

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Aristacare at Cherry Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 1399 Chapel Ave West Cherry Hill, NJ 08002	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48618</p> <p>COMPLAINT#: NJ00183319, NJ00184308</p> <p>Based on interview, medical record review, and review of pertinent facility documentation on 2/11/25, 2/12/25, and 2/14/25, it was determined that the facility failed to: a.) implement a care plan intervention for a physical therapy (PT) consult and b.) provide a resident with a Physical Therapy/Occupational Therapy (PT/OT) assessment after a fall as recommended by the Interdisciplinary Team (IDT). This deficient practice was identified for 1 of 6 residents (Resident #2) reviewed and was evidenced by the following:</p> <p>Resident #2 was no longer at the facility at the time of the survey. A closed record review was conducted.</p> <p>A review of the Admission Record revealed that Resident #2 was admitted to the facility with diagnoses that included but were not limited to: Huntington's Disease (an inherited disorder that causes nerve cells in parts of the brain to gradually break down and die), severe protein-calorie malnutrition, and adult failure to thrive.</p> <p>Review of the Admission Minimum Data Set (MDS) an assessment tool used to facilitate the management of care dated 1/23/25 indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 indicating that the resident's cognition was moderately impaired.</p> <p>Review of Resident #2's Order Summary Report indicated active orders as follows:</p> <ul style="list-style-type: none"> -Occupational Therapy Evaluation as needed -Physical therapy evaluation as needed <p>A review of Resident #2's care plan indicated a focus related to the resident having actual falls. Further review revealed the following intervention, [Physical Therapy] consult for strength and mobility, that was initiated on 1/8/25. Further review of the medical record did not indicate that a PT consult was completed after this date.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Aristacare at Cherry Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 1399 Chapel Ave West Cherry Hill, NJ 08002	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of an Incident Report dated 1/16/25 revealed, under the Conclusion section, that the IDT met to discuss the unwitnessed fall and determined that, .PT/OT will assess resident . Further review of the medical record did not indicate that a PT/OT consult was completed after this date.</p> <p>A review of an Incident Report dated 1/30/25 revealed, under the Conclusion section, that the IDT met to discuss the unwitnessed fall and determined that, .PT/OT will assess resident . Further review of the medical record did not indicate that a PT/OT consult was completed after this date.</p> <p>On 2/14/25, at 1:42 P.M., the surveyor interviewed the Director of Rehabilitation Services who stated that she would expect that a resident who fell would have been referred for a PT/OT assessment to determine if the resident would benefit from additional skilled interventions. She further stated that her department relies on Nursing to refer a resident who needed an assessment. The Director further stated that her department did not receive a referral for Resident #2 for the 1/8/25, 1/16/25, or the 1/30/25 falls.</p> <p>On 2/14/25, at 2:55 P.M., the surveyor interviewed the Director of Nursing (DON). In the presence of the surveyor, the DON reviewed Resident #2's care plan and incident reports. When asked if the PT/OT referrals should have been made, she stated yes. When asked what the importance of completing an assessment was, the DON stated, To determine whether or not additional needs or improvements could be made for the resident.</p> <p>Review of the facility's undated Care Plans policy revealed under the Policy Interpretation and Implementation section that a comprehensive care plan was designed to .f. Aid in preventing or reducing declines in the resident's functional status and/or functional levels; and g. Enhance the optimal functioning of the resident by focusing on a rehabilitative program . The section further revealed that, .Care plans are revised as changes in the resident's condition may dictate .</p> <p>N.J.A.C. 8:39-27.1(a); 37.1(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Aristacare at Cherry Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 1399 Chapel Ave West Cherry Hill, NJ 08002	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>48618</p> <p>COMPLAINT#: NJ00183319, NJ00184308</p> <p>Based on interview, medical record review, and review of pertinent facility documentation on 2/11/25, 2/12/25, and 2/14/25, it was determined that the facility failed to ensure that the physician responsible for supervising the care of residents conducted an initial comprehensive visit. This deficient practice was identified for 1 of 6 residents (Resident #2) reviewed and was evidenced by the following:</p> <p>Resident #2 was no longer at the facility at the time of the survey. A closed record review was conducted.</p> <p>A review of the Admission Record (AR) revealed that Resident #2 was admitted to the facility with diagnoses that included but were not limited to: Huntington's Disease (an inherited disorder that causes nerve cells in parts of the brain to gradually break down and die), severe protein-calorie malnutrition, and adult failure to thrive. The AR further revealed the name of the resident's Attending Physician, who was also the facility's Medical Director.</p> <p>Review of the Admission Minimum Data Set (MDS) an assessment tool used to facilitate the management of care dated 1/23/25 indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 indicating that the resident's cognition was moderately impaired.