New Jersey Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **j6tdgc** | A. BUILDING: ____ B. WING ____ | C **06/06/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CLARE ESTATE, THE** | **201 CROSSWICKS STREET BORDENTOWN, NJ 08505** |

| (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<br><br>Initial Comments:<br>TYPE OF SURVEY: Complaint<br><br>COMPLAINT #: NJ00164601<br><br>CENSUS: 20<br><br>SAMPLE SIZE: 7<br><br>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. | A 000 | | |
| A1179 | 8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance<br><br>(a) The facility shall provide and maintain a sanitary and safe environment for residents.<br><br>This REQUIREMENT is not met as evidenced by:<br>NJ00164601<br><br>Based on observation and interviews, it was determined that the facility failed to take appropriate measures to assure the safety of | A1179 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| CLARE ESTATE, THE | 201 CROSSWICKS STREET BORDENTOWN, NJ 08505 |

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| A1179 | Continued From page 1<br>Resident #5 and the potential to affect all of the residents who reside at the facility by leaving the front door unlocked and unattended. This deficient practice was evidenced based on the following:<br><br>On 6/5/2023 at 9:30 a.m. the survey team visited the community; upon entrance the surveyors waited at the front desk and observed the front desk unattended by staff. The survey team waited 10 minutes and no staff member ever attended to the front desk. The surveyors observed two residents sitting in the foyer.<br><br>At 9:40 a.m. the survey team was greeted in the hallway by dietary staff who instructed the survey team to go to the wellness office located on the second floor.<br><br>Later during the day, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated the Executive Director (ED), and the Registered Nurse (RN) were off. The surveyor inquired about the front desk unattended by staff and there were 2 residents sitting in the foyer. The LPN stated typically there was no one at the front desk and she doesn't know who is inside of the building. The LPN further stated, when she worked, she locked the front door at 7:00 p.m. At this time the surveyor asked the LPN for the facility's security policy. The LPN stated, she doesn't have access to the policies and to follow up with the Director of Nursing (DON). The LPN further stated, the DON was off day of survey. The LPN confirmed the facility's census was 20. In addition, the LPN confirmed that NJ EX residents were moved from the secured memory care unit (MCU) to the assisted living neighborhood due to water damage from a frozen pipe that busted in December 2022. | A1179 | | |

New Jersey Department of Health

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| CLARE ESTATE, THE | 201 CROSSWICKS STREET BORDENTOWN, NJ 08505 |

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| --- | --- | --- | --- | --- |
| A1179 | Continued From page 2<br><br>At 10:30 a.m., the surveyor observed two residents sitting in a common area near the front desk. The surveyor interviewed Resident #5 who was [NJ Ex Order] and [NJ Ex Order 26.4b]. Resident #5 stated the facility has not had anyone at the front desk for a few months. The resident went on to say, when visitors come in, they are supposed to sign in onto the visitors log but not all visitors know to do so. The surveyor did not observe any signs posted which would instruct visitors to sign in upon entrance into the facility.<br><br>The surveyor interviewed a Home Health Aide (HHA) who stated she worked at the facility for [NJ] and the facility used to employ a receptionist at the front desk, but it had been a while since the facility had a receptionist at the front desk.<br><br>At 11:00 a.m., the surveyor interviewed the Activities Director (AD) who was employed at the facility for [NJ Ex.Order 26.4(b)(1]. The AD stated, the facility does not have staff to cover the front desk, so the desk is left unattended.<br><br>On 6/7/2023 at 11:30 a.m., the surveyor called the facility, and was unable to leave a voice message because the voice mailbox was full. At 11:38 a.m., the surveyor sent an email to the ED and DON requesting the facility's security policy and a means of contact, the surveyor did not have a response.<br><br>On 6/13 and 6/14/2023 the surveyor called the facility, there was no answer, and the voice mailbox was full. | A1179 | | |

The Clare Estate

ID: j6tdgc Complaint Survey Date: 6/05/2023

1. **A 1179: Housekeeping-Sanitation-Safety-Maintenance**

   a. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice**

      - The Corrective action was addressed immediately after the surveyor pointed out the concern and the blue tape and it was removed from all detectors including : (2) smoke detectors in the lobby, (1) detector in corridor to Resident Room A-102, second floor Assisted Living (1) detector corridor near elevator, (1) detector near A-104, (1) detector in corridor next to the corridor double smoke doors, (1) smoke detector in the corridor next to Nursing office, (1) detector in corridor next to Resident Room A-002.
      - All missing ceiling tiles have been replaced.
      - Fire Safety Yearly inspection completed by the Bordentown Fire Department on 9/27/2023
      - Otis Elevator conducted yearly inspection on 8/7/2023.

   b. **How the facility will identify other residents having the potential to be affected by the same deficient practice**

      - All resident had the potential to be affected by this deficient practice.

