| AND BLAN OF CORRECTION . IDENTIFICATION NUMBER: | | 1` 'c | | | (3) DATE SURVEY COMPLETED | |
|---|---|--|---|---|---|--|
| | | | | С | | |
| | 30a002 | B. WING | | 08/2 | 9/2019 | |
| | RANGE 510 PROS | SPECT AVEN | IUE | | | |
| (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL | D BE | (X5) COMPLETE DATE | |
| Initial Comments | | A 000 | | | | |
| | · | | | | | |
| CENSUS: 54 | | | | | | |
| SAMPLE SIZE: 3 | | | | | | |
| all of the standards Administrative Code Licensure of Assiste Comprehensive Pe Assisted Living Pro submit a plan of co- completion date for that the plan is impledeficiencies may re accordance with pro Administrative Code | in the New Jersey e 8:36, Standards for ed Living Residences, rsonal Care Homes and grams. The facility must rrection, including a each deficiency and ensure emented. Failure to correct sult in enforcement action in ovisions of New Jersey e Title 8, Chapter 43E, | | | | | |
| 8:36-3.4(a)(1) Adm | inistration | A 310 | | | | |
| responsible for, but 1. Ensuring the | not limited to, the following: development, | | | | | |
| | PROVIDER OR SUPPLIER COURTS OF WEST O SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Initial Comments: TYPE OF SURVEY COMPLAINT #: N. CENSUS: 54 SAMPLE SIZE: 3 The facility is not in all of the standards Administrative Code Licensure of Assiste Comprehensive Pe Assisted Living Pro submit a plan of col completion date for that the plan is impledeficiencies may re accordance with pro Administrative Code Enforcement of Lice 8:36-3.4(a)(1) Admit (a) The administrator responsible for, but 1. Ensuring the implementation, and | PROVIDER OR SUPPLIER STREET AD SOURTS OF WEST ORANGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00126902 CENSUS: 54 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. 8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies | A BUILDING: 30a002 B. WING | OF CORRECTION JOAN JOAN JOAN JOAN JOAN JOAN JOAN | OF CORRECTION DENTIFICATION NUMBER: A BUILDING: COMP | |

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

TITLE

(X6) DATE

| TACW OCI | sey Department of t | icaili i | | | | |
|---|--|--------------------------------------|----------------|---|--------|----------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPL | E CONSTRUCTION | (X3) DATE | | |
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | COMP | LETED | |
| | | | | | _ | |
| | | | | | C | |
| | | 30a002 | B. WING | · · · · · · · · · · · · · · · · · · · | 08/2 | 9/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | CTDEET AD | DDECC CITY (| STATE, ZIP CODE | | |
| NAIVIE OF I | PROVIDER OR SUPPLIER | | , , | • | | |
| ARDEN (| COURTS OF WEST O | RANGE | SPECT AVEN | | | |
| | | WEST OR | ANGE, NJ (| 07052 | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | N | (X5) |
| PRÉFIX | | MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOUL | | COMPLETE |
| TAG | REGULATORY OR L | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROF DEFICIENCY) | PRIATE | DATE |
| | | | | DEFICIENCY) | | |
| A 310 | Continued From pa | ne 1 | A 310 | | | |
| 71010 | Continued From pa | ge i | 71010 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | This REQUIREMEN | NT is not met as evidenced | | | | |
| | by: | | | | | |
| | Complaint #: NJ00 | 126902 | | | | |
| | | on, interview and record | | | | |
| | | nined that the Administrator | | | | |
| | | enforcement of the facility | | | | |
| | | | | | | |
| | | ent Abuse Policy" for | | | | |
| | | Resident , Resident and | | | | |
| | | deficient practice was | | | | |
| | evidenced by the following: | | | | | |
| | | | | | | |
| | | 45 a.m., the surveyor | | | | |
| | | al record of Resident and | | | | |
| | observed that he/sh | ne was admitted to the facility | | | | |
| | in Executive Order 26, 4.b. | with diagnoses that included | | | | |
| | Executive Order | r 26, 4.b. | | | | |
| | Review of the "Prog | gress Notes" (PNs) revealed | | | | |
| | that on Res | sident was found with | | | | |
| | Executive Order 2 | 26, 4.b. X-ray results dated | | | | |
| | revealed "A | Executive Order 26, 4.b. | | | | |
| | | eview of the PN did not | | | | |
| | disclose whether th | | | | | |
| | incident that would result in a | | | | | |
| | moldone that would | roddit ii' d | | | | |
| | 2 At 10.00 am th | ne surveyor reviewed the | | | | |
| | medical record of R | | | | | |
| | | | | | | |
| | he/she was admitted to the facility in with diagnoses which included Executive Order 26, 4.b. According to the PNs, on the resident was observed | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| with Executive Order 26, 4.b. X-rays | | | | | | |
| | completed on | revealed an "Executive Order 25, 4.0 | | | | |
| " There was no documentation that the | | | | | | |
| | resident sustained | or other incident that | | | | |
| | would result in a | · | | | | |

