New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	60a002	A. BUILDING: _____ B. WING _____	C 10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT DENVILLE, THE	**19 POCONO ROAD DENVILLE, NJ 07834**

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ 00178941 CENSUS: 23 SAMPLE SIZE: 3 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/22/24

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00178941

Based on observation, interview, and record review it was determined that the facility failed to implement its policy and procedure titled, "NJ Ex Order 26. 4B1 Assessment" for 1 of 3 residents, Resident #2, reviewed for NJ Ex Order 26. 4B1 This deficient practice was evidenced by the following:

On NJ Exec Order 26.4b1 the Department of Health (DOH) received a facility Reportable Event (FRE). The Facility reported that Resident #2 NJ Ex Order 26. from the NJ Exec Order 26.4b, through the NJ Exec Order 26.4b1, to the NJ Exec floor. The facility also reported that the resident was transferred to the NJ Ex Order 26. 4B1 as the resident reported he/she NJ Ex Order 26. 4B1. The FRE indicated that the Assisted Living Unit Coordinator/Registered Nurse (ALUC) assessed the resident and did not observe NJ Exec Order 26.4b1.

On 10/29/24 at 10:30 a.m., the surveyor reviewed Resident #2's medical record which revealed that Resident #2 was NJ Ex Order 26. 4B1 [redacted].

On 10/24/24 at 10:13 a.m., the surveyor observed Resident #2 in a NJ Exec Order 26.4b1 [redacted]. The surveyor attempted to interview the resident but was NJ Exec Order 26.4b1 to the resident's NJ Ex Order 26. 4B1 [redacted]. During the interview attempt, the resident stated, "NJ Ex Order 26. 4B1" and began to NJ Exec Order

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A 310	Continued From page 2 At 11:34 a.m., the surveyor interviewed the Assisted Living Unit Coordinator/Registered Nurse (ALUC) regarding Resident #2's NJ Ex Order 26. 4B1. The ALUC confirmed that on NJ Exec Order 26.4b, Resident #2 NJ Ex Order 26.4 from the NJ Exec Order 26.4b, through the NJ Exec Order 26.4b1, and was able to make it to the NJ Exec Order 26.4b. The ALUC also confirmed that no medication review was completed after the NJ Ex Order 26. 4B1 as per the facility's policy. Surveyor review of the facility policy titled, "Elopement Risk Assessment" indicated, " ... 7. If a resident attempts to elope at anytime during their stay, their risk for elopement shall be reassessed to include medication review, MMSE or other cognitive test and appropriate interventions put into place based on assessment data ..." Refer to 8:36-4.1(a)(22)	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (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: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced	A 401		

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A 401	Continued From page 3 by: Complaint #: NJ 00178941 Based on observation, interview, and record review it was determined that the facility failed to provide a safe environment for 1 of 3 residents, Resident #2, reviewed for [redacted]. This deficient practice was evidenced by the following: On [redacted] the Department of Health (DOH) received a facility Reportable Event (FRE). The Facility reported that Resident #2 [redacted] from the NJ Exec Order 26.4b1 [redacted]. The facility also reported that the resident was transferred to the [redacted] as the resident reported he/she [redacted]. The FRE indicated that the Assisted Living Unit Coordinator/Registered Nurse (ALUC) assessed the resident and did not observe [redacted]. On 10/29/24 at 10:30 a.m., the surveyor reviewed Resident #2's medical record which revealed that Resident #2 was [redacted] The resident's "[redacted] Evaluation" (ERE) dated [redacted] documented that the resident NJ Exec Order 26.4b1 the [redacted]. In addition, the ERE indicated, "[redacted]" At 10:15 a.m., the surveyor interviewed the Director of Security (DOS) regarding the fire exit doors, and the [redacted]. The DOS stated that in compliance with the fire safety code, the fire exit door will open if someone were to press the door handle for 15 seconds or longer. The DOS also stated that the alarm would then sound	A 401		

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A 401	Continued From page 4 when the fire exit doors opened. During the interview, the DOS stated that the [redacted] does not work on the fire exit doors, but rather it only works on the elevator. The DOS stated that after Resident #2 [redacted], the facility consulted with a locksmith company to increase the audibility of the alarms to ensure the alarms could be heard throughout the [redacted] unit. The surveyor tested the fire exit door in the presence of the DOS. The surveyor pressed on the fire exit door handle for 15 seconds, and observed that the fire exit door opened and alarmed. The surveyor then began to walk away from the fire exit door to verify audibility of the alarm. The surveyor noted that the audibility of the alarm decreased as the surveyor moved further away from the fire exit door. At 11:34 a.m., the surveyor conducted an interview with ALUC regarding Resident #2's [redacted]. The ALUC stated that Resident #2 had a [redacted] on the unit, however, never went by the [redacted] The ALUC stated that Resident #2 was given a [redacted] observed after moving into the facility. The ALUC confirmed that the [redacted] only worked on the elevator, and not on the [redacted]. The ALUC stated that she was in her office and received a call over the radio to come to the salon for Resident #2. The ALUC stated that she took the stairs to the first floor, which is the location of the salon. The ALUC confirmed that she could not hear the [redacted] in her office, and it wasn't until she got closer to the [redacted] that she	A 401		

