

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2019
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NAME OF PROVIDER OR SUPPLIER WASHINGTON TOWNSHIP SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 600 MEDICAL CENTER DRIVE SEWELL, NJ 08080
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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: Complaint survey</p> <p>COMPLAINT #: NJ00131234, NJ00131479</p> <p>CENSUS: 77</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 749	<p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 749		

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

TITLE

(X6) DATE

02/17/20

New Jersey Department of Health

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A 749	<p>Continued From page 1</p> <p>Complaint #: NJ00131479</p> <p>Based on interview and record review it was determined that the facility failed to ensure that the service plan was updated or revised to include specific interventions in order to reduce the [redacted] for [redacted] out of [redacted] residents reviewed for falls, Resident [redacted]. This deficient practice was evidenced by the following:</p> <p>On 12/19/19 at 11:30 a.m. the surveyor reviewed Resident [redacted] closed medical record which documented that the resident moved into the facility on [redacted]. According to the, "Resident Physician Examination" form dated [redacted] Resident [redacted] had diagnoses which included [redacted]</p> <p>The surveyor reviewed the facility's "Resident Health Assessment" dated [redacted], which documented that Resident [redacted] was [redacted]. Additionally, the surveyor reviewed a facility document titled, "Individualized Service Plan (ISP)," dated [redacted] which documented that Resident [redacted] was independent with [redacted]. Further review of the ISP revealed that Resident [redacted] required health and wellness services, which included [redacted]. The surveyor did not observe documented any services or interventions for fall management on the ISP.</p> <p>The surveyor reviewed a document titled, "Discharge Plan and Instructions" (DPI) which documented, "...Fall and safety precautions...Falls, low back pain, requires 24/7 sup [supervision] and assist."</p>	A 749		

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A 749	<p>Continued From page 2</p> <p>On 12/20/19 at 11:15 a.m., the surveyor interviewed the Resident Service Director (RSD), who stated that Resident [redacted] and he/she was transferred to the hospital and would not be returning to the community. The surveyor reviewed the ISP with the RSD who stated that Resident [redacted] did not have a service plan for [redacted]. The RSD informed the surveyor that the Aides used the ISP as a guide to provide care and services to the residents. The surveyor then reviewed with the RSD the DPI which documented, "...Fall and safety precautions..." The RSD stated that she omitted to include fall interventions on the ISP.</p> <p>On 12/20/19 at 12:10 p.m., the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that on 12/9/19 the Aide informed her that Resident [redacted] was [redacted]. The LPN stated that once she entered the room, she found the resident on the [redacted] with his/her [redacted]. The LPN also stated that the resident complained of [redacted]. The LPN further stated that the resident had his/her pendant around the [redacted].</p> <p>On 12/20/19 at 1:15 p.m., the surveyor interviewed the Aide assigned to Resident [redacted] who stated that at the start of her shift, which was 7:00 a.m., she was in the process of doing rounds and was checking on the residents when in the middle of doing rounds, she heard Resident [redacted] and found the resident [redacted].</p> <p>The facility failed to ensure that Resident [redacted]'s ISP was updated to include interventions to prevent [redacted].</p>	A 749		

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A 755 A 755	<p>Continued From page 3</p> <p>8:36-7.3(d) Resident Assessments and Care Plans</p> <p>(d) The resident shall participate in and, if the resident agrees, family members shall be invited to participate in, the development of the resident service plan and health service plans, if plans are needed. Participation shall be documented in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00131479</p> <p>Based on interview and record review it was determined that the facility failed to provide documented evidence that the resident and/or a family members participated in the development of the resident's Individualized Service Plan (ISP) and Health Service Plan (HSP) for █ of █ residents reviewed, Resident █. This deficient practice was evidenced by the following:</p> <p>On 12/19/19 at 11:30 a.m. the surveyor reviewed Resident █ closed medical record, which documented that the resident moved into the facility on █. According to the "Resident Physician Examination" form dated █ Resident █ had diagnoses which included █</p> <p>The surveyor reviewed a facility document titled, "Resident Health Assessment" dated █ and observed that Resident █ was █ Executive Order 26, 4.b.</p> <p>The surveyor observed that the ISP dated █, completed by the Resident Service</p>	A 755 A 755		

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A 755	<p>Continued From page 4</p> <p>Director (RSD) "SECTION VI-PARTICIPATION SIGNATURES" documented that the RSD and the Executive Director signed the ISP on [redacted]. The surveyor did not observe documented a signature from either the resident or a family member to indicate their participation in the development of the resident ISP.</p> <p>The surveyor also reviewed the Interdisciplinary Progress Notes from Executive Order 26, 4.b however, there was not documented evidence that any discussions with the resident and/or a family member regarding the development of the ISP occurred.</p> <p>On 12/20/19 at 11:30 a.m., the surveyor interviewed the RSD who stated that she did not discuss the implementation of the ISP with the resident or the residents' family member.</p> <p>The facility failed to ensure that Resident [redacted] and or family member was invited to participate in the development of the ISP and/or HSP.</p>	A 755		
A 963	<p>8:36-11.5(f) Pharmaceutical Services</p> <p>(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00131234</p>	A 963		