| New Jei | sey Department of F | leaim | | | r | |
|---|--|--|----------------|--------------------------------|------------------|----------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION (| | | (X3) DATE SURVEY | |
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | | COMPLETED | |
| | | | | | | |
| | 30a002 | | B. WING | | 08/29/2019 | |
| | | 308002 | | | 00/2 | 3/2013 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| | | 510 PROS | SPECT AVEN | UE | | |
| ARDEN (| COURTS OF WEST O | RANGE | ANGE, NJ (| | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION |)N | (X5) |
| PREFIX | | MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOUL | | COMPLETE |
| TAG | | | | CROSS-REFERENCED TO THE APPROI | PRIATE | DATE |
| | | | | DEFICIENCY) | | |
| A 310 | Continued From pa | ge 2 | A 310 | | | |
| | 3 At 10:15 am th | ne surveyor reviewed the | | | | |
| | | Resident and observed that | | | | |
| | he/she was admitte | | | | | |
| | with diagnoses which | | | | | |
| | | ner review of the PNs revealed | | | | |
| | that on the | resident complained of to | | | | |
| | his/her executive Order 26, 4.b. | The surveyor observed an | | | | |
| | X-ray report of the | dated executive Order 26, 4.b. dated which | | | | |
| | X-ray report of the documented, "the | xecutive Order 26, 4.b. cannot be | | | | |
| | excluded." There w | vas an report also dated | | | | |
| | of the Executive | which documented, | | | | |
| | Executive Order 26 | | | | | |
| | | reyor did not observe any | | | | |
| | | nce in the medical record of a | | | | |
| | fall or injury to the r | igni nand. | | | | |
| | Surveyor review of | the facility policy titled, | | | | |
| | | olicy" revealed documented, | | | | |
| | | nvestigated by the Registered | | | | |
| | | xecutive Director to determine | | | | |
| | | se is suspected." Further | | | | |
| | review of facility red | | | | | |
| | | the injuries were investigated | | | | |
| | | rector to determine whether | | | | |
| | abuse was ruled ou | | | | | |
| | | | | | | |
| | | surveyor interview the | | | | |
| | | Coordinator (RSC) stated that | | | | |
| | | terviews with staff when there | | | | |
| | is an injury of unknown origin; however, he/she was not able to provide documentation that the facility Administrator enforced the "Resident | | | | | |
| | | | | | | |
| | | | | | | |
| | | completed an investigation to | | | | |
| | determine whether | abuse was ruled out. | | | | |
| A 565 | 8:36-5.10(a)(3) Ger | neral Requirements | A 565 | | | |
| | 2120 21.3(4)(0) 001 | | | | | |
| | | notify the Department | | | | |
| | minitediately by tele | phone at 609-633-9034 | | | | |

PRINTED: 07/19/2022 FORM APPROVED

New Jersey Department of Health

| IACM DEI | sey Department of i | Icailli | | | | |
|---|---|--|---------------------|---|------|-------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ' | LE CONSTRUCTION | (X3) DATE COMPI | | |
| | | | A. BUILDING: | · | | |
| | | 30a002 | B. WING | | 08/2 | ; 9/2019 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, | STATE, ZIP CODE | | |
| ARDEN | COURTS OF WEST O | RANGE | SPECT AVEN | | | |
| (VA) ID | STIMMADV STA | | T | PROVIDER'S PLAN OF CORRECTION | | (X5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD BE CON CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | |
| A 565 | Continued From pa | ige 3 | A 565 | | | |
| | | r business hours), followed written confirmation, of the | | | | |
| | neglect, or misappr including, but n been reported to Office of the Or | d cases of resident abuse, ropriation of resident property, ot limited to, those which have the State of New Jersey mbudsman for the lerly for residents over 60 | | | | |
| | This REQUIREMED by: Complaint #: NJ00 | NT is not met as evidenced | | | | |
| | determined that the of unknown origin f Department of Hea reviewed, Resident | and record review it was a facility failed to report injuries or suspected abuse to the lth (DOH) for one residents and Resident oractice was evidenced by the | | | | |
| | Coordinator (RSC) the incidents that w the past year. A re that the facility did r | a.m., the Resident Services provided the surveyor with all vere reported to the DOH for view of the incidents revealed not report the following pattern wn origin that occurred in a e to the DOH. | | | | |
| | | 45 a.m., the surveyor cal record of Resident | | | | |

