

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING OAK ASSISTED LIVING AT VOORHEES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>396 SO. WHITE HORSE PIKE BERLIN, NJ 08009</b>		
(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 #: NJ 00125061</p> <p>CENSUS: 101</p> <p>SAMPLE SIZE: 4</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			
H5770	<p>8:43E-13.4(c) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall send a completed, paper copy of the Universal Transfer Form with a patient when a patient is transferred.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00125061</p> <p>Based on interview and record review it was determined that the facility failed to send a</p>	H5770			

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

TITLE

(X6) DATE

08/15/19

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H5770	<p>Continued From page 1</p> <p>completed Universal Transfer Form (UTF) when Resident #3 was transferred to the hospital for evaluation. This deficient practice was evidenced by the following:</p> <p>On 6/21/19 at 12:05 p.m. the surveyor reviewed Resident #3's medical record and observed that the resident was sent to the hospital on [REDACTED] for [REDACTED]. The surveyor did not observe a UTF in the medical record for the transfer. During surveyor interview with a Registered Nurse (RN) on 6/21/19 at 12:50 p.m., the surveyor requested to review the UTF that accompanied the resident upon transfer to the hospital on [REDACTED] for evaluation related to [REDACTED]. The RN confirmed that she was not able to provide the surveyor with a copy of the UTF as the form had not been completed.</p> <p>The Director of Nursing was informed of above concern and agreed that a UTF form should have been completed and sent with the resident upon transfer to the hospital.</p> <p>Refer to 8:37-7.5(c)</p>	H5770			