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A 963	<p>Continued From page 5</p> <p>Based on observation, interview and record review it was determined that the facility failed to ensure that the administration of medications and treatments were properly documented in accordance with Physician's orders for █ of █ residents reviewed for medication administration, Resident █. This deficient practice was evidenced by the following:</p> <p>On 12/19/19 the surveyor reviewed the closed Medical Record (MR) of Resident █, who moved into the facility on █ with diagnoses which included █. According to the "Resident Services - Level of Care Program Review," form dated █ Resident █ required █.</p> <p>The surveyor reviewed the Medication Administration Record (MAR) for █ and observed that on █ the following medications were not signed as administered, █, █, █.</p> <p>Review of the MAR for █ revealed that █ were not signed as administered on █ and █ was not signed as administered on █.</p> <p>On 12/10/19 at 11:45 a.m., the surveyor interviewed the Resident Service Director (RSD), who stated that she did not know why there were omitted signatures on Resident █ MARs and stated that the blank fields observed on the MARs should have been properly documented as required. The RSD told the surveyor that she did</p>	A 963		
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A 963	Continued From page 6 not review the MARs. The facility failed to ensure that staff consistently documented the administration of medications to Resident [REDACTED] as per prescribers' orders.	A 963		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A002	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/16/2020	Y3
NAME OF FACILITY WASHINGTON TOWNSHIP SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MEDICAL CENTER DRIVE SEWELL, NJ 08080		

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 <u>A0749</u>	Correction	ID Prefix <u>A0755</u>	Correction	ID Prefix <u>A0963</u>	Correction
Reg. # <u>8:36-7.3(a)</u>	Completed	Reg. # <u>8:36-7.3(d)</u>	Completed	Reg. # <u>8:36-11.5(f)</u>	Completed
LSC _____	01/30/2020	LSC _____	01/30/2020	LSC _____	01/30/2020
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
LSC _____		LSC _____		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
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/20/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Washington Township Senior Living
600 Medical Center Drive
Sewell, NJ 08080
856-582-8700

Plan of Correction (page 1 of 3)
Complaint Visit 12/20/2019

A 749 8:36-7.3(a) Resident Assessments and Care Plans

Element #1

Resident #1 was affected by this deficient practice.

The resident was transferred to the hospital for treatment and did not return to the community.

Element #2

All residents have the potential to be affected by this deficient practice.

When a resident is due for assessment, whether it be routine or at change of condition, all available documents will be reviewed to insure all pertinent clinical information is included in the updated care plan. This includes the Physician's Exam, Resident Health Assessment, Individualized Service Plan and discharge instructions from the hospital. Also, the discharge summary when a resident returns from a hospital or rehab stay will also be reviewed and recommendations will be incorporated into the current care plan.

Element #3

Upon move in for all residents the RN will review the "Resident Physician Examination" and "Discharge Plan and Instructions" when available to identify when fall interventions are recommended. Interventions will be documented in the "Resident Health Assessment" and the "Individualized Service Plan". The Director of Resident Care will monitor this process and conduct monthly random chart audits to insure ongoing compliance.

Element #4

The community monitors the effectiveness of the corrective actions during the bi-weekly "At Risk" meetings. These meetings are conducted by the Executive Director and the Director of Resident Care. Results of the monthly audits will be reviewed at the meeting as a way to monitor the continued effectiveness of the systemic changes.

Completed 1/30/2020

Washington Township Senior Living
600 Medical Center Drive
Sewell, NJ 08080
856-582-8700

Plan of Correction (page 2 of 3)
Complaint Visit 12/20/2019

A 755 8:36-7.3(d) Resident Assessments and Care Plans

Element #1

Resident #1 was affected by this deficient practice.

The resident was transferred to the hospital for treatment and did not return to the community, therefore the RN did not have the opportunity to schedule a care conference with the resident and family.

Element #2

All residents have the potential to be affected by this deficient practice.

An audit will be conducted to verify that all residents have a signed care plan and residents will be reminded at the monthly Resident Council that we are always available to review care plans and provide them with a copy.

Element #3

The Director of Resident Care will contact the resident and/or family member to set up a meeting to participate in the development of the resident service plan when needed. Following review of the plan, the Executive Director, Director of Resident Care and the resident/family member will sign the copy that is placed in the resident's record. The Director of Resident Care will monitor this process and conduct monthly audits to verify that individual service plans have been signed by all parties and that the resident/family member was given the opportunity to attend a care plan meeting..

Element #4

The community monitors the effectiveness of the corrective actions during the bi-weekly "At Risk" meetings. These meetings are conducted by the Executive Director and the Director of Resident Care. Results of the monthly audits will be reviewed at the meeting as a way to monitor the continued effectiveness of the systemic changes.

Completed 1/30/2020

**Washington Township Senior Living
600 Medical Center Drive
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856-582-8700**

**Plan of Correction (page 3 of 3)
Complaint Visit 12/20/2019**

A 963 8:36-11.5(f) Pharmaceutical Services

Element #1

Resident #2 was affected by this deficient practice. Effective immediately, the charge LPN will administer the Executive Order 26, 4.5 to this resident.

Element #2

All residents have the potential to be affected by this deficient practice. The Director of Resident Care will insure weekly audits of MARS to verify consistent and complete documentation.

Element #3

The requirement to document all administration of medications and/or resident refusal was reviewed at the January department staff meeting. LPNs and CMAs will review their MAR prior to the end of the shift and the Director of Resident Care will conduct random weekly audits to monitor compliance.

Element #4

The community monitors the effectiveness of the corrective actions during the bi-weekly "At Risk" meetings. These meetings are conducted by the Executive Director and the Director of Resident Care. Results of the monthly audits will be reviewed at the meeting as a way to monitor the continued effectiveness of the systemic changes.

Completed 1/30/2020