

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/08/2019
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NAME OF PROVIDER OR SUPPLIER IVY STONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110
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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 survey</p> <p>COMPLAINT #: NJ00121615</p> <p>CENSUS: 86</p> <p>SAMPLE SIZE: 3</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 751	<p>8:36-7.3(b) Resident Assessments and Care Plans</p> <p>(b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00121615</p> <p>Based on interview and record review it was</p>	A 751		

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

TITLE

(X6) DATE

06/26/19

New Jersey Department of Health

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A 751	<p>Continued From page 1</p> <p>determined that the facility failed to ensure that a Health Service Plan (HSP) was developed which contained interventions in response to behavioral symptoms related to excessive drinking for 1 of 3 residents reviewed for behaviors, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 5/8/2019 at 11:00 a.m., the surveyor reviewed the medical record of Resident #2, who was admitted to the facility January 2017 with diagnoses which included high blood pressure, depression, alcohol abuse and bilateral above the knee amputation with a history of falls.</p> <p>According to the medical records, Resident #2 had a Managed Risk Agreement (MRA) which documented a cause of concern was that the resident drank excessively to the point of intoxication. Further, the surveyor observed documented on the MRA, "Evaluate effectiveness. Continued intoxication and disruptive behavior due to alcohol consumption will lead to immediate discharge." The surveyor observed that the MRA was signed by the Administrator, a Registered Nurse (RN) and Resident #2 on 4/7/2017.</p> <p>The surveyor reviewed the Interdisciplinary Progress Notes (IPNs) and observed documented on 8/18/2018, "Resident was very intoxicated tonight yelling at other residents." Further, the surveyor observed documented on 1/10/2019 in the IPNs, "Resident drunk and arguing with roommate." The IPN also revealed that on 3/8/2019 that the resident was drunk and was belligerent with other residents.</p> <p>On 5/8/2019 at 1:30 p.m., the surveyor interviewed the RN who stated that there was no</p>	A 751		

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A 751	Continued From page 2 behavioral HSP for Resident #2. Despite these behavioral episodes, the facility failed to develop and implement a HSP to address the behavioral concerns, and updates as needed.	A 751		
A 783	8:36-7.5(e) Resident Assessments and Care Plans (e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00121615 Based on interview and record review it was determined that the facility failed to ensure that all residents received an annual physical examination and certification to confirm that the resident's needs could continue to be met in an Assisted Living Facility, for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 5/8/2019 at 11:00 a.m., the surveyor reviewed the medical record of Resident #2, who was admitted to the facility January 2017 with diagnoses which included high blood pressure, depression, alcohol abuse and bilateral above the	A 783		

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A 783	<p>Continued From page 3</p> <p>knee amputation with a history of falls.</p> <p>The surveyor reviewed an untitled document that the Registered Nurse (RN) identified as the "Physician History and Physical" dated 10/30/2018 and observed that there was no documentation that Resident #2 needs were evaluated by the Physician and determined that the needs could continue to be met in an Assisted Living Facility.</p> <p>During surveyor interview with the RN on 5/8/2019 at 1:30 p.m., she stated that she was new to this type of facility and that she was unaware that residents had to have an annual certification to ensure their needs could continue to be meet at an Assisted Living Facility.</p>	A 783		