

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009
---	---

(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 #: NJ00166316</p> <p>CENSUS: 80</p> <p>SAMPLE SIZE: 4</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		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009
---	---

(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 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00166316</p> <p>Based on interview, record review it was determined that the facility failed to follow its policy titled, "Incident Reports" by not properly documenting an [redacted] of two residents in the resident charts for 2 of 4 residents reviewed, Resident #1, Resident #2.</p> <p>A review of the Reportable Event Record/Report indicates Resident #1, and Resident #2 [redacted] the [redacted] Unit on [redacted] at around 10:45 p.m. The 11 p.m. to 7 a.m. LPN (Licensed Practical Nurse) #1 led the [redacted] inside the facility. When the residents [redacted] for, LPN #1 and LPN #2 extended their [redacted] to the facility grounds and later drove a vehicle around the immediate vicinity of the facility. The LPN's [redacted] Resident #1 and Resident #2 about [redacted] which is a [redacted] and has a [redacted]. The residents were placed inside the car and [redacted] to the [redacted] unit. The report further indicated, the residents were [redacted]."</p> <p>According to weather.com, the temperature on the evening of [redacted], was approximately 66 degrees Fahrenheit under cloudy skies.</p> <p>On 08/10/2023, the surveyor reviewed the medical records (MR) of Resident #1 who moved into the facility on [redacted] with diagnoses</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009
---	---

(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 310	<p>Continued From page 2</p> <p>which include NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. The surveyor further reviewed the MR of Resident #2 who moved into the facility on NJ Ex Order 26.4b1 with diagnoses NJ Ex Order 26.4b1 due to NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1.</p> <p>At 11:46 a.m., the surveyor interviewed the Executive Director who stated an outside contractor was in the facility on NJ Ex Order 26.4b1 waxing the floors. The contractor was given the NJ Ex Order 26.4b1 unit code to get in and out of unit. The ED explained it appears the NJ Ex Order 26.4b1 by the contractor; however, she believes the NJ Ex Order 26.4b1.</p> <p>At 12:00 p.m., the surveyor interviewed the Health and Wellness Director (HWD) who stated his Observation note dated NJ Ex Order 26.4b1 at 10:30 p.m. for Resident #1 and Resident # 2 was written on NJ Ex Order 26.4b1 and that the date and time listed was in error.</p> <p>At 12:17 p.m., the surveyor interviewed LPN #1 who confirmed she did not document the incident in the resident charts and explained that she gave a verbal statement to the Executive Director and didn't think she needed to chart.</p> <p>At 12:50 p.m., the surveyor interviewed the ED who stated she personally contacted the families of Resident #1 and Resident #2; however, the ED failed to document the interaction in the resident charts.</p> <p>The surveyor reviewed the facility policy titled, "Incident Reports" which states, Policy: Incidents are documented by a trained designated associate and reviewed by the Health and Wellness Director and Executive Director.</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009
---	---

(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 310	Continued From page 3 2. Notification of any occurrence noted in any of the above shall be documented in the resident's record.	A 310		
A 749	<p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00166316</p> <p>Based on interview, record review it was determined that the facility failed to revise and implement the resident General Service Plan for 2 of 4 residents reviewed, Resident #1, Resident #2.</p> <p>On 08/10/2023, the surveyor reviewed the medical records (MR) of Resident #1 who moved into the facility on [redacted] with diagnoses which include [redacted] NJ Ex Order 26.4b1 [redacted]. The surveyor further reviewed the MR of Resident #2 who moved into the facility on [redacted] with diagnoses [redacted] NJ Ex Order 26.4b1 [redacted] due to [redacted] NJ Ex Order 26.4b1 [redacted], and [redacted] NJ Ex Order 26.4b1 [redacted].</p> <p>A review of the Reportable Event Record/Report indicates Resident #1 and Resident #2 [redacted] NJ Ex Order 26.4b1 [redacted].</p>	A 749		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009
---	---

