

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10A101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/23/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARE ESTATE, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 CROSSWICKS STREET BORDENTOWN, NJ 08505</b>
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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: Standard</p> <p>CENSUS: 7</p> <p>SAMPLE SIZE: 7</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		
A1505	<p>8:36-23.3(a) Assisted Living Programs</p> <p>(a) Each assisted living program shall comply with the applicable provisions in N.J.A.C. 8:36-1 through 11, 13, 15 and 23.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to comply with subchapter 11 by not administering medications in accordance with prescriber's orders and state regulation N.J.A.C. 8:36-11.4(b), and failed to document the rationale as to why the</p>	A1505		

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

TITLE

(X6) DATE

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A1505	<p>Continued From page 1</p> <p>medications were not administered for 1 out of 7 residents reviewed for medication administration, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 3/22/22 at 11:00 a.m., the surveyor reviewed Resident [REDACTED] Medical Record (MR) and observed that the resident moved into the facility in [REDACTED] with diagnoses which included [REDACTED]. Further review of the MR revealed a prescriber's order for [REDACTED] [REDACTED], and was timed to be given at [REDACTED].</p> <p>The surveyor reviewed Resident [REDACTED] Medication Administration Records (MARs) and observed that the scheduled [REDACTED] was not administered, and there was no rationale documented for why it was not administered for the following dates: [REDACTED], in [REDACTED], in [REDACTED], in [REDACTED] and in [REDACTED].</p> <p>On 3/23/22 at 10:30 a.m., the surveyor interviewed a facility Licensed Practical Nurse who stated that the [REDACTED] of [REDACTED] was not given because the Nurses begin their shift at 7:00 a.m., so there was no one to administer the medication.</p> <p>At 3:00 p.m., the surveyor interviewed the facility's Executive Director (ED) about Resident [REDACTED] that were not</p>	A1505		
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A1505	Continued From page 2  administered per prescriber's orders. The ED stated that the [REDACTED] should have been administered as prescribed.  From [REDACTED] the facility failed to administered [REDACTED] doses of [REDACTED] to Resident [REDACTED], as prescribed by the resident's Physician.	A1505		
A1561	8:36-23.11(a) Assisted Living Programs  (a) Each resident living in publicly subsidized housing who elects to participate in an assisted living program shall receive an initial assessment pursuant to N.J.A.C. 8:36-7.1(a) and the applicable sections of N.J.A.C. 8:36-7.2 through 7.5.  This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure that the Registered Nurse (RN) completed initial assessments and General Service Plans (GSPs) for residents upon admission in order to determine their needs for [REDACTED] of [REDACTED] residents, Resident [REDACTED] and Resident [REDACTED] reviewed for assessments. This deficient practice was evidenced by the following:  1. According to surveyor review of Resident [REDACTED] Medical Record (MR) on [REDACTED] the resident started with the program in [REDACTED] and had diagnoses which included [REDACTED]. The surveyor observed that a Registered Nurse (RN) assessment was not included in the MR. Further, review of the GSP binder provided by the RN, revealed that there	A1561		

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A1561	<p>Continued From page 3</p> <p>was no documented evidence that a GSP was developed for the resident.</p> <p>At 10:55 a.m., the surveyor interviewed a facility Licensed Practical Nurse (LPN) regarding the care provided to Resident [REDACTED]. The LPN stated that Resident [REDACTED] was [REDACTED] and required assistance with medications administration, and activities of daily living.</p> <p>2. At 11:25 a.m., the surveyor reviewed Resident [REDACTED] MR and observed that the resident started with the program on [REDACTED] and had diagnoses which included [REDACTED]. The surveyor observed that there was no initial RN assessment or GSP for Resident [REDACTED].</p> <p>At 12:45 p.m., on 3/23/22, the surveyor requested that the RN provide, for surveyor review, the RN assessments and/or GSPs for Resident [REDACTED] and Resident [REDACTED]. The RN confirmed that these documents did not exist.</p>	A1561		
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