STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15a006	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA VOORHEES ASSISTED LIVING RESIDENCE	1301 LAUREL OAK ROAD VOORHEES, NJ 08043

(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: SURVEY TYPE: Complaint COMPLAINT #: NJ00123938, NJ00118695, NJ00108649, NJ00086690 CENSUS: 61 SAMPLE SIZE: 9 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 310	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 and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/17/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15a006	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA VOORHEES ASSISTED LIVING RESIDENCE	1301 LAUREL OAK ROAD VOORHEES, NJ 08043

(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 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
COMPLAINT # NJ00118695

Based on interview and record review it was determined that the facility failed to follow its Policy and Procedure, "Emergency Response Policy," for 1 of 9 residents, Resident #3. This deficient practice was evidenced by the following:

On 5/30/19 at 11:00 a.m., the surveyor reviewed the medical record for Resident # 3 which revealed that he/she was admitted to the facility in March 2018 with diagnoses which included dementia, anxiety and a history of stroke. Surveyor review of the "Resident Notes" section of the medical record revealed a note signed as written by a Registered Nurse (RN) on 10/30/18 at 6:20 p.m. in which caregivers reported to the RN that at 7 a.m. the resident was observed sitting in his/her wheelchair in the corner laying with his/her right side against the wall. According to the medical record, at 9:30 a.m., the RN was notified that the resident had a "bump" on his/her right forehead and appeared to have pain in his/her right leg. The RN arranged for medical transport to the hospital to rule out a fracture.

Continued review of the "Resident Notes" revealed that at 11:10 a.m., while waiting for medical transport, the resident appeared to lose consciousness, CPR was imitated, the resident was resuscitated, 911 was called and arrived at 11:20 a.m. and the resident was transported to the hospital and admitted with diagnoses which included a right hip fracture and a bleed in his/her head. The medical record further revealed that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15a006	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA VOORHEES ASSISTED LIVING RESIDENCE	1301 LAUREL OAK ROAD VOORHEES, NJ 08043

(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 310	Continued From page 2 the resident expired at 4:43 p.m. that same day, 10/30/18. On 5/30/19 at 12:00 p.m. the surveyor reviewed the facility's policy titled, "Emergency Response Policy," which documented, "...911 be called in the event of a medical emergency." The policy further defined "A medical emergency as any injury or illness that results in an imminent threat to a resident's health, including but not limited to, an apparent life-threatening medical crisis." On 5/30/19 at 1:52 p.m. the surveyor interviewed the Executive Director (ED) and the Divisional Director of Care Management (DDCM) regarding the facility's policy on providing emergency medical response for residents with head injuries. The DDCM stated that the facility considered any suspected or actual head injury as a medical emergency and the resident was to be sent out immediately via 911. The ED stated that when the "bump" was noticed on Resident #3's forehead, he/she should have been sent out via 911 rather than wait for medical transportation. The facility failed to follow its policy for providing emergency medical response for Resident #3.	A 310		
A 563	8:36-5.10(a)(2) General Requirements (a) The facility shall notify the Department immediately by telephone at 609-633-9034 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, elopements,	A 563		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15a006	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA VOORHEES ASSISTED LIVING RESIDENCE	1301 LAUREL OAK ROAD VOORHEES, NJ 08043

(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 563	Continued From page 3 and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages; This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00118695 Based on interview and record review it was determined that the facility failed to report to the Department of Health (DOH) immediately by telephone, and within the state mandated time frame of 72 hours, regarding an an injury of unknown origin. This deficient practice was evidenced by the following: On 5/30/19 at 11:00 a.m., the surveyor reviewed the medical record for Resident # 3 which revealed that he/she was admitted to the facility in March 2018 with diagnoses which included dementia, anxiety and a history of stroke. Surveyor review of the "Resident Notes" section of the medical record revealed a note signed as written by a Registered Nurse (RN) on 10/30/18 at 6:20 p.m. in which caregivers reported to the RN that at 7 a.m. the resident was observed sitting in his/her wheelchair in the corner laying with his/her right side against the wall. According to the medical record, at 9:30 a.m., the RN was	A 563		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15a006	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA VOORHEES ASSISTED LIVING RESIDENCE	1301 LAUREL OAK ROAD VOORHEES, NJ 08043

(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 563	Continued From page 4 notified that the resident had a "bump" on his/her right forehead and appeared to have pain in his/her right leg. The medical record further revealed that the resident was admitted to the hospital on 10/30/18 with a brain bleed and a fracture of the right hip. The medical record documented that the resident denied falling; however, there was no explanation or investigation by the facility as to the source of the injuries. On 5/30/19 at 1:52 p.m. the surveyor interviewed the Executive Director (ED) and the Divisional Director of Care Management (DDCM) regarding the facility's policy regarding reportable events. The ED stated that the incident was not reported to the DOH, however, the incident should have been investigated to rule out abuse and reported in accordance with state regulations. The facility was not able to provide the surveyor with a specific policy on reporting of injuries of unknown origin.	A 563		