(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 749	<p>Continued From page 4</p> <p>the [redacted] Unit on [redacted] at around 10:45 p.m. The 11 p.m. to 7 a.m. LPN #1 led the [redacted] inside the facility. When the residents could [redacted], LPN #1 and LPN #2 extended their search to the facility grounds and later drove a vehicle around the immediate vicinity of the facility. The LPN's [redacted] Resident #1 and Resident #2 about [redacted] from the facility on [redacted], which has a [redacted] temperature was approximately 69 degrees Fahrenheit under cloudy skies. The residents were placed [redacted] and [redacted] to the [redacted] unit. The report further indicated, the residents were [redacted]."</p> <p>At 11:46 a.m., the surveyor interviewed the Executive Director who stated an outside contractor was in the facility on [redacted] waxing the floors. The contractor was given the [redacted] unit code to get in and out of unit. The ED explained it appears the [redacted] by the contractor; however, she believes the [redacted].</p> <p>The surveyor reviewed Resident #1's and Resident #2's General Service Plan, which were both dated and signed by the Director of Health and Wellness on [redacted]. Both documents further indicate under comments, "Note: [redacted] incident on [redacted]; however, there is no indication that the service plan was updated or additional interventions were put in place after the [redacted] on [redacted]."</p> <p>A review of the document titled, "Incident Reports" states, "After the investigation, appropriate interventions are put into place in the attempt to prevent similar reoccurrences. The investigation shall include: Updating the resident</p>	A 749		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009
---	---

(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 749	Continued From page 5 service plan with interventions.	A 749		
A 781	<p>8:36-7.5(d) Resident Assessments and Care Plans</p> <p>(d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00166316</p> <p>Based on interview and record review, it was determined that the facility failed to provide documented evidence that the physician was notified of an [redacted] of two residents from the Memory Care unit for 2 of 4 residents reviewed, Resident #1, Resident #2. This deficient practice was evidenced by the following:</p> <p>A review of the Reportable Event Record/Report indicates Resident #1, and Resident #2 [redacted] the [redacted] Unit or [redacted] at around 10:45 p.m. The 11 p.m. to 7 a.m. LPN (Licensed Practical Nurse) #1 led the [redacted] inside the facility. When the residents could [redacted], LPN #1 and LPN #2 extended their [redacted] to the facility grounds and later drove a vehicle around the immediate vicinity of the facility. The LPN's [redacted] Resident #1 and Resident #2 about [redacted]</p>	A 781		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009
---	---

(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 781	<p>Continued From page 6</p> <p>on NJ Ex Order 26.4b1, which is a NJ Ex Order 26.4b1 and has a NJ Ex Order 26.4b1. The residents were NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1 unit. The report further indicated, the residents were NJ Ex Order 26.4b1.</p> <p>On 08/10/2023, the surveyor reviewed the medical records (MR) of Resident #1 who moved into the facility on NJ Ex Order 26.4b1 with diagnoses which include NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. The surveyor further reviewed the MR of Resident #2 who moved into the facility on NJ Ex Order 26.4b1 with diagnoses NJ Ex Order 26.4b1 due to NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1.</p> <p>At 12:00 p.m., the surveyor interviewed the Health and Wellness Director (HWD) who confirmed there was no documentation indicating a NJ Ex Order 26.4b1 on Resident #1 and Resident #2 was conducted when the residents NJ Ex Order 26.4b1 the facility.</p> <p>At 12:50 p.m., the surveyor interviewed the ED who confirmed the physician was not informed of the NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1.</p> <p>The surveyor reviewed the facility policy titled, "Missing Residents" which states, "When the resident is located, notify the family, staff members involved in the search and the attending physician shall determine if the resident needs to be examined."</p>	A 781		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/10/2023
--	--	--	--

NAME OF PROVIDER OR SUPPLIER
SPRING OAK ASSISTED LIVING AT VOORHEES

STREET ADDRESS, CITY, STATE