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A 401	Continued From page 5 heard it. The ALUC confirmed that the [redacted] when [redacted] used the [redacted]. The ALUC stated that once Resident #2 returned from [redacted], the resident was placed on [redacted] from the hours of [redacted]., and in addition to being on hourly checks. At 12:27 p.m., the surveyor, in the presence of the DOS, reviewed the surveillance video dated for [redacted], and timed at 3:33 p.m. The video was only visual, and did not contain audio. The surveyor observed Resident #2, with a [redacted] ([redacted]) and [redacted], [redacted] on the [redacted] until the [redacted]. Once Resident #2 [redacted] At 3:42 p.m. Resident #2 was then seen emerging in camera view by the camera located in the [redacted]. At 3:43 p.m., the surveyor observed Resident #2 as the resident [redacted] into the [redacted] without the [redacted] or [redacted]. At 1:27 p.m., the surveyor interviewed the ALUC regarding [redacted]. The ALUC stated that the facility had five additional residents that used the [redacted]. One of the residents had a [redacted]. Surveyor review of policy and procedure titled, "RESIDENT RIGHTS, POSTING AND DISTRIBUTION" indicated "Policy: Residents shall be made aware of their rights as prescribed by law and consistent with the concepts of Assisted Living. These rights shall be respected and supported by staff..." On 10/29/24 at 2:10 p.m., the surveyor notified	A 401		

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A 401	Continued From page 6 the Administrator, Assisted Living Coordinator, and Corporate Regional Nurse of the imminent danger. An acceptable removal plan was received from the facility on 10/30/24 with a tentative completion date of 11/1/24. The removal plan was updated by the facility on 10/31/24 to inform DOH that the work was completed on 10/31/24. The removal plan stated that facility provided both fire exit doors with 24 hour supervision until strobe lights were installed, and the volume was increased to provided proper audibility when the doors alarm.	A 401		

THE OAKS AT DENVILLE
A SPRINGPOINT COMMUNITY

THE OAKS at DENVILLE-Assisted Living

PLAN OF CORRECTION

A310

1. A. Resident #2 was sent to the [redacted], right after the incident. [redacted] subsequently returned to the facility, [redacted] The list of medications was reviewed with the physician on [redacted] then resident's [redacted] was informed. The [redacted] Examination (MMSE) was completed on [redacted] that showed [redacted] [redacted] A [redacted] staff member was assigned to the resident upon [redacted] return to the facility.
2. All residents have the potential to be affected by the deficient practice.
3. To ensure that the deficient practice does not recur, an in-service was provided for the Registered Nurse Assisted Living Unit Coordinator and nurses who work in the Assisted Living on the facility policy on [redacted] with emphasis on MMSE completion and medication review for residents who attempt to [redacted] at any time during the stay in the facility.
4. To monitor the corrective action to ensure that the deficient practice is being corrected and will not recur, the Registered Nurse Assisted Living Unit Coordinator will complete investigations and incident reports with intervention, with the Administrator to make sure that the MMSE and the physician, or designee, i.e., nurse practitioner and/or physician assistant, completes a review of the medications of the resident. The Registered Nurse Assisted Living Unit Coordinator will report the findings in QAPI meetings monthly x3, then quarterly x2. Then the QAPI committee will determine if it requires to be continued, thereafter.

DATE OF COMPLETION: November 30, 2024

[redacted]
LNHA

Administrator, The Oaks at Denville AL

THE OAKS AT DENVILLE
A SPRINGPOINT COMMUNITY

A401

1. A. Resident #2 was sent to the [redacted], right after the incident. [redacted] subsequently returned to the facility, without [redacted] The list of medications were reviewed with the physician on [redacted] then resident's [redacted] informed. The MMSE was completed on [redacted] that showed [redacted] staff was assigned to the resident upon return to the facility.

2. All residents have the potential to be affected by the deficient practice.

3. To ensure that the deficient practice does not recur, all the staff, that include nurses, certified nurse's aides, certified medication aides, dietary aides, housekeepers, and maintenance workers of The Oaks- AL were in serviced on the policy on [redacted] and regarding the new alarm.

4. To monitor the corrective action to ensure that the deficient practice is being corrected and will not recur, the Registered Nurse Assisted Living Unit Coordinator will conduct an audit on the alarm of the stairwell doors daily x4 weeks, then weekly x 4 weeks. The Registered Nurse Assisted Living Unit Coordinator will report the findings in the QAPI meetings monthly x3, then quarterly x2. Then, the QAPI committee will determine if it needs to be continued, thereafter.

The administrator assigned people on each shift, 1 on each stairway door, to make sure that residents do not go through the doors. In addition, the administrator called the contractors to come to the facility to work on the alarms to make sure that it is audible, and strobe lights are installed to notify staff that someone with the [redacted] is near, or had gone through, the stairwell doors.

The contractors came to the facility on October 30th and started working on both doors. On October 31st, the work on making the alarms to both doors more audible and functioning strobe lights to alert staff were completed.

DATE OF COMPLETION: November 30, 2024

[redacted]
LNHA
Administrator, The Oaks at Denville AL

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
60a002	A. Building B. Wing	12/6/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT DENVILLE, THE	19 POCONO ROAD DENVILLE, NJ 07834

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 A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 11/30/2024	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 11/30/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
10/29/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
60a002 Y1	Y2	12/6/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT DENVILLE, THE	19 POCONO ROAD DENVILLE, NJ 07834

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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
10/29/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO