus consistently, failed to ensure that menus with portion sizes were posted in the preparation area and failed to notify the Dietitian of all changes made to the menus.</p> | A 901 | | |

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| A1015 | <p>8:36-12.1(a) Resident Activities</p> <p>(a) A planned, diversified program of resident activities shall be offered daily for residents, including individual and/or group activities, on-site or off-site, to meet the individual needs of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to develop and implement an activity program to meet the needs of the residents as evidenced by the following:</p> <p>On 9/23/21 at 11:40 a.m., the surveyor observed an Activity Aide (AA) on the first floor of the Memory Care unit seated at a table in a large dining room with a few dementia residents. During the interview, the surveyor asked the AA what activity was being provided and she responded that it was "word game." She also let the surveyor know that later she would take the residents outside for fresh air. Further, the AA stated that she created her own activity for the residents which included a bit of physical, social and cognitive activities.</p> <p>In addition, the surveyor inquired if the facility had an activity coordinator and requested the activity calendar. The AA told the surveyor that the facility had not had an activity coordinator since 2019 and that there was no activity calendar. Also, the surveyor interviewed a Licensed Practical Nurse (LPN) in charge on the date of the survey who confirmed that there was no activity calendar to guide the staff to conduct activities. The surveyor did not observe any activity calendar posted during the survey date of</p> | A1015 | | |

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| A1015 | <p>Continued From page 9</p> <p>9/23/21.</p> <p>At 1:45 p.m., the surveyor interviewed the Regional Human Resource Manager (RHRM) from the corporate office who stated that she was not aware that the facility did not have an activity coordinator or a posted activity calendar.</p> <p>The surveyor reviewed the facility's Policy and Procedure, titled, "Activities," provided by the RHRM via email, which indicated that the "The Administrator will assure that a planned, diversified Assisted Living facility of activities shall be posted and offered daily for residents, including individual and/or group activities, on-site or off-site, to meet the service needs of residents."</p> | A1015 | | |