New Jersey Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		082462	B. WING		11/12/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
CHELSEA	AT FORSGATE, THE		SGATE DRIVE URG, NJ 08831			
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A 000	Initial Comments		A 000			
	Initial Comments: TYPE OF SURVEY: COMPLAINT #: NJ 0					
	CENSUS: 98					
	SAMPLE SIZE: 3					
	all of the standards in Administrative Code & Licensure of Assisted Comprehensive Perso Assisted Living Progra submit a plan of corre completion date for ea that the plan is impler	3:36, Standards for Living Residences, conal Care Homes and ams. The facility must ection, including a each deficiency and ensure mented. Failure to correct alt in enforcement action in isions of New Jersey Fitle 8, Chapter 43E,				
A 310	1. Ensuring the d	or designee shall be ot limited to, the following:	A 310			

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

TITLE

(X6) DATE

12/17/21

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
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		082462	B. WING		11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CHELSEA	AT FORSGATE, THE	319 FORS	GATE DRIVE		
CHELSEA	TAI FORGGAIE, THE	JAMESBU	RG, NJ 08831		<u>.</u>
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A 310	Continued From page	÷1	A 310		
	by: Complaint #: NJ 001	nd record review it was			
	implement and enforce the facility policy for the prevention of Abuse when: staff failed to immediately notify the Executive Director (ED) of suspected abuse that occurred on until				
	develop a policy and procedure to address staff to resident abuse; and				
	failed to implement their "Incident Reports" policy by failing to document the incident in the resident's record				
		viewed for abuse, Resident ctice was evidenced by the			
	the Executive Directo were any incidents or the facility in past 3 m there had been an inc physical abuse that o and which was report however, no informati	ed to the DOH. There was on provided related to an ident verbal abuse which			
	medical record a	veyor reviewed Resident nd according to the Sheet" the resident moved			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
7.1.2 . 27.1.1	o. oo	.52.****	A. BUILDING: _		"""	
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		082462	B. WING		11/1	2/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
CHELSE	AT FORSGATE, THE		GATE DRIVE JRG, NJ 08831			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		COMPLETE DATE
A 310	Continued From page	2	A 310			
	assistance with Activi At 10:30 a.m., during Living floor, th Resident sitting or apartment and asked received at the facility The resident stated th stated that there had medication tech but of date of the incident. incident occurred a fee	with diagnoses dent's "Assessment" dated the resident was to and required some ties of Daily Living (ADLs). the tour of the Assisted he surveyor observed ha a couch in the resident's the resident about the care of in the past three months. hat the care was alright and been an incident with a ould not recall his name and The resident stated that the lew weeks ago e surveyor, "I have "Resident				
	During continued intersurveyor that at appropriate process. Resident because it was getting not yet received the eresident explained that (CMA) #1 [could not rependent call and start told the CMA that the medicated. The resident that medicated administered up till 9 medications. The resident that medications. The resident that no one "you, bitch." The resident that no one "you, bitch." The resident the incident not recall her name/d	p.m. for the evening sident stated that CMA #1 ons at approximately 8:45				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831 ((A4)1)0 ((A4)10 (A5)10 Continued From page 3 #1 would no longer be scheduled to work on the floor unless there was an emergency and other arrangement would be made to medicate the resident. At 11:15 a.m., and 12:15 p.m., the surveyor interviewed a Registered Nurse (RN) and the Director of Nursing (DON) regarding the above incident. The RN stated that she was on duty on and that at approximately 10:30 a.m., CMA #1 approached her in the office, very upset and stated that Resident siblings called him into the residents. The RN stated has the masked Resident has we want to Resident how the recial to RN #1 stated that she was not aware that he was not supposed to medicate and provide care to Resident from to further inquire about the incident. The RN stated that she then asked Resident with her was not supposed to medicate the medicate that he was not supposed to medicate and provide care to Resident from to further inquire about the incident. The RN stated that she then asked Resident with her was not called that CMA #1 to did the resident that no one, including other residents liked the resident more including other residents liked the resident more including other residents liked the resident more including other residents liked the resident made and provide the resident made and provide the resident stated that CMA #1 to the did the resident that no one, including other residents liked the resident made when the resident	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
