

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IVY STONE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint survey</p> <p>COMPLAINT #: NJ00124051</p> <p>CENSUS: 88</p> <p>SAMPLE SIZE: 11</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 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the Executive Director (ED) failed to develop and implement a policy and procedure to address the facility's response to the Consultant Pharmacist's (CP) medication regimen quarterly review and recommendations for █ of █ residents, Resident █ and Resident █. This deficient practice was evidenced by the following:</p> <p>1. The CP reviewed the medication regimen of Resident █ on Executive Order 26, 4.b. and █. On █ and █ the CP recommended █ (an █ medication), be administered with meals. As of the date of this survey, █ documentation on the Medication Regimen Review forms identified that Resident █ continued to receive the █ at █ breakfast. The "Drug Regimen Review" contained no response to the CP's recommendations.</p> <p>2. The CP completed medication regimen reviews for Resident █ on Executive Order 26, 4.b. █ and █. There was no response to the CP recommendations on this report. The CP recommended a █, (a █, on both █ and █. There was no response on the report to this recommendation. As of █, the date of this survey, Resident █ continued to receive █ at the same dose of █.</p>	A 310		
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A 310	Continued From page 2  3. The surveyor observed 25 "Consultant Pharmacist Review Physician Report" forms dated <b>Executive Order 26, 416</b> lying face down on the desk in the chart room. The documents contained recommendations by the CP regarding resident's medication regimen. There was no response by the Physician to any of the CP recommendations.  At 3 p.m. on 6/17/19, the surveyor asked the ED for the facility policy governing the response to the CP's recommendations. At 4 p.m., the ED stated that there was no policy governing the handling of the CP's report and recommendations. She further stated that "corporate" was developing a policy now to address responding to the CP's quarterly report and recommendations.	A 310		
A 447	8:36-5.1(a) General Requirements  (a) The assisted living residence, comprehensive personal care home or assisted living program shall provide and/or coordinate personal care and services to residents, based on assessment by qualified persons, in accordance with the New Jersey Nurse Practice Act, N.J.S.A. 45:11-23 and N.J.A.C. 13:37, this chapter, and the individual needs of each resident, in a manner which promotes and encourages assisted living values.  This REQUIREMENT is not met as evidenced by:	A 447		

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A 447	<p>Continued From page 3</p> <p>Based on interview and record review it was determined that the Registered Nurse (RN) Director of Nursing (DON) failed to coordinate the care of residents by ensuring the response and implementation of Consultant Pharmacist (CP) recommendations for [redacted] of [redacted] residents reviewed for pharmacy services, Resident [redacted] and Resident [redacted]. This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> <li>1. The CP reviewed the medication regimen of Resident [redacted] on [redacted] Executive Order 26, 4.b. and [redacted] Executive Order 26, 4.b. On [redacted] Executive Order 26, 4.b. and [redacted] Executive Order 26, 4.b., the CP recommended that [redacted] Executive Order 26, 4.b. (an [redacted] Executive Order 26, 4.b. medication), be administered with meals. As of the date of the survey, [redacted] Executive Order 26, 4.b., documentation on the "Medication Regimen Review" form identified that Resident [redacted] Executive Order 26, 4.b. continued to receive the [redacted] Executive Order 26, 4.b., before breakfast. The "Drug Regimen Review" form contained no response to the CP's recommendations.</li> <li>2. The CP completed medication regimen reviews for Resident [redacted] Executive Order 26, 4.b. on [redacted] Executive Order 26, 4.b. and [redacted] Executive Order 26, 4.b. There was no response to the CP recommendations on this report. The CP recommended that a [redacted] Executive Order 26, 4.b. be considered with the use of [redacted] Executive Order 26, 4.b. (a [redacted] Executive Order 26, 4.b. on both [redacted] Executive Order 26, 4.b. and [redacted] Executive Order 26, 4.b.). There was no response on the report to this recommendation. As of [redacted] Executive Order 26, 4.b. the date of survey, the resident continued to receive [redacted] Executive Order 26, 4.b. at the same dose of [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b.</li> <li>3. The surveyor observed 25 "Consultant Pharmacist Review Physician Report" forms dated [redacted] Executive Order 26, 4.b. lying face down on the desk in the chart room. The documents contained no response by the Physician to the CP's</li> </ol>	A 447		
