

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/24/2019
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NAME OF PROVIDER OR SUPPLIER PREMIER CADBURY OF CHERRY HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08002
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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</p> <p>COMPLAINT #: NJ 128107</p> <p>CENSUS: 64</p> <p>SAMPLE SIZE: 5</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		
A1089	<p>8:36-16.3(b) Physical Plant</p> <p>(b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation.</p>	A1089		

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

TITLE

(X6) DATE

10/21/19

New Jersey Department of Health

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A1089	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00128107</p> <p>Based on observation and interview it was determined the facility failed to consistently ensure that ventilation was present and functioning properly in 2 of 8 resident bathrooms. This deficient practice was evidenced by the following:</p> <p>On 9/24/19 beginning at 10:54 a.m., the surveyor, in the presence of the facility Director Of Maintenance (DOM), toured the building and inspected 8 resident apartment bathrooms. The surveyor observed that when tested, by placing a piece of single ply tissue paper across the 6 inch by 6 inch grills, 2 residents bathroom exhaust systems did not function properly in the following locations:</p> <ol style="list-style-type: none"> At 11:01 a.m., Resident [REDACTED] apartment the surveyor looked into the ventilation grill and observed that the inside louver grill was in the closed position. On interview at that time, the DOM confirmed the surveyor's observation. At 12:02 a.m., the surveyor inspected Resident [REDACTED] apartment bathroom and looked inside of the ventilation grill and observed that the inside louver grill was in the closed position. <p>The surveyor observed that with the inside vents in the closed positions proper ventilation was not provided in both bathrooms. These bathrooms had no windows with an area that would open and vent to the outside and relied solely on mechanical ventilation.</p>	A1089		

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A1089	Continued From page 2 All apartments were occupied by residents at the time of survey.	A1089		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/23/2020
NAME OF FACILITY PREMIER CADBURY OF CHERRY HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08002

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 A1089	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-16.3(b)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/25/2019	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 _____	
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 9/24/2019		<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		

A 1089

It is the intent of Premier Cadbury at Cherry Hill Assisted Living to comply with 8:36-16.3(b) Physical Plant

(b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation.

How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?

- The 2 resident bathrooms identified on the day of survey as not functioning were replaced by October 17, 2019
- The 2 resident bathrooms identified on the day of survey as having closed vents were corrected on the same day

How the facility will identify other residents having the potential to be affected by the same deficient practice.

All residents residing at Premier Cadbury had the potential to be affected.

- Maintenance Director will inspect all vents in assisted living bathrooms
- Completion date for inspections was October 1, 2019

What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- Current vents that have the ability to be closed will be replaced by vents that cannot be manually closed by October 25, 2016
- Maintenance Director will inspect operation of main exhaust fan, that operates all vents, monthly and document on TELS
- Maintenance Director will inspect vents, monthly and report to QA/Qapi
- Housekeeping will clean bathroom vents, by vacuuming them, monthly

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 changes.

- Administrator will monitor cleanliness of vents and review with the Housekeeping Director monthly cleaning of vents for the next 3 months, then quarterly for 6 months, then bi-annually
- Vent Maintenance and Housekeeping procedures will be presented to the QA/Qapi meeting for review and further recommendation.