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CHELSEA AT FORSGATE, THE JAMESBURG, NJ 08831 (X4] ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A 310 Continued From page 3 #1 would no longer be scheduled to work on the floor unless there was an emergency and other arrangement would be made to medicate the resident. At 11:15 a.m., and 12:15 p.m., the surveyor interviewed a Registered Nurse (RN) and the Director of Nursing (DON) regarding the above incident. The RN stated that she was on duty on and that at approximately 10:30 a.m., CMA #1 approached her in the office, very upset and stated that Resident siblings called him into the resident's room and yelled at him about an incident that occurred on the recident and provide care to Resident room to further inquire about the incident. The RN stated that she was not aware that he was not supposed to medicate and provide care to Resident room to further inquire about the incident. The RN stated that she then asked Resident him/her. The RN told the surveyor that the resident stated that CMA #1 to medicate him/her. The RN told the surveyor that the resident stated that CMA #1 to medicate him/her. The RN told the surveyor that the resident stated that CMA #1 told the resident hat no one, including other residents liked the	NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE, ZIP CODE	1 11/12	2/2021
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#1 would no longer be scheduled to work on the floor unless there was an emergency and other arrangement would be made to medicate the resident. At 11:15 a.m., and 12:15 p.m., the surveyor interviewed a Registered Nurse (RN) and the Director of Nursing (DON) regarding the above incident. The RN stated that she was on duty on and that at approximately 10:30 a.m., CMA #1 approached her in the office, very upset and stated that Resident siblings called him into the resident's room and yelled at him about an incident that occurred on the recalled that CMA #1 stated he was not aware that he was not supposed to medicate and provide care to Resident from to further inquire about the incident. The RN stated that she then asked Resident why he/she did not want CMA #1 to medicate him/her. The RN lold the surveyor that the resident stated that CMA #1 to the resident that no one, including other residents liked the	PRÉFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	COMPLETE
residents and other "upsetting" words when the resident asked for the evening medications. The RN stated that she told Resident that CMA #1 would no longer provide care to the resident. The RN stated that she notified the DON and the ED was already aware of the incident and immediately called the facility. The DON reported that she spoke with Resident on regarding the above incident and the resident stated that CMA #1 gave him/her an attitude and would prefer CMA #1 no longer provide care to the resident. At 12:25 p.m., the surveyor interviewed CMA #1 regarding his contact with Resident	A 310	#1 would no longer be floor unless there other arrangement we the resident. At 11:15 a.m., and 12 interviewed a Register Director of Nursing (Director of Nursing (Director) and that at a CMA #1 approached and stated that Residint the resident that occur recalled that CMA #1 that he was not supportive care to Residishe went to Resident about the incident. The RN stated that sh why he/she did not whim/her. The RN told resident stated that Cno one, including other resident asked for the RN stated that she to would no longer province. RN stated that she now was already aware of immediately called the The DON reported the control of the resident stated that attitude and would provide care to the resident attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that attitude and would provide care to the resident stated that she care that the state stated that attitude and would provide care to the resident stated that she care that the state stated that the state stated that the state stated that the state stated that she care that the state state state stated that she care	e scheduled to work on the e was an emergency and build be made to medicate 2:15 p.m., the surveyor ered Nurse (RN) and the DON) regarding the above ted that she was on duty on approximately 10:30 a.m., her in the office, very upset ent siblings called him am and yelled at him about tred on the red on the	A 310			

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A 310 Continued From page 4		A 310		
approximately 8:45 p.m., that telephone call from Resident not received his/her evening #1 stated that he told Resider aware and was medicating ar would be with the resident. Capproximately 9 p.m., he took the resident and the resident he was late with the medication medicated at the same time a with another resident. CMA # resident took the medications "Get out of the room." CMA #1 reported that on medicated Resident At 1 resident's family member call resident's room and both the started yelling/cursing at him resident. CMA #1 stated that the room and reported the includity. The surveyor asked CM the to management that he had not because he dan issue. In addition, CMA # did not know that he was not medicate the resident on returned to work. CMA #1 de abusive to the resident at any At 1:35 p.m., the surveyor into via telephone regarding the a she stated that she worked on 3-11 shift. She stated that at p.m., she received a telephone 's sibling that a male CMA disrespected and called Resident any longer. CMA #2	that he/she had medications. CMA and that he was nother resident and cMA #1 stated that at a the medications to questioned why was ons. CMA #1 stated ent that he/she gets at 9 p.m., and was #1 stated that the and told him to the resident's siblings in front of the he immediately left cident to the RN on MA #1 if he reported. CMA #1 stated id not perceive it as 1 explained that he supposed to when he enied being verbally it time. erviewed CMA #2 bove incident and on the approximately 9 he call from Resident [don't know name] dent names and medicate the	Asia		

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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
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A 310 Continued From page 5	5	A 310			
the male CMA was and to speak with The surveyor inquired freported the allegation CMA #2 confirmed that incident to anyone and came to the facility in personal morning. At 2 informed the ED of the stated that she was not #2 of the above inciden after the incident, in ordinvestigation of the allegation of staff to resulted on was not made aware of when she received the Activity Director (AD Resident supposed to do so after the ED stated that she immediately and spoke stated that CMA #1 told family yelled at him and the resident a "Bitch." surveyor that she met we where the resident a "Pain in total the ED told the surveyor that someone, whose neall, assured her the integral in the entire whose in recall, assured her the integral in the inte	someone in management. From CMA #2 if she to management. The she did not report the explained that the family erson on 2:15 p.m., the surveyor above concern. The ED to aware or notified by CMA at until 3 days der to initiate an ged verbal abuse. The ED stated that she for the allegation until elived a telephone call from D) who informed her that ember was at the facility cause CMA #1 attempted when he was not recalled the facility with the RN on duty who do her that the resident who have after the incident, or the that CMA #1 called the ass." The ED reported to the with Resident on the control of the that CMA #1 called the ass." The the tresident stated that the resident did not the control of the that the resident did not the control of the that the resident did not the control of the control of the that the resident stated that the resident did not the control of the contro	A 310			

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reassigned to another floor on would and would not be scheduled to work on the floor unless there was an emergency and the resident would be medicated by another CMA or an RN. The surveyor then requested the policy	A 310 Continued From page	e 6	A 310				
on abuse and Residents' Right. Surveyor review of the facility policy titled, "Abuse" revised June 26, 2014 provided by the ED revealed: 2.) "All allegations of potential resident abuse will be investigated. The resident(s) involved will continue to be cared for and protected during the course of the investigation." Residen had repeated interaction with CMA #1 due to the delay in reporting of the incident. 3.) "The Executive Director will be notified immediately and given a verbal report of the abuse or suspected abuse." The ED was not notified until days later of the incident thus delaying the initiation of an investigation and protecting the resident during the course of the investigation. 4.) An incident report (HS-9) will be completed and include all known details regarding the incident." There was no documented evidence of the incident in Resident s medical record. 6.) "Employees that are directly or indirectly involved will be interviewed as soon as possible." Staff interviews were delayed due to the delay in reporting of the incident to the ED. In addition, the policy and procedure on "Incident Report" revised March 1, 2010 indicated, "The nurse will document in the Resident Record, as appropriate, and include follow-up notes detailling	ED stated that CMA # reassigned to anothe would not be schedul floor unless there was resident would be me an RN. The surveyor on abuse and Reside Surveyor review of th "Abuse" revised June ED revealed: 2.) "All allegation will be investigated. To continue to be cared course of the invertigated interaction win repeated interaction win reporting of the in 3.) "The Executivity immediately and give abuse or suspect not notified until day delaying the initiation protecting the resider investigation. 4.) An incident recompleted and including regarding the incided course of the investigation. 4.) An incident recompleted and including the incided and including the incided course of the investigation. 4.) Employees the involved will be interved possible." Staff if to the delay in reporting ED. In addition, the policy Report revised Marchause will document in the survey will document in the policy Report revised Marchause will report the policy Report revised Marchause revised Marchause revised Marchause revised Marchause revised Marchause re	r floor on and and ed to work on the san emergency and the edicated by another CMA or then requested the policy ints' Right. refacility policy titled, e. 26, 2014 provided by the soft potential resident abuse the resident(s) involved will for and protected during the estigation." Resident had with CMA #1 due to the delay incident. re Director will be notified in a verbal report of the ted abuse." The ED was yes later of the incident in thus of an investigation and intiduring the course of the eall known details dent." There was no er of the incident in Resident what are directly or indirectly iewed as soon as interviews were delayed dueing of the incident to the and procedure on "Incident in the Resident Record, as					

New Jersey Department of Health				FURM APPROVE	בט	
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A 310	Continued From page	7	A 310			
	impairment." There wincident in Resident	was no documentation of the medical record.				