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A 447	Continued From page 4  recommendations.  On 6/17/19 at 11:40 a.m., the surveyor asked the DON why the Consultant Pharmacist Review Physician Reports of [redacted] was laying face down on the desk with no response to the recommendations. The DON stated that she had never seen these reports before and did not know what they were.	A 447		
A 745	8:36-7.2(f) Resident Assessments and Care Plans  (f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00124051  Based on observation, interview and record review and pertinent facility documentation, it was determined that the facility failed to complete an assessment and initiate a Health Service Plan (HSP) for [redacted] of [redacted] residents, Resident [redacted] after return from a visit to the [redacted] Executive Order 26, 4.b, for [redacted] Executive Order 26, 4.b, after a [redacted] Executive Order 26, 4.b, on [redacted]. The facility also failed to update the, "Total Plan of Patient Care," a document used by the facility to plan the residents' care, after return from the [redacted] Executive Order 26, 4.b, following a [redacted] Executive Order 26, 4.b, with a plan to [redacted] Executive Order 26, 4.b, on [redacted]. This deficient practice was evidenced by the following:	A 745		

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A 745	<p>Continued From page 5</p> <p>On 6/5/19 at 11:18 a.m. and on 6/13/19 at 10:08 a.m. the surveyor reviewed Resident [redacted] medical record which documented that the resident was admitted to the facility in [redacted] with diagnoses which included [redacted].</p> <p>Via translator on 6/5/19 at 1:45 p.m., the surveyor interviewed Resident [redacted]. Resident [redacted] stated that he/she [redacted] Executive Order 26, 4.b. and that if he/she [redacted], he/she [redacted] him/herself. During the interview Resident [redacted] stated, "Thank God" she (surveyor) went inside his/her room today because he/she was looking into a way he/she could hang him/herself from the ceiling. The resident stated, [redacted] Executive Order 26, 4.b., Executive Order 26, 4.b., Executive Order 26, 4.b., Executive Order 26, 4.b." The surveyor then reported the above conversation to the facility Executive Director (ED) and the Director Of Nurses (DON). The facility sent Resident [redacted] out to the [redacted] to be [redacted] Executive Order 26, 4.b.</p> <p>The surveyor reviewed of the, "Total Plan of Patient Care" dated [redacted] which documented under the "Problems And Needs" section of the document was that the resident had a diagnosis [redacted] Executive Order 26, 4.b. and [redacted] Executive Order 26, 4.b. In the "Plan Of Approach" section was the following, "...Executive Order 26, 4.b., encouraging resident to [redacted] Executive Order 26, 4.b. encouraging participation in activities." There was no indication that the "Total Plan of Patient Care" was updated after [redacted], when Resident [redacted] was [redacted] Executive Order 26, 4.b. with a plan.</p> <p>During interview with the DON on 6/13/19 at 10:28 a.m., the surveyor requested the HSP for Resident [redacted]. In addition the surveyor requested</p>	A 745		

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A 745	<p>Continued From page 6</p> <p>the assessment of Resident [redacted] upon return from Executive Order 26, 4.b. The DON stated that the HSP and the assessment were not done for Resident [redacted] after return from the Executive Order 26, 4.b. Additionally, the DON further stated that the "Total Plan of Patient Care" was not updated after return from the Executive Order 26, 4.b. either.</p> <p>Surveyor review of the facility policy titled, "Upon return from the ER of Hospital," which was revised January 2019, documented the following procedures staff were to perform:</p> <ol style="list-style-type: none"> <li>1. Take a full set of vital signs.</li> <li>2. Update the care plan/support plan if indicated.</li> <li>3. The nurse will perform an assessment and write a nurse's note.</li> <li>4. The nurse will add the resident to the acute tracker list.</li> <li>5. The nurse will send email to all department heads and concierge that resident has returned.</li> <li>6. The nurse will review and process any new orders.</li> </ol> <p>A review of the facility policy titled, "Assessments," which was revised in January 2019, documented the following: Assessments will be completed with residents upon admission, as required by the State, and when a significant change has occurred." Under procedure the policy listed assessments that may need to be completed on a resident, some of which were "Depression Assessment, Nursing Assessment and Level of Care Assessment."</p>	A 745		
A 753	<p>8:36-7.3(c) Resident Assessments and Care Plans</p> <p>(c) Documentation in the resident's record shall</p>	A 753		

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A 753	<p>Continued From page 7</p> <p>indicate review and any necessary revision of the resident service plan and/or health service plan.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to provide documented evidence of the development and implementation of a service plan for residents who were being treated with <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> for of residents reviewed, Residents and Resident . This deficient practice was evidenced by the following:</p> <p>1. Resident had an order from the Advanced Practice Nurse (APN) dated <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> (a <b>Executive Order 26, 4.b.</b> medication), to be given <b>Executive Order 26, 4.b.</b> for the treatment of . The Resident also had an order dated <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b> (a <b>Executive Order 26, 4.b.</b>), to be given <b>Executive Order 26, 4.b.</b> for . There was no service plan available with <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> to address the resident's <b>Executive O</b> and <b>Executive Order 26, 4.b.</b></p> <p>2. Resident had an order from the APN dated <b>Executive Order 26, 4.b.</b> to discontinue <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>) and an order for <b>Executive Order 26, 4.b.</b> a <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> Resident medical record identified that the resident had <b>Executive Order 26, 4.b.</b> and was being treated for <b>Executive Order 26, 4.b.</b> at the</p>	A 753		
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A 753	<p>Continued From page 8</p> <p>"Professional Pain Associates." The surveyor observed that Resident [redacted] did not have a service plan for the treatment [redacted] with either <b>Executive Order 26, 4.b.</b> [redacted]</p> <p>On 6/17/19 at 11:40 a.m., the surveyor interviewed the Director of Nursing (DON) and asked for the service plans for Resident [redacted] and Resident [redacted]. The DON checked a binder and stated that there were no services plans for these residents in the binder. The DON then checked the computer to determine if these residents had electronic service plans. The DON then stated that Resident [redacted] had not currently been seen by [redacted] <b>Executive Order 26, 4.b.</b> "so the resident had no service plan, and she stated that Resident [redacted] had no service plan to address the resident's [redacted] <b>Executive Order 26, 4.b.</b></p> <p>On 6/17/19 at approximately 1:20 p.m. during the Executive Director provided the surveyor with a facility policy and procedure titled, "Service Plans," which documented a policy for the development and implementation of service plans which contained the following procedures: "Each resident will have a service plan developed upon admission. It will be reviewed semi-annually and as needed. The service plan will detail the services the community will be providing for the resident. The service plan will be accessible to all the employees for guidance for care for the residents."</p> <p>The Executive Director also provided the surveyor with a policy and procedure titled, "Pain Management," which documented the following procedure: "Non pharmaceutical interventions will also be implemented. Care plan/support plan will be updated as needed."</p>	A 753		
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A 765	<p>8:36-7.4(c)(1) Resident Assessments and Care Plans</p> <p>(c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following:</p> <p>1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00124051</p> <p>Based on observation, interview and record review, it was determined that the facility failed to follow its policy, titled "Assessments," of a resident upon return from a visit to the Executive Order 26, 4.b. for Executive Order 26, 4.b. and evaluation due to a Executive Order 26, 4.b. for Executive Order 26, 4.b. residents, Resident Executive Order 26, 4.b., who was observed with Executive Order 26, 4.b. on Executive Order 26, 4.b. The resident was sent Executive Order 26, 4.b. on Executive Order 26, 4.b. and upon return to the facility on Executive Order 26, 4.b., the facility failed to perform a Nursing Assessment, Executive Order 26, 4.b. Assessment, Functional Assessment, and a Level of Care Assessment, the facility also failed to continue the every 2 hour rounds checks and failed to ensure that a Health Service Plan (HSP) with interventions in response to Executive Order 26, 4.b. Executive Order 26, 4.b. and</p>	A 765		
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A 765	<p>Continued From page 10</p> <p>implemented. This deficient practice was evidenced by the following:</p> <p>During surveyor review of Resident [redacted] medical record on [redacted] Executive Order 26, 4.b. the surveyor observed that the resident was admitted to the facility in [redacted] Executive Order 26, 4.b. with diagnoses which included [redacted] Executive Order 26, 4.b.</p> <p>According to surveyor review of the "Nurse's Notes" dated [redacted] Executive Order 26, 4.b. and timed at [redacted] Executive Order 26, 4.b. and signed as written by the Director of Nurses documented that the Social Worker (SW) observed Resident [redacted] with [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. Additionally, the note documented that Resident [redacted] Executive Order 26, 4.b. also informed the SW that he/she tried [redacted] Executive Order 26, 4.b. him/herself by [redacted] Executive Order 26, 4.b. prior. Resident [redacted] Executive Order 26, 4.b. also stated that he/she [redacted] Executive Order 26, 4.b. and that's when he/she decided to use the [redacted] Executive Order 26, 4.b. Further documented in the same note was that all [redacted] Executive Order 26, 4.b. was removed from the resident's room but [redacted] Executive Order 26, 4.b. was found."</p> <p>Resident [redacted] Executive Order 26, 4.b. was [redacted] Executive Order 26, 4.b. for [redacted] Executive Order 26, 4.b. and [redacted] Executive Order 26, 4.b. and returned to the facility on [redacted] Executive Order 26, 4.b. with recommendations for a [redacted] Executive Order 26, 4.b. follow up with S-COPE, [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. a program that provides crisis response and rounds every 2 hours.</p> <p>According to surveyor review of the, "Total Plan of Patient Care," a document used by the facility to plan care for residents, dated [redacted] Executive Order 26, 4.b. the facility documented under the "Problem And Needs" section [redacted] Executive Order 26, 4.b. In the "Plan Of Approach" section documented was "2 hourly rounding, [redacted] Executive Order 26, 4.b. encouraging resident to verbalize feeling,</p>	A 765		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IVY STONE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110</b>
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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 765	<p>Continued From page 11</p> <p>encouraging participation in activities."</p> <p>The surveyor reviewed the form the facility used to document the 2 hour rounds for Resident [REDACTED] and observed that the 2 hour rounds were initiated by the Director Of Nurses (DON) on Executive Order 26, 4.b. and continued until Executive Order 26, 4.b. however, after that time there was no indication that the 2 hour rounds were continued beyond that.</p> <p>During surveyor interview with the DON on 6/13/19 at 10:28 a.m., the surveyor requested the Health Service Plan, including any behavior interventions, for Resident [REDACTED]. The surveyor also requested the assessment of Resident [REDACTED] upon his/her return from the [REDACTED] for the crisis on [REDACTED]. The DON stated that the behavioral service plan was not done for Resident [REDACTED] after the [REDACTED] return from Executive Order 26, 4.b. and that the assessment upon return on [REDACTED] was not done.</p> <p>During surveyor interview with the Nurse Practitioner (NP) on 6/5/19 at 2:10 p.m., the NP stated that Resident [REDACTED] was seen by the Nurse Practitioner and by [REDACTED] in [REDACTED]. "The NP was unable to provide the dates and times Resident [REDACTED] was seen by the [REDACTED] or [REDACTED]. The NP also stated that she did not see the recommendations after the consultations.</p> <p>At 12:40 p.m. on 6/5/19 the surveyor interviewed Licensed Practical Nurse (LPN #1) who stated that on [REDACTED], the SW alerted the staff that Resident [REDACTED] had Executive Order 26, 4.b. Resident [REDACTED] was [REDACTED]. All [REDACTED] were taken out of the resident's room. Resident [REDACTED] stated that he/she used Executive Order 26, 4.b. were found. LPN stated that resident was no longer allowed to have [REDACTED] and has been</p>	A 765		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>IVY STONE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110</b>
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A 765	<p>Continued From page 12</p> <p>stable since, with no issues.</p> <p>Via translator on Executive Order 26, 4.b. the surveyor interviewed Resident Executive Order 26, 4.b. Resident Executive Order 26, 4.b. stated that he/she did not want to Executive Order 26, 4.b. and that if he/she Executive Order 26, 4.b. he/she would Executive Order 26, 4.b. him/herself. During the interview Resident Executive Order 26, 4.b. stated, Executive Order 26, 4.b. she (surveyor) went inside his/her room today because he/she was looking into a way he/she could Executive Order 26, 4.b. him/herself Executive Order 26, 4.b. Executive Order 26, 4.b. The resident stated, Executive Order 26, 4.b. Executive Order 26, 4.b. Executive Order 26, 4.b. " The surveyor then reported the above conversation to the facility Executive Director (ED) and the Director Of Nurses (DON). The facility sent Resident Executive Order 26, 4.b. out Executive Order 26, 4.b. to be Executive Order 26, 4.b.</p> <p>Surveyor review of the facility policy titled, "Upon return from the ER of Hospital," which was revised January 2019, documented the following procedures staff were to perform:</p> <ol style="list-style-type: none"> <li>1. Take a full set of vital signs.</li> <li>2. Update the care plan/support plan if indicated.</li> <li>3. The nurse will perform an assessment and write a nurse's note.</li> <li>4. The nurse will add the resident to the acute tracker list.</li> <li>5. The nurse will send email to all department heads and concierge that resident has returned.</li> <li>6. The nurse will review and process any new orders.</li> </ol> <p>Surveyor review of the facility policy titled, "Assessments," which was revised in January 2019, documented the following: Assessments will be completed with residents upon admission, as required by the State, and when a significant change has occurred." Under procedure the</p>	A 765		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IVY STONE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110</b>
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A 765	<p>Continued From page 13</p> <p>policy listed assessments that may need to be completed on a resident, some of which were "Depression Assessment, Nursing Assessment and Level of Care Assessment."</p> <p>Surveyor review of the facility policy titled, "Change in a Resident's Condition or Status," which was revised January 2019, documented, "Our facility shall promptly notify the resident, his/her attending physician, and the DPOA-HC of changes in the resident's medical/mental condition and/or status..." And listed under procedure was the following: "The RN/LPN will notify the resident's PCP [Primary Care Physician], or on-call physician when there has been: "...A significant change in the resident's physical/emotional/mental condition..." Additionally, "Unless otherwise instructed by the competent resident, the nurse will notify the resident's representative or the DPOA-HC when: There is a significant change in the resident's physical, mental or psychological status.</p> <p>The surveyor identified an Immediate Jeopardy situation for Resident <span style="background-color: black; color: red;">Executive Order 26, 4.b</span> and notified the facility at 4:45 p.m., and the facility corrected the Immediate Jeopardy situation at 6:02 p.m. when they implemented a removal plan, which was revised on 6//13/19.</p>	A 765		
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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/15/2019 <span style="float: right;">Y3</span>
NAME OF FACILITY IVY STONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110	

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>A0310</u>	Correction	ID Prefix <u>A0447</u>	Correction	ID Prefix <u>A0745</u>	Correction
Reg. # <u>8:36-3.4(a)(1)</u>	Completed	Reg. # <u>8:36-5.1(a)</u>	Completed	Reg. # <u>8:36-7.2(f)</u>	Completed
LSC _____	<u>08/16/2019</u>	LSC _____	<u>08/16/2019</u>	LSC _____	<u>08/16/2019</u>
ID Prefix <u>A0753</u>	Correction	ID Prefix <u>A0765</u>	Correction	ID Prefix _____	Correction
Reg. # <u>8:36-7.3(c)</u>	Completed	Reg. # <u>8:36-7.4(c)(1)</u>	Completed	Reg. # _____	Completed
LSC _____	<u>08/16/2019</u>	LSC _____	<u>08/16/2019</u>	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 6/17/2019		<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		