| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 03A005 | A. BUILDING: _____ B. WING _____ | C 04/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OAKBRIDGE TERRACE ASSISTED LIVING AT I | 309 BRIDGEBORO ROAD MOORESTOWN, NJ 08057 |

| (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<br><br>Initial Comments:<br>TYPE OF SURVEY: Complaint<br><br>COMPLAINT #: NJ00184690; NJ00184597; NJ00182010<br><br>CENSUS: 44<br><br>SAMPLE SIZE: 3<br><br>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 745 | 8:36-7.2(f) Resident Assessments and Care Plans<br><br>(f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice.<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint #: NJ00182010; NJ00184597 | A 745 | | |

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

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|---|---|---|---|---|
| A 745 | Continued From page 1 | A 745 | | |

Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that a health care assessment was documented by a Registered Nurse (RN) as required in accordance with the rules of this chapter and following two incidents of NJ Exec Order 26.4b1, for 2 of 3 residents reviewed, Resident#s 2 and 3. This deficient practice was evidenced by the following:

On 12/30/24, the Department of Health (DOH) received a Reportable Event Report (RER) completed by the Administrator on NJ Exec Order 26.4b1 for an incident of NJ Exec Order 26.4b1 that occurred on NJ Exec Order 26.4b1. The RER indicated that Resident #3 was NJ Exec Orde on the NJ Exec Order 26.4b1 of Resident #2's NJ Exec Order 26.4b1. The RER also indicated that Resident #2 stated that Resident #3 NJ Exec Order 26. and that Resident #2 NJ Exec Order 26. Resident #3 NJ Exec Orde. In addition, the RER indicated that the incident was not witnessed, and that the nurse assessed both residents and NJ Exec Order 26.4b1 were observed.

On NJ Exec Order 26., the DOH received another RER, completed by the Administrator on NJ Exec Order 26., for an additional incident of NJ Exec Order 26.4b1 that occurred on NJ Exec Order 26.. The RER indicated that Resident #2 NJ Exec Order 26.4b1 and made NJ Exec Order 26. with Resident #3's NJ Exec Order 26.4b1 as Resident #3 NJ Exec Order 26.4b1. Resident #2. In addition, the RER indicated that the nurse assessed Resident #2 and Resident #3, and that NJ Exec Order 26.4b1 were observed.

On NJ Exec Order 26., the surveyor reviewed the MR of Resident #2, who was admitted to the facility in NJ Exec Order 26.4b1 of NJ Exec Ord with diagnoses of NJ Exec Order 26.4b1. The surveyor reviewed progress notes (PNs) dated NJ Exec Order 26.4b1

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|---|---|---|---|---|
| A 745 | Continued From page 2 | A 745 | | |

and [NJ Exec Order 26.], written by the Licensed Practice Nurse (LPN #1), which indicated that the LPN "assessed" the resident after both incidents of [NJ Exec Order 26.4b1]. In addition, the surveyor reviewed a health care assessment titled, "ACTS NSG Resident Status and Health History," dated [NJ Exec Order 26.] which was completed by LPN #2. The surveyor did not observe any documentation including PNs that indicated that the assessments were overseen and reviewed by a RN.

The surveyor also reviewed the MR of Resident #3, who was admitted to the facility in [NJ Exec Order] of [NJ Exec Orc] with a diagnosis of [NJ Exec Order 26.4b1]. The surveyor reviewed PNs dated [NJ Exec Order 26.4b1], written by LPN #1, which indicated that the LPN "assessed" the resident after both incidents. In addition, the surveyor reviewed the "ACTS NSG Resident Status and Health History," dated [NJ Exec Order 2] which was completed by LPN #3. The surveyor did not observe documentation to indicate that any of the assessments were overseen and reviewed by a RN.

At 12:28 p.m., the surveyor interviewed the Director of Nursing (DON) to inquire where the health care assessments were documented for the previously mentioned incidents of [NJ Exec Order 26.4b1], and the DON stated that the assessments were documented in the PNs.

Additionally, the surveyor reviewed incident reports dated [NJ Exec Order 26.4b1], completed by LPN #1, which also indicated that Resident #2 and Resident #3 were assessed by LPN #1 following the previously mentioned incidents of [NJ Exec Order 26.4b1].

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| OAKBRIDGE TERRACE ASSISTED LIVING AT I | 309 BRIDGEBORO ROAD MOORESTOWN, NJ 08057 |

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|---|---|---|---|---|
| A 745 | Continued From page 3<br><br>Further, the surveyor reviewed Resident #2 and Resident #3's "General Service Plan & Health Care Assessment," however, this document did not include evaluation/assessment of the resident's [NJ Exec Or] vital signs, or [NJ Ex Order 26.4(b)(1)]<br><br>On 4/16/25 at 11:46 a.m., the surveyor interviewed the Director of Nursing (DON) to inquire who completed health care assessments at the facility, and the DON stated that she did. The surveyor then inquired the reason some assessments were documented by LPNs. The DON stated that she oversaw all the assessments that were completed by the LPNs. The surveyor then inquired the reason there was no documentation or signatures that indicated that the assessments were overseen and reviewed by a RN, and the DON stated that she reviewed the assessments but did not sign them. In addition, the DON explained that she was not employed at the facility prior to [NJ Exec Order 26], and that she did not oversee Resident #3's assessment on [NJ Exec Order 2]<br><br>The surveyor reviewed page 16 of the facility's information book regarding, "Resident Assessment/Care Plan," which indicated, "The initial health care assessment shall be documented by the RN and shall be updated as required." | A 745 | | |

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## A745 Resident Assessments and Care Plans

*Resubmitted: June 19, 2025*

The Director of Assisted Living has conducted a review of all Oakbridge Terrace – Assisted Living residents on 5/19/25 to confirm all admission assessments have been completed and signed by a Registered Nurse. It is confirmed all current assessments are in compliance. Starting 6/20/25, the Director of Assisted Living will facilitate in-services of all professional nurses to reinforce the role of the RN and their completion and signature of assessments. Going forward and effective immediately, an RN will complete the assessment and sign it accordingly. The Director of Assisted Living or designee will conduct an audit of all admission assessments twice monthly for 3 months to ensure continued compliance and will report any problematic issues to the administrator. Lastly, the Director of Assisted Living will report audit findings to the quarterly QAPI Committee Meeting for one year.

Completion Date: June 26, 2025

NJ Exec Order 26.4b1

*Submitted by* [redacted]
Administrator

Accepted
6/19/25
NJ Exec Order 26.4b1 [redacted]

# STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| 03A005 Y1 | A. Building<br>B. Wing Y2 | 6/19/2025 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OAKBRIDGE TERRACE ASSISTED LIVING AT EVERGREENS | 309 BRIDGEBORO ROAD<br>MOORESTOWN, NJ 08057 |

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 A0745 | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # 8:36-7.2(f) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 06/19/2025 | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
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| LSC | | LSC | | LSC | |

| 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 | CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? |
|---|---|
| 4/16/2025 | ☐ YES ☐ NO |