STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16A001	A. BUILDING: _____ B. WING _____	C 09/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCE	338 CHESTNUT STREET PASSAIC, NJ 07055

(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 COMPLAINT #: NJ 00128637 CENSUS: 90 SAMPLE SIZE: 3 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		
A 355	8:36-4.1(a)(1) Resident Rights comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, 1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;	A 355		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/11/19

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A 355	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00128637 Based on observation, interview and record review it was determined that the facility failed to implement interventions from a resident's Care Plan (CP), (a document used by the facility to plan care for residents' care), after the resident threatened to stab an employee with a knife for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following: On 9/27/19 at 9:15 a.m., the surveyor interviewed the Wellness Director (WD) regarding a Facility Reportable Event which occurred at the facility on 9/19/19 and was reported to the Department of Health on 9/20/19. The WD stated that on 9/19/19, at approximately 5 p.m., Resident #1 attempted to get into a storage room with a knife to retrieve his/her pajamas. The WD explained that when an employee attempted to redirect the resident, the resident pointed the knife at the employee. The WD stated there was no physical contact or injury to the anyone during the incident. According to the WD, Resident #1 was sent to crisis for evaluation immediately following the incident and returned to the facility at approximately 3 a.m., the next day. The WD stated that interventions for Resident #1 when he/she returned from crisis included: 1 to 1 for 24 hours, reporting to Executive Director (ED) and WD to gain access to the storage room and random room checks for knives/sharp objects. At 9:40 a.m., the surveyor observed Resident #1	A 355		

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A 355	Continued From page 2	A 355		

seated in a chair in his/her room and at that time, appeared to the surveyor to be alert and oriented to person, place and time. During interview with the resident regarding the above incident, Resident #1 stated that he/she just wanted to scare the employee away and was not going to hurt anyone. While in the resident's room for this interview, the surveyor observed a pair of scissors, which were approximately 8 inches long, on a dresser next to the resident, one potato peeler and one pie cutter in a dish drainer. During continued interview, the resident confirmed that he/she used the scissors to cut papers or clothes.

After the interview with Resident #1, at 10:05 a.m., the surveyor informed the WD of the above observation and concern. The WD stated that she would remove the scissors immediately from the resident's room and that Resident #1 was aware not to have sharp objects in his/her possession. The WD explained that the facility's goal was for the resident not to have any sharp objects in the room.

Surveyor review of Resident #1's medical record on 9/27/19 at 10:15 a.m., revealed that the resident was admitted to the facility in December 2017 with diagnoses which included bipolar disorder, anxiety, depression, mild cognitive impairment and dementia. According to surveyor review of the "Progress Notes," (PN) the surveyor observed a note dated 9/19/19 at 5:15 p.m., which was signed by a Licensed Practical Nurse (LPN) and documented that the resident was observed trying to "pry" open a door and when approached by staff, the resident attempted to stab the staff with the knife. The LPN documented in the same PN that the knife was removed from the resident's room and put in an

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A 355	Continued From page 3	A 355		

office.

At 11 a.m., the surveyor interviewed the Staff Member (SM) involved in the above incident, who had not returned to work since the incident. The SM stated that she observed Resident #1 with a knife attempting to get into Room 301, a storage room. The SM explained that she felt threatened when Resident #1 pointed the knife at her. She stated that Resident #1's sibling, who also resided at the facility, intervened and Resident #1 then stated to the sibling that he/she [Resident #1] was trying to scare the SM. Resident #1's sibling was unavailable for interview.

According to surveyor review of the CP dated 9/19/19, the facility documented, "Psychiatry diagnosis" under the "Problems" section; and under the "Goals" section, "not to make verbal or physical threats with objects." In the "Interventions" section documented was "Staff will be assigned to conduct random checks in resident room to look for sharp objects and remove them immediately if found for the safety of residents and staff." "Resident aware physical threats including objects to cause injury will be handled stat including eviction or removal."

The surveyor observed that there was no documented evidence in the medical record that the facility conducted a random check of the resident's room to search for sharp objects when the resident returned to the facility from crisis on 9/20/19 until 9/27/19, the date of this survey.

The surveyor identified an Immediate Jeopardy situation for Resident #1 on 9/27/19 at 10:40 a.m., and notified the facility at 10:15 a.m. The facility corrected the Immediate Jeopardy situation at 12:30 p.m. when they implemented a

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A 355	Continued From page 4 removal plan. The CP was revised and accepted at 1:15 p.m.	A 355		