   c. **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur**

      i. The Maintenance Director will conduct daily walk throughs to ensure no detectors have been taped or obstructed in any way.
      ii. The Executive Director will conduct weekly walk through to ensure no smoke detectors have been obstructed.

   d. **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.**

      i. The Maintenance Director will conduct daily walk throughs to make ensure no detectors have been taped or obstructed in any way.
      ii. The Executive Director will conduct weekly walk throughs to ensure no smoke detectors have been obstructed.

   e. **Completion Date**: 9/29/2023

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | j6tdgc | A. BUILDING: ______ B. WING ______ | R-C 11/29/2023 |

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| CLARE ESTATE, THE | 201 CROSSWICKS STREET BORDENTOWN, NJ 08505 |

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|---|---|---|---|---|
| {A 000} | Initial Comments<br><br>Initial Comments:<br>TYPE OF SURVEY: REVISIT<br><br>COMPLAINT # NJ00164601<br><br>CENSUS: 19<br><br>SAMPLE SIZE: 4<br><br>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. | {A 000} | | |
| {A1179} | 8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance<br><br>(a) The facility shall provide and maintain a sanitary and safe environment for residents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint: #NJ00164601<br><br>Based on observation and interviews on 11/29/2023, it was determined that the facility | {A1179} | | |

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

New Jersey Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | j6tdgc | A. BUILDING: ______ B. WING ______ | R-C 11/29/2023 |

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| {A1179} | Continued From page 1 | {A1179} | | |

failed to take appropriate measures to assure the safety of the memory care residents and had the potential to affect all the residents who reside at the facility by leaving the front desk unattended. This deficient practice was evidenced based on the following:

On 11/29/2023 at 9:00 a.m., upon entry into the facility, the surveyors entered the lobby area and there was no receptionist present at the front desk. There was no staff around the lobby. The survey team waited 9 minutes for a staff member to attend to the front desk. There were no residents sitting in the foyer.

At 9:09 a.m., the surveyors observed a staff entering the facility. She approached the front desk. The Surveyor asked her title and hours worked, she replied, "I work 7:00 am-3:00 p.m. and I've been the Receptionist a NJ Ex.Order 26.4(b)(1) [redacted] t." When asked where she was when we entered the facility, she replied "I went to Wawa at 8:00 a.m. and my friend, a Certified Nurse Assistant (CNA) covered for me because I step[ped] out. My friend is here in the building but not at the desk she is an aide working on the floor ..."

In the same interview, the Receptionist stated I work Monday through Friday and no one comes in after me and no one works on the weekend. She is also an aide.
When asked how visitors know how to sign in and know where to go, if she is not here, she replied "I can't answer that."

Upon entry, there was no visitor sign-in directions observed at the front desk.
Since December 2022, the Memory Care unit has been under construction and the residents have

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| {A1179} | Continued From page 2 | {A1179} | | |

been displaced to the Assisted Living unsecured unit.

During an interview at 9:32 a.m., the Certified Home Health Aide (CHHA #1) stated we [facility] have an aide (CHHA) that covers the front desk. Aide is the Receptionist and she works til [until] 3:00 p.m. We are supposed to have a Receptionist from 9:00 a.m. to 5:00 p.m. She continued to say the facility is in the process of hiring a receptionist and no one works on the weekend. A long time ago, about 3 years ago, there were 2 receptionists until 8:00p.m. and there was a receptionist on [the] weekends.

In the same interview, when the Surveyor asked her how aides know to cover the front desk, she replied, there's no log of what an aide will cover the front desk. When the surveyor asked her if she received training, she replied, "I wasn't trained to be a receptionist, but I was a NJ Ex.Order 26.4(b)(1 for NJ Ex.Order 26.4, so I know ..."

When the Surveyor asked her, if visitors and vendors come into the facility and no staff is at the [front] desk, what happens, she replied, "I can't answer that. I don't know."

During an interview at 9:57 a.m., when asked if there is a receptionist, CHHA #2 said, there's sometimes a receptionist, I come in at 7:00 a.m., but the receptionist is there at 9:00 a.m. She continued to say, "The receptionist [works] in [the] morning and afternoon then works as an aide. There's not a receptionist on the weekends."

In the same interview when the Surveyor asked if she ever filled in as the receptionist, CHHA #2 stated, "Yes, I, sometimes fill in as receptionist [and] no one trained me as the receptionist."

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| {A1179} | Continued From page 3 | {A1179} | | |

When the Surveyor asked her if no staff is at the [front] desk, what happens, CHHA #2 replied, "If no one at [the] desk, aide goes back and forth to check."

During an interview at 10:50 a.m., the CNA stated the receptionist hours are 9:00 a.m. - 3:00 p.m. Monday through Friday. When the surveyor asked her, if she was notified by the Receptionist to cover for her this morning, the CNA stated "[The] Receptionist didn't notify me."

