

quality. Pursuant to the Act and N.J.A.C. 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of Health is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Assisted Living Facilities, and Assisted Living Programs set forth at N.J.A.C. 8:36-1.1 et seq.

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site at Clare Estates on the above noted dates. The surveyors identified egregious and deficient practices that pose an immediate and serious risk of harm to the residents of Clare Estate. These violations pertain to the care of residents using the services of Clare Estate. During the tours, the surveyors identified serious deficiencies including:

1. Failure to administer medications to residents, including insulin and pain medications, and failure to provide wound care in accordance with physician's orders. See N.J.A.C. 8:36- 11.5 (f).
2. A resident fell on December 25, 2021 and sustained a right arm fracture according to nursing notes. The resident had an order for Ibuprophen every 8 hours for five days, which was not given, and an order for Tramadol, which was given the first time on December 27, 2021 when the survey team was in the facility. See N.J.A.C. 8:36-4.1(a)(8).
3. There was no Registered Nurse coordination of wound care with outside wound care providers for a resident requiring treatment of a wound. See N.J.A.C. 8:36-5.1(a).
4. A resident fell and sustained a fracture and the Facility failed to update the Health Service Plan (HSP), and a resident had a skin tear that required skilled nursing for treatment and did not have a HSP to evaluate the wound and develop interventions. See N.J.A.C. 8:36-7.3(b).
5. A resident sustained a fracture from a fall and returned from the hospital with a diagnosis of a fractured humerus. The facility had no RN assessment to evaluate the needs of the resident upon readmission to the facility from the hospital. See N.J.A.C. 8:36-7.4(c)(1).
6. There was no RN notification that a resident was sent to the hospital due to a fall and sustained a fracture. Also, there was no medical doctor notification of the fall and need for hospital transfer. See N.J.A.C. 8:36-7.5(c).
7. The Facility failed to report the interruption of RN services to the Department when an RN resigned without notice resulting in an interruption of RN services and failure to administer medications to residents. The facility's policy on reportable events also failed to include reporting an interruption of services. N.J.A.C. 8:36-5.10(a)1.
8. The Facility failed to report neglect when residents were not receiving medications including insulin and wound care. See N.J.A.C. 8:36-5.10(a)3.
9. The Facility failed to administer medications in accordance with physicians' orders. See N.J.A.C. 8:36-11.5(f).

10. The Administrator failed to enforce policies and procedures of the facility and failed to report interruptions of service due to inadequate staffing. See N.J.A.C. 8:36-3.1(a).
11. The Facility RN failed to ensure Certified Medication Aides (CMA's) were evaluated and that each demonstrated adequate knowledge, skill, and competency. See N.J.A.C. 8:36-11.5.

These are representative findings and do not necessarily include all survey findings, which are detailed in the survey reports.

CURTAILMENT:

The October 15, 2021 Curtailment of Admissions, Directed Plan of Correction, and suspension of the Certified Medication Aide program is continued by the Department.

DIRECTED PLAN OF CORRECTION:

The Department hereby directs Clare Estate to immediately retain outside Administrator and Registered Nurse consultants.

The Administrator Consultant shall be a Licensed Nursing Home Administrator, and the Registered Nurse Consultant shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultants by submitting the names and resumes to Lisa.King@doh.nj.gov and kiisha.johnson@doh.nj.gov by close of business on April 6, 2022. The consultants shall be present in the facility for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The approved consultants shall be retained no later than the close of business, April 11, 2022.

The contracts with the consultants shall include provisions for immediate corrective action with applicable state licensing standards. The consultants shall have no previous or current ties to the facility's principals, management and/or employers or other related individuals of any kind, including, but not limited to employment, business, or personal ties. The consultants and facility shall submit weekly progress reports, beginning on April 15, 2022 and continuing each Friday thereafter.

The Administrator Consultant shall:

1. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;
2. Oversee the development, implementation, and evaluation of corrective action plans;
3. Develop and implement compliance management systems at the facility;
4. Collaborate with facility leadership to ensure that operating procedures, systems, and standards align with compliance requirements;

5. Ensure staff training needed to comply with applicable licensing standards; and,
6. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.

The weekly progress reports by the Administrator Consultant and the facility should be sent every Friday by 1:00 p.m. to kiisha.johnson@doh.nj.gov. These weekly reports shall include timely status updates regarding:

1. Identified areas of non-compliance;
2. Corrective measures to address identified areas of non-compliance; and,
3. Status of corrective measures implementation.

The contract with the Registered Nurse consultant shall include provisions for immediate corrective action to ensure resident safety is not jeopardized, including improvements to any proposed Certified Medication Aide program, and applicable state licensing standards are met.

Under the Curtailment Order and DPOCs, the Facility shall comply with the applicable standards in N.J.A.C. 8:36-1 et seq., Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.

Please be advised that the curtailment and DPOCs shall remain in place until Clare Estate is otherwise notified by the Department.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty for each resident admitted in violation of the curtailment order.

Failure to comply with any State regulations and/or with this order may result in the imposition of enforcement remedies, including but not limited to, civil monetary penalties, summary suspension, and/or license revocation.

Should you have any questions concerning this order, please contact Lisa King, Office of Program Compliance at (609) 376-7751.

Sincerely,



Gene Rosenblum, Director
Office of Program Compliance
Division of Certificate of Need and
Licensing
New Jersey Department of Health

GR:mdj

DATE: March 31, 2022

E-MAIL (jtaylor@theclareestate)

REGULAR AND CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Control #AX21011