New Jer	sey Department of H	lealth			FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED	
	15C000		B. WING		C 08/21/2020		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
IVY STO	NE SENIOR LIVING		ITE 130 SOU JKEN, NJ 08				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)			(X5) COMPLETE DATE	
A 000	Initial Comments		A 000				
	Initial Comments: TYPE OF SURVEY: Complaint						
	COMPLAINT # NJ 00134478						
	CENSUS: 83						
	SAMPLE SIZE: 8						
	all of the standards Administrative Cod Licensure of Assiste Comprehensive Pe Assisted Living Pro submit a plan of co completion date for that the plan is imp deficiencies may re accordance with pr	e 8:36, Standards for ed Living Residences, rsonal Care Homes and grams. The facility must rrection, including a reach deficiency and ensure lemented. Failure to correct usult in enforcement action in ovisions of New Jersey e Title 8, Chapter 43E,					
A1187	8:36-17.3(a)(1) Housekeeping-San	itation-Safety-Maintenance	A1187				
	(a) The housekeeping and sanitation conditions in paragraphs 1 through 12 below shall be met. Application of this requirement with respect to the individual living environment shall take into consideration residents' personal preferences for style of living:						
	surfaces such as ta	ers, shall be clean to sight					

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

TITLE

(X6) DATE

CH5E11

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		15C000	B. WING			C 21/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		UTE 130 SOU UKEN, NJ 08			
(X4) ID			ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
A1187	Continued From pa	ge 1	A1187			
		NT is not met as evidenced				
	by: Complaint: # NJ 00134478.					
	8/21/2020, it was de failed to ensure tha surfaces in common apartments were ke (2) of nine (9) reside apartments of Reside	ons and interview on etermined that the facility t carpets, ceiling tiles and all n areas and residents' ept clean and homelike for two ent apartments, the dent #'s 5 and 8. This as evidenced by the following				
	Environmental Service surveyor inspected	tour with the facility vices Director (ESD) the the Assisted Living common residents' apartments. The the following:				
	approximately 22 fe corridor carpet by the into the Assisted Live had two (2) approxi- stains running the le time, the surveyor in asked as to what me carpet and what was carpet. The ESD re- surveyor that the bl	he surveyor observed an beet long section of light beige he lobby piano area leading ving side of the building that mately 14 inch wide black ength of the carpet. At this interviewed the ESD and hade the black stains on the lis being done with the stained esponded and told the ack stains were from the ey were ordering new the carpet.				
		side Resident #5's apartment, /ed one ceiling tile with brown				

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PRINTED: 01/09/2023 FORM APPROVED

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED C	
	15C000	B. WING			21/2020	
PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE			
NE SENIOR LIVING						
· · · · · · · · · · · · · · · · · · ·		UKEN, NJ 081				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From page 2		A1187				
 stain, approximatel ceiling tile was observed brown stain next to addition, two (2) room were observed approximately 20 ir with an approximately 20 room were observed when the surveyor approximately 20 room were observed brown stain approximately 20 ro	y 14 inch in diameter. This erved sagging downward, and touched the tile, it was wet. the surveyor that there was a hside Resident # 8's veyor observed that the carpet th an approximately three (3) r (4) feet long tear and frayed of the resident's room, the a six (6) inch in diameter the resident's bed. ceiling tiles in the resident's ed with stains, one hch in diameter and the other rely eight (8) inch in diameter. touched the 20-inch stain, the					
	TOF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER NE SENIOR LIVING SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From pa stain, approximatel ceiling tile was obs when the surveyor The ESD then told roof leak. 3. At 12:55 p.m., ir apartment, the surv was in disrepair with feet long and a fou section. Further inspection surveyor observed brown stain next to In addition, two (2) room were observed approximately 20 ir with an approximately When the surveyor	IT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 15C000 PROVIDER OR SUPPLIER STREET AI T999 RO PENNSA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOR Continued From page 2 Stain, approximately 14 inch in diameter. This ceiling tile was observed sagging downward, and when the surveyor touched the tile, it was wet. The ESD then told the surveyor that there was a roof leak. 3. At 12:55 p.m., inside Resident # 8's apartment, the surveyor observed that the carpet was in disrepair with an approximately three (3) feet long and a four (4) feet long tear and frayed section. Further inspection of the resident's room, the surveyor observed a six (6) inch in diameter brown stain next to the resident's bed. In addition, two (2) ceiling tiles in the resident's room were observed with stains, one approximately 20 inch in diameter and the other with an approximately eight (8) inch in diameter.	TO F DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: 15C000 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST. 7999 ROUTE 130 SOUT PENNSAUKEN, NJ 081 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 A1187 Stain, approximately 14 inch in diameter. 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WING IT OF DEFICIENCY STREET ADDRESS, CITY, STATE, ZIP CODE IT OF DEFICIENCY T999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110 IT OF DEFICIENCY IDENTIFICATION IT OF DEFICIENCY IDENTIFICATION IT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 2 A1187 Stain, approximately 14 inch in diameter. This ceiling tile was observed sagging downward, and when the surveyor touched the tile, it was wet. The ESD then told the surveyor that there was a roof leak. A1187 3. At 12:55 p.m., inside Resident # 8's apartment, the surveyor observed that the carpet was in disrepair with an approximately three (3) feet long and a four (4) feet long tear and frayed section. Further inspection of the resident's room, the surveyor observed a six (6) inch in diameter brown stain next to the resident's bed. 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