In the same interview, the CNA continued to say I pick time. I cover breaks. I pop in and check the front desk area in between resident showers at 7:30 a.m. and 8:00 a.m. today since I am a CNA. The checking at the front desk is not on the schedule, it was verbally told to me by the past Administrator (Administrator #1), she said " ...we're family check on the front desk as you can ..."

When the Surveyor asked about her hours and the front desk, the CNA replied she works 7:00 a.m. - 3:00 p.m. and she didn't know what happens after 3:00 p.m. She had never seen a receptionist on the weekends since the flood last December [2022]. She continued to say there were no directions given for visitors [and] vendors to sign in as she doesn't pay attention to those things.

During an interview at 11:28 a.m., the Licensed Practice Nurse (LPN) stated when she arrives at 7:00 a.m., there is not a receptionist at [the] front desk until 8:00 a.m. and [the receptionist] leaves [the] desk at the latest 4:00 p.m. She continued to say when she has time, she checks the front desk area in between care, " ... just something we do ... there's no receptionist on [the] weekends

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| {A1179} | Continued From page 4<br>..."<br><br>When the Surveyor asked if she worked at the front desk, the LPN replied,<br>" I don't ever cover the front desk. After 4:00 p.m., [the] aides just know to check the front desk, I don't know if [it is] written anywhere."<br><br>During an interview at 12:14 p.m., the Activities Director (AD) stated there has been no receptionist at [the] front desk since July, the current staff fills in as the receptionist and she is also an aide, but there is no staff that work the front desk and the desk is often left unattended.<br><br>During an interview at 1:15 p.m., the interim Administrator (Administrator #2) stated that before the flood [December 2022], there were 2 receptionists who worked from 8:00 a.m.-4:00 p.m. and 4:00 p.m. -8:00 p.m. Since the flood, the aide who is currently working as the Receptionist works from 8:00-4:00 p.m. or until 3:00 p.m. she was unsure of her hours. If this person takes lunch or break, another aide or an available staff would fill in for her at the front desk.<br><br>In the same interview, the Surveyor asked what happens when this assigned aide leaves for the day, Administrator #2 replied, "no one else is at [the] front desk. The aide[s] take turns answering the phone, but they don't physically sit at [the]front desk because they have to take care of the residents. [The] Nurse looks over the bridge (above the lobby, reception area is a bridge, a walkway, to another side of the building) to see if anyone needs assistance at [the] front desk." On the weekend, she was unsure if there is a receptionist or not.<br><br>When the Surveyor asked her if she knew the | {A1179} | | |

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| {A1179} | Continued From page 5<br>assigned aide left the front desk unattended this morning and if it was a concern, Administrator #2 replied, "Absolutely, this is a concern." Administrator #2 said there is no schedule for the aides to cover the front desk, the aides just know when the assigned aide leaves to cover the front desk. She was unsure how this assigned aide was given the Receptionist position as it was arranged with Administrator #1. She continued to say when aides work as the receptionist, they deliver mail, answer phones and make [the] schedule and watch residents to ensure safety, if no staff is present at the front desk.<br><br>During a telephone interview at 3:22 p.m., Administrator #2 said there was a visitors directions sign [at the front desk] but it was damaged during the flood.<br><br>Upon exiting the facility at 4:37 p.m., the Surveyor observed a staff member sitting at the front desk. When the Surveyor asked her how long she has been sitting here, CHHA #3 replied she will be here from 3:00 p.m.-7:00p.m. then she will go to the floor for resident care.<br><br>On 12/14/2023, the surveyor did a revisit to verify the Removal Plan was implemented and a receptionist was interviewed and observed. Also, the facility implemented the Removal Plan, which included educating facility staff on the receptionist duties and assigning designated staff to the receptionist role. | {A1179} | | |

New Jersey Department of Health

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| {A 000} | Initial Comments<br><br>Initial Comments:<br>TYPE OF SURVEY: Revisit Survey<br><br>CENSUS: 16<br><br>SAMPLE SIZE: 16<br><br>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. | {A 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

## STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1) | MULTIPLE CONSTRUCTION A. Building B. Wing (Y2) | DATE OF REVISIT (Y3) |
|---|---|---|
| j6tdgc | | 3/12/2024 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CLARE ESTATE, THE | 201 CROSSWICKS STREET BORDENTOWN, NJ 08505 |

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 A1179<br>Reg. # 8:36-17.1(a)<br>LSC | Correction Completed 04/15/2024 | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
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| REVIEWED BY STATE AGENCY ☐ | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
|---|---|---|---|---|
| REVIEWED BY CMS RO ☐ | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

| FOLLOWUP TO SURVEY COMPLETED ON | |
|---|---|
| 6/6/2023 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO |