

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>02/26/2020</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</b> <b>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 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00133513, NJ00132213</p> <p>CENSUS: 86</p> <p>SAMPLE SIZE: 6</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		
A1187	<p>8:36-17.3(a)(1) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(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:</p> <p>1. The facility and its contents, including all surfaces such as tables, floors, walls, beds and dressers, shall be clean to sight and touch and free of dirt and debris;</p>	A1187		

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

TITLE

(X6) DATE

03/19/20

New Jersey Department of Health

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A1187	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint: # NJ 00132213</p> <p>Based on observations and interview it was determined that the facility failed to ensure that the carpets, showers and all surfaces in resident apartments were kept clean and homelike for 2 of 7 resident apartments, the apartments of Resident #'s 2 and 6. This deficient practice was evidenced by the following:</p> <p>On 2/25/20 during the tour of the building, in the presence of the Environmental Services Director (ESD), the surveyor inspected 7 resident apartments and observed the following:</p> <ol style="list-style-type: none"> <li>1. At 11:09 a.m., the surveyor was able to smell a strong urine odor upon entering the apartment of Resident #6. The surveyor observed one 2 feet 3 inch in diameter dark stain on the carpet next to the window bed inside the apartment. At that time the surveyor asked the ESD what was the dark stain on the carpet, the ESD stated that the stain was urine.</li> <li>2. At 11:35 a.m. the surveyor observed a one (1) inch by 1-1/2 inch and one (1) 2 inch by 2-1/2 inch round flattened mounds of feces on the shower floor inside Resident #2's apartment. The surveyor interviewed the ESD and asked was the brown substance, the ESD stated that the brown substance was feces.</li> </ol>	A1187		