| | | | E CONSTRUCTION | (X3) DATE COMPI | SURVEY LETED |
|--|---|--------------------------|--|--------------------|--------------------------|
| | | 7. BOILDING. | | C |) |
| | 30a002 | B. WING | | | 9/2019 |
| NAME OF PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | |
| ARDEN COURTS OF WEST ORAN | NGF | SPECT AVEN ANGE, NJ 0 | | | |
| PREFIX (EACH DEFICIENCY MUS | MENT OF DEFICIENCIES JST BE PRECEDED BY FULL IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY) | D BE | (X5) COMPLETE DATE |
| included Review of the revealed that on with Executive Order 26, documentation that the investigated to rule out 2. At 10:00 a.m., the s medical record of Residuely With diagnoses w Executive Order 26 on revealed an There was no documented that the injury har rule out abuse. 3. At 10:15 a.m., the s medical record of Residuely Revealed an There was no documented that the injury har rule out abuse. 3. At 10:15 a.m., the s medical record of Residuely Revealed an There was admitted to with diagnoses which is represented to the residuely Revealed The residuely Revealed The residuely Revealed The Revent The Revealed The Revealed The Revealed The Revealed The Reve | he was admitted to the with diagnoses which Order 26, 4.b. e "Progress Notes" (PNs) Resident was found 26, 4.b. According to dent had a was was no e injury had been t abuse. Surveyor reviewed the ident and observed that to the facility in which included had been investigated to entation in the medical and been investigated to surveyor reviewed the ident and observed with 6, 4.b. According to dent was observed with 6, 4.b. I was completed to completed and observed that to the facility in included and observed that to the facility in included and observed that to the facility in included and observed an observed an observed an observed an observed an observed an observed that to the facility in included included which included is review of the PNs revealed sident complained of pain to be surveyor observed an observed an observed that on the facility in included | A 565 | DEFICIENCY) | | |

| NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF WEST ORANGE WEST ORANGE, NJ 07052 PREFIX (EACH IDERCIENCY MUST BE PRECEDED BY STULL FROM THAT IS A SHORT OF THE PROVIDER OF THAT IS A SHORT OR SHORT OF THE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A 565 Continued From page 5 A 1 2:00 p.m. the RSC confirmed that the sustained by Resident were not reported to the DOT although abuse had not been ruled out by the investigation. | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DATE | SURVEY | |
|--|---|---|---|-----------------|--|--------|----------|
| NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF WEST ORANGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 565 Continued From page 5 At 2:00 p.m. the RSC confirmed that the sustained by Resident Re | AND I EAR OF CONNECTION IDENTIFICATION NOWIDEN. | | A. BUILDING: | · | COMPLETED | | |
| ARDEN COURTS OF WEST ORANGE 510 PROSPECT AVENUE WEST ORANGE, NJ 07052 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 565 Continued From page 5 At 2:00 p.m. the RSC confirmed that the sustained by Resident sustained by Resident were not reported to the DOH although abuse had not A 565 At 2:00 p.m. the DOH although abuse had not | | | 30a002 | B. WING | | | |
| (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 565 Continued From page 5 At 2:00 p.m. the RSC confirmed that the sustained by Resident sustained by Resident were not reported to the DOH although abuse had not | NAME OF F | PROVIDER OR SUPPLIER | STREET AC | DRESS, CITY, | STATE, ZIP CODE | | |
| PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 565 Continued From page 5 At 2:00 p.m. the RSC confirmed that the sustained by Resident sustained by Resident were not reported to the DOH although abuse had not A 565 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE A 565 A 565 | ARDEN (| COURTS OF WEST O | RANGE | | | | |
| At 2:00 p.m. the RSC confirmed that the sustained by Resident and the sustained by Resident were not reported to the DOH although abuse had not | PREFIX | FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO | D BE | COMPLETE |
| | A 565 | At 2:00 p.m. the RS sustained by Residual Sustained sustained reported to the DOI | SC confirmed that the ent of the | A 565 | | | |

| STATE FORM: REVISIT REPORT | | | | | | | |
|--|--|-------------|--------------------|---|-------------------|-----------------|--------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 30a002 | MULTIPLE CON A. Building B. Wing | ISTRUCTIO | N | | | DATE 10/11/ | OF REVISIT 2019 Y3 |
| NAME OF FACILITY ARDEN COURTS OF WEST (| ORANGE | | | STREET ADDRESS, C 510 PROSPECT AVEN WEST ORANGE, NJ 0 | IUE | | |
| This report is completed by a scorrective action was accomplidentification prefix code previous form). | ished. Each def | iciency sho | uld be fully ident | ified using either the r | regulation or LSC | provision numbe | r and the |
| ITEM | DATE | ITEM | | DATE | ITEM | | DATE |
| Y4 | Y5 | Y4 | | Y5 | Y4 | | Y5 |
| ID Prefix A0310 | Correction | ID Prefix | A0565 | Correction | ID Prefix | | Correction |
| Reg. # 8:36-3.4(a)(1) | Completed | Reg. # | 8:36-5.10(a)(3) | Completed | Reg. # | | Completed |
| LSC | 09/30/2019 | LSC | | 09/30/2019 | 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 |
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| ID Prefix | Correction | ID Prefix | | Correction | ID Prefix | | Correction |
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| Reg. # | Completed | Reg. # | | Completed | Reg. # | | Completed |
| LSC | _ | LSC | | | LSC | | - |
| | | | | | | | |
| REVIEWED BY STATE AGENCY (INITIAL | EWED BY ALS) | DATE | SIGNATU | JRE OF SURVEYOR | | DATE | |

Page 1 of 1 EVENT ID: F9C612

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

DATE

☐ YES ☐ NO

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY

(INITIALS)

DATE

TITLE

REVIEWED BY

CMS RO

8/29/2019



Kristin Moran, Administrator Arden Courts of West Orange 510 Prospect Avenue West Orange, NJ 07052 September 30, 2019

Complaint Survey visit Plan of Correction

Tag A310

- How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: All residents will be ensured the development, implementation, and enforcement of all policies and procedures, including resident rights;
- How the facility will identify other residents having the potential to be affected by the same practice: All residents have a potential to be affected.
- What measures will be put into place or systemic changes made to ensure that the
 deficient practice will not occur: The Executive Director, and Resident Services
 Coordinator have been educated to follow the enforcement of the facility policy
 entitled, "Resident Abuse Policy" as deemed necessary to rule out any abuse after
 investigation is done for an injury of unknown origin. All staff in-serviced on the facility
 policy entitled, "Resident Abuse Policy." All staff in-serviced on the state regulation
 pertaining to abuse reporting.
- 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 change: Executive Director and/or Resident Services Coordinator will monitor all occurrences or injuries of unknown origin and to follow the "Resident Abuse Policy" as deemed necessary to rule out any abuse.
 Occurrences or injuries of unknow origin will be reviewed during the daily morning meeting to ensure timely and required follow up actions occur.

Timeframe in place is immediately 9/30/2019 and on-going.

Tag 565

 How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: All residents will be ensured the facility will notify the Department of Health immediately by telephone at 609-633-9034 or (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the



following: Injuries of unknown origin and all suspected cases of resident abuse, neglect, or misappropriation of resident property, including, but not limited to, those which have been reported to the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly for residents over 60 years of age

- How the facility will identify other residents having the potential to be affected by the same practice: All residents have a potential to be affected.
- What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur: The Executive Director, Resident Services Coordinator and all staff have been educated to ensure and enforce the facility will notify the Department of Health immediately by telephone at 609-633-9034 or (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: Injuries of unknown origin and all suspected cases of resident abuse, neglect, or misappropriation of resident property, including, but not limited to, those which have been reported to the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly for residents over 60 years of age.
- 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 change: Executive Director and/or Resident Services Coordinator will monitor notifications to the New Jersey Department of Health on all occurrences of injuries of unknown origin daily or weekly as needed and reviewed during daily morning meeting to ensure timely and required follow up actions occur.

Timeframe in place is immediately 9/30/2019 and on-going