</p> <p>Further review of Resident #2's medical record revealed Nurse Practitioner (NP) assessments; however, the surveyor was not able to locate any physician assessments for Resident #2.</p> <p>On 2/13/25, at 2:22 P.M., the surveyor conducted a telephone interview with the Medical Director (MD), who stated that he was familiar with Resident #2. When asked if he conducted any documented assessments of the resident, he stated that he observed the resident on the unit and he discussed the resident's care in meetings. He also stated that he went to the facility weekly, and that the facility has two Nurse Practitioners and an additional physician who are in the building during the week. Additionally, he added that patients were to be seen at time of admission and every other month.</p> <p>On 2/14/25, at 5:06 P.M., the surveyor informed the Chief Clinical Nurse/Administrator and the Director of Nursing (DON) of the concern that Resident #2 did not have any documented physician visits or admission assessment. The surveyor did not receive any additional documentation regarding this concern.</p> <p>A review of the facility's undated Medical Director policy, under the Policy Interpretation and Implementation Section, revealed, 1. Physician services are under the general supervision of the Medical Director . The policy further indicated that the MD was responsible for, .Ensuring adequate and appropriate physician services . and that the MD functions included, .Helping assure that residents receive adequate services appropriate to meet their needs . The policy failed to identify who was responsible for conducting initial comprehensive visits for residents.</p> <p>NJAC 8:39-23.2(d); 27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Aristacare at Cherry Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 1399 Chapel Ave West Cherry Hill, NJ 08002	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>48618</p> <p>COMPLAINT#: NJ00181569</p> <p>Based on observation, interview and review of medical records and other pertinent facility documents it was determined that the facility failed to maintain an accurately documented and complete medical records in accordance with acceptable standards and practice.</p> <p>This deficient practice was identified for 1 of 6 residents (Resident #4) reviewed and was evidenced by the following:</p> <p>Resident #4 was no longer at the facility at the time of the survey. A closed record review was conducted.</p> <p>A review of the Admission Record revealed that Resident #4 was admitted to the facility with diagnoses that included but were not limited to: seizures, severe protein-calorie malnutrition, and COPD.</p> <p>Review of the admission Minimum Data Set (MDS) an assessment tool used to facilitate the management of care, dated 12/18/24 indicated that Resident #4 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating that the resident's cognition was intact.</p> <p>Review of Resident #4's Order Summary Report indicated an order as follows:</p> <p>-Clonazepam [Klonopin] Oral Tablet 2 MG: Give 1 tablet by mouth three times a day for anxiety</p> <p>Review of Resident #4's Controlled Drug Administration Record Tablet, revealed that a Clonazepam 2 mg tablet was signed out on 12/13/24 at 9 P.M.</p> <p>A review of Resident #4's December 2024 Medication Administration Record (MAR) revealed a blank box for the above medication on 12/13/24 at 9 P.M.</p> <p>The surveyor reviewed a grievance that was reported on 12/17/24, by Resident #4, and revealed the following:</p> <p>Grievance Details - Resident stated not receiving the scheduled Klonopin on 12/13/24.</p> <p>Summary of Actions Taken - Indicated that the Supervisor reviewed the MAR and that no discrepancy was noted.</p> <p>On 2/14/25, at 10:04 A.M., the surveyor attempted to reach the Licensed Practical Nurse (LPN) that was assigned to Resident #4 on 12/13/24 during the evening shift, via telephone. The number provided by the facility was not in service and no alternate number was provided at the time of the survey.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Aristacare at Cherry Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 1399 Chapel Ave West Cherry Hill, NJ 08002	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/14/25, at 2:26 P.M., the surveyor interviewed the Director of Quality Experience (DQE), who reviewed the aforementioned grievance. The DQE stated that considered the grievance resolved on 1/23/25. She explained that her primary role is dealing with customer service issues. She stated that when she received information related to a grievance, she placed all information in the electronic system and then she would forward it to the Unit Manager (UM) responsible. She further added that she would then meet in-person with the UM who would inform her on what actions were taken and what the findings were and input that into the system. She would then follow-up with the resident and ensure that they were satisfied with the outcome, if they were not, she would file another grievance. The DQE stated that she recalled interacting with Resident #4 regarding this incident and she stated that the resident did not express any additional concerns, or she would have filed another grievance, which is what she would do if a resident expressed dissatisfaction with the outcome.</p> <p>On 2/14/25, at 2:55 P.M., the surveyor interviewed the Director of Nursing (DON). In the presence of the surveyor, the DON reviewed Resident #4's aforementioned grievance and the corresponding MAR. The DON stated that the UM was not available for interview, however, she recalled the resident. She stated that nurses are to sign the MAR after each medication is administered to reflect that this was done. She stated that although the UM verified the bingo card, and the narcotic count, she expected that the UM would have followed up with the assigned nurse regarding why the MAR was not signed.</p> <p>N.J.A.C. 8:39-27.1(a); 29.2(d)</p>		