	The delay in the reporting of the potential staff to resident abuse delayed the start of an investigation and prolonged the resident's exposure to the staff member.					
A 361	8:36-4.1(a)(4) Reside	nt Rights	A 361			
	(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:					
	4. The right to be courtesy, consideration	treated with respect, on and dignity;				
	by: Complaint #: NJ 0014 Based on interview ar determined that the fa facility staff communic dignified and respectf residents reviewed for	nd record review it was ncility failed to ensure that cated with resident in a				
	following: On 11/12/21 at 10:30 Assisted Living observed Resident couch and asked the resident received at the	a.m., during the tour of the floor, the surveyor in his/her room sitting on a resident about the care the ne facility in the past three a stated that the care was				

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NAME OF PROVIDER OR SUPPLIER CHELSEA AT FORSGATE, THE STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 361 Continued From page 8 alright and stated that he/she had an incident with a medication tech but could not recall his name and date of the incident. The resident stated that the incident occurred a few weeks ago and told the surveyor, "I have Resident Resident					c	,
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CHELSEA AT FORSGATE, THE JAMESBURG, NJ 08831 (X4) ID PREFIX TAG CASS-REFERENCED TO THE APPROPRIATE DATE A 361 Continued From page 8 alright and stated that he/she had an incident with a medication tech but could not recall his name and date of the incident. The resident stated that the incident occurred a few weeks ago and told the surveyor, "I have Resident Resident PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE) A 361 A 361 A 361 A 361 Resident	NAME OF PROVIDER OR SUPPLIER			TE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 361 Continued From page 8 alright and stated that he/she had an incident with a medication tech but could not recall his name and date of the incident. The resident stated that the incident occurred a few weeks ago and told the surveyor, "I have Resident REACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE A 361 (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE A 361 A 361 A 361	CHELSEA AT FORSGATE, THE					
alright and stated that he/she had an incident with a medication tech but could not recall his name and date of the incident. The resident stated that the incident occurred a few weeks ago and told the surveyor, "I have Resident	PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
During continued interview, Resident told the surveyor that at approximately 8:15 p.m., that he/she made a pendant call because it was getting late and had not received the evening medications. The resident explained that Certified Medication Aide (CMA) #1 [could not recall name] answered the pendant call and started yelling when the resident told him that he/she needed to be medicated. The resident stated that CMA #1 told the resident that he/she had up till 9 p.m., to receive the evening medications. The resident stated that CMA #1 brought the medications at approximately 8:45 p.m., with an attitude, yelling and told the resident that no one "liked you, everyone hated you, bitch." The resident stated that he/she reported the incident to a "head person" but could not recall her name/date. The resident stated that he/she was told by management that CMA #1 was no longer scheduled to work on the was no longer scheduled to work on the arrangement would be made to medicate the resident. At 12:30 p.m. the surveyor reviewed Resident medical record and according to the "Resident Information Sheet" the resident moved into the facility in with diagnoses which included that the resident was longer and required some assistance with Activities of Daily Living (ADLs).	alright and stated that a medication tech but and date of the incident occurred and told the was and and told the surveyor that at approtect that he/she because it was gettin the evening medication that Certified Medicat not recall name] answ started yelling when the/she needed to be stated that CMA #1 to had up till 9 p.m., to redications. The result on the incident to a "hear recall her name/date. The incident to a "hear recall her name/date. he/she was told by medications. The result he/she was told by medications. The result her name/date. he/she was told by medications the incident to a "hear recall her name/date. he/she was told by medical record a "Resident Information into the facility in which included the revealed that revealed that revealed that revealed that	the/she had an incident with a could not recall his name ent. The resident stated that a few weeks ago e surveyor, "I have Resident Reside	A 361			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
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			D MANAG			
		082462	B. WING		11/1	2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CHELSEV	AT FORSGATE, THE	319 FORS	GATE DRIVE			
CHELSEA	TAI FORSGATE, THE	JAMESBU	IRG, NJ 08831			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
A 361	Continued From page	9	A 361			
	At 11:15 a.m., the sur Registered Nurse (RN incident. The RN state and that at a CMA #1 approached and stated that Residinto the resident's roo an incident that occur. The RN stated that C not aware that he was and/or provide care to stated that she went to inquire about the incident reported have medicated him/her. The RN stated that no one, including resident and other that no one, including resident asked for his The RN stated that she cMA #1 would no lon. At 12:25 p.m., the sur regarding his contact and cmall contact and c	veyor interviewed a N) regarding the above ted that she was on duty on approximately 10:30 a.m., her in the office, very upset ent 's sibling called him and yelled at him about ared on . MA #1 stated that he was a not supposed to medicate the resident. The RN to Resident room to dent. The RN stated that that CMA #1 should not her after the incident on ated that she then asked she did not want CMA #1 to the RN told the surveyor that at CMA #1 told the resident other residents liked the supsetting words when the her evening medications. The told Resident that ger provide care to him/her.				
<u></u>	that he explained to tl	ne resident that he/she gets e time at 9 p.m., and was				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED	
			7.1. 50.25.1.10.		С
		082462	B. WING		11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
CHELSEA	AT FORSGATE, THE		SGATE DRIVE		
(VA) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	URG, NJ 08831	PROVIDER'S PLAN OF CORRECTIO	N (ME)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
A 361	Continued From page	e 10	A 361		
	resident took the med "Get out of the room." of abuse to the reside	CMA #1 stated that the lications and told him to 'CMA #1 denied any forment.			
	and she stated that she ware of the verbal all she was notified by all	ne had not been made buse until when n Activity Director that was at the facility with a			
	Refer to 8:36-3.4(a)(1)			
A 565	8:36-5.10(a)(3) Gene	ral Requirements	A 565		
	neglect, or misapprop including, but not been reported to t Office of the Oml	cases of resident abuse, oriation of resident property, to limited to, those which have the State of New Jersey oudsman for the ly for residents over 60			
	This REQUIREMENT by: Complaint #: NJ 0014	is not met as evidenced			

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
						;
		082462	B. WING		11/1	2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CHELSEA	AT FORSGATE, THE		GATE DRIVE			
	,	JAMESBU	RG, NJ 08831			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
A 565	Continued From page	e 11	A 565			
A 565	Based on interview at determined that the fa Department of Health alleged verbal abuse on and was Director (ED) on reviewed, Resident was evidenced by the On 11/12/21 at 12:55 interviewed the ED realleged staff to reside occurred on was not aware of the when she received a Activity Director (AD) was at the facility. The informed her that Resupset because CMA and the do so after the that she called the fact with the RN on duty wher that the resident's accused him of calling and the courred on that occurred days reported that CMA #1 the ass." The ED statement of the course on scheduled to work on there was an emerge be medicated by anot surveyor then asked to resident verbal abuse the ED confirmed that the ED confirmed	acility failed to notify the (DOH) of staff to resident that occurred at the facility reported to the Executive for 1 of 3 residents. This deficient practice of following: p.m., the surveyor regarding Resident #3's ent verbal abuse that. The ED stated that she allegation until telephone call from the when Resident family the ED stated that the AD sident so sibling was very #1 medicated Resident at he was not supposed to incident. The ED stated cility immediately and spoke who stated that CMA #1 told of family yelled at him and go the resident a "Bitch." If that she met with Resident regarding the incident earlier and that the resident called him/her a "Pain in ted that CMA #1 was ed and continued to work on and would not be the staff floor unless now and the resident would ther CMA or an RN. The the ED if the alleged staff to a was reported to the DOH. at she did not report the staff	A 565			
	with the RN on duty wher that the resident's accused him of calling. Further, the ED states on that occurred days reported that CMA #1 the ass." The ED states immediately reassign	who stated that CMA #1 told is family yelled at him and go the resident a "Bitch." If that she met with Resident regarding the incident earlier and that the resident called him/her a "Pain in ted that CMA #1 was ed and continued to work on				
	scheduled to work on there was an emerge be medicated by and surveyor then asked resident verbal abuse The ED confirmed tha	the floor unless ncy and the resident would ther CMA or an RN. The the ED if the alleged staff to was reported to the DOH. at she did not report the staff use to the DOH because she				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 319 FORSCATE ORIVE JAMESBURG, NJ 9831 PROPERS, INC. STATE, ZP CODE 319 FORSCATE ORIVE JAMESBURG, NJ 9831 PROPERS, INC. STATE, ZP CODE 319 FORSCATE ORIVE JAMESBURG, NJ 9831 PROPERS, INC. STATE, ZP CODE 319 FORSCATE ORIVE JAMESBURG, NJ 9831 PROPERS, INC. STATE, ZP CODE 319 FORSCATE ORIVE JAMESBURG, NJ 9831 PROPERS, INC. STATE, ZP CODE 319 FORSCATE ORIVE JAMESBURG, NJ 9831 PROPERS, INC. STATE, ZP CODE 319 FORSCATE, ZP	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
NAME OF PROVIDER OR SUPPLIER CHELSEA AT FORSGATE, THE SIMBLAY STATE AT POODE 319 FORSGATE ORIVE 320 PROVIDERS RIAN OF CORSCITION (PSEN) AMESBURG, N.J. 08831 321 PROVIDERS RIAN OF CORSCITION (PSEN) ASSOCIATION SHOULD BE CARGES REFERENCED TO THE APPROPRIATE A 565 Continued From page 12 A 565 At 10:30 a.m., during the tour of the Assisted Living of the resident about the care he/she received at the facility in the past three months. The resident stated that the care was alright but there had been an incident with a medication tech but could not recall his name and the date of the incident. The resident stated that the incident, occurred a few weeks age and told the surveyor, "I have 973 was During continued interview, Resident 1 told the surveyor that at approximately 8:15 p.m., the hardest made and a pendant call and started yelling when the resident told him that he/she needed to be medicated. The resident stated that CMA #1 told the resident told him that he/she needed to be medicated. The resident stated that CMA #1 told the resident told the the she had up till 9 p.m., to receive the evening medications. The resident stated that he/she reported the incident to a "head person" but [could not recall her nameddate]. The resident stated that he/she reported the incident to a "head person" but [could not recall her maneddate]. The resident of the resident stated the was bold by management that CMA #1 was no longer scheduled to work on the 10 floor unless there was an emergency and other arrangement would be made to medicate the resident. At 12:30 p.m. the surveyor reviewed Resident	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSCATE ORIVE JAMESBURG, N. 08831 PROVIDER'S PLAN OF CORRECTION PREFIX PROVIDER'S PLAN OF CORRECTION PROVIDE						1			
CHELSEA AT FORSGATE, THE 319 FORSGATE DRIVE JAMESBURG, N. 10831 CAN 10			082462	B. WING		11/1	2/2021		
CHELSEA AT FORSCATE, THE CAN D	NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
SUMMARY STATEMENT OF DEFICIENCIES Dispersion PREVIDENS PLAN OF CORRECTION PREPIX TAG	CHELSEA AT FORSGATE. THE 319 FORSGATE DRIVE								
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A 565 Continued From page 12 At 10:30 a.m., during the tour of the Assisted Living floor, the surveyor observed Resident in his/his room sitting on a couch and asked the resident about the care he/she received at the facility in the past three months. The resident stated that the care was alright but there had been an incident with a medication tech but could not recall his name and the date of the incident. The resident stated that the circle the incident occurred a few weeks age and told the surveyor, "I have #3 was During continued interview, Resident #3 was During continued interview, Resident #3 was During continued interview, Resident #3 was During continued interview and the date of the incident. The resident stated that the incident coccurred a few weeks age and told the surveyor, "I have #3 was During continued interview, Resident #3 was During continued interview, Resident #3 was During continued interview in the resident explained that Certified Medication Aide (CMA) #1 [could not recall name] answered the pendant call and started yelling when the resident told him that he/she needed to be medicated. The resident stated that CMA #1 told the resident that he/she head up till 9 p.m., to receive the evening medications. The resident stated that KMA #1 brought the medications at approximately 8:45 p.m., with an attitude, yelling and told the resident that no one 'liked you, everyone hated you, bitch.' The resident stated that the/she reported the incident to a 'head person' but [could not recall the resident stated that he/she was told by management that CMA #1 was no longer scheduled to work on the floor unless there was an emergency and other arrangement would be made to medicate the resident. At 12:30 p.m. the surveyor reviewed Resident			JAMESBUF	RG, NJ 08831					
At 10:30 a.m., during the tour of the Assisted Living floor, the surveyor observed Residen floor, the surveyor floor Resident stated that the care was alright but there had been an incident with a medication tech but could not recall his name and the date of the incident. The resident stated that the incident occurred a few weeks agd and told the surveyor, "I have #3 was During continued interview, Resident floor that the surveyor that at approximately 8:15 p.m., that he/she made a pendant call because it was getting late and had not received the evening medications. The resident explained that Certified Medication Aide (CMA) #1 [could not recall name] answered the pendant call and started yelling when the resident told him that he/she needed to be medicated. The resident stated that CMA #1 told the resident that he/she had up till 9 p.m., to receive the evening medications. The resident stated that CMA #1 brought the medications at approximately 8:45 p.m., with an attitude, yelling and told the resident that no one "liked you, everyone hated you, bitch." The resident stated that he/she reported the incident to a "head person" but [could not recall her name/date]. The resident stated that he/she was told by management that CMA #1 was no longer scheduled to work on the floor floor unless there was an emergency and other arrangement would be made to medicate the resident. At 12:30 p.m. the surveyor reviewed Resident	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	ACTION SHOULD BE COMPLETE O THE APPROPRIATE DATE			
Resident in his/her room sitting on a couch and asked the resident about the care he/she received at the facility in the past three months. The resident stated that the care was alight but there had been an incident with a medication tech but could not recall his name and the date of the incident. The resident stated that the cincident coccurred a few weeks agd and told the surveyor, "I have #3 was During continued interview, Resident told the surveyor that at approximately 8:15 p.m., that he/she made a pendant call because it was getting late and had not received the evening medications. The resident explained that Certified Medication Aide (CMA) #1 [could not recall name] answered the pendant call and started yelling when the resident told him that he/she needed to be medicated. The resident stated that CMA #1 told the resident that he/she had up till 9 p.m., to receive the evening medications. The resident stated that CMA #1 brought the medications at approximately 8.45 p.m., with an attitude, yelling and told the resident that no one "liked you, everyone hated you, bitch." The resident stated that CMA #1 brought the medications at approximately 8.45 p.m., with an attitude, yelling and told the resident that no one "liked you, everyone hated you, bitch." The resident stated that CMA #1 was no longer scheduled to work on the follows the state of the incident to a "head person" but [could not recall her name/date]. The resident stated that CMA #1 was no longer scheduled to work on the follows the state of the incident to a "head person" but [could not recall her was an emergency and other arrangement would be made to medicate the resident. At 12:30 p.m. the surveyor reviewed Resident	A 565	Continued From page	÷ 12	A 565					
At 12:30 p.m. the surveyor reviewed Resident		Living In his/her and asked the resident received at the facility. The resident stated the there had been an incident. The resident occurred a few weeks and told the surveyor. During continued inte surveyor that at approach that he/she because it was getting the evening medication that Certified Medicat not recall name] answ started yelling when the/she needed to be stated that CMA #1 to had up till 9 p.m., to remedications. The residents on the incident to a "hear recall her name/date] he/she was told by m was no longer schedulings there was an earrangement would be	room sitting on a couch on tabout the care he/she in the past three months. The care was alright but cident with a medication tech is name and the date of the it stated that the incident is ago with a stated that call is ago with a stated that call and incident is ago with a stated that incident is a stated that call and incident is a stated that call and incident is a stated that call incident is at approximately 8:45 yelling and told the resident incident is at approximately 8:45 yelling and told the resident incident is at approximately incident is at approximately incident is at approximately incident						
r ■ s medical record and according to the		At 12:30 p.m. the sur							

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		A. BUILDING		c			
	082462	B. WING		1	2/2021		
NAME OF PROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE				
CHELSEA AT FORSGATE, THE 319 FORSGATE DRIVE							
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A 565 Continued From page 13		A 565					
"Resident Information She into the facility in which included	with diagnoses 's "Assessment" dated resident was to a required some of Daily Living (ADLs). or interviewed CMA #1 cident. CMA #1 stated ximately 8:45 p.m., that esident that he/she evening medications. d Resident that he cating another resident cident. CMA #1 stated m., he took the at with the medications. plained to the resident et at the same time at 9 the resident. CMA #1 ook the medications and room." CMA #1 denied is the resident. In informed the ED of D acknowledged that pected staff to resident cility policy titled, ED revealed, "The notified immediately of the abuse or ition, "All suspected will be reported to the immediately by phone	A 300					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		000.400	B. WING		C		
		082462	D. WIIVO		11/12/2021		
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE			
CHELSEA AT FORSGATE, THE JAMESBURG, NJ 08831							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE		
A 565	Continued From page	e 14	A 565				
	Refer to 8:36-3.4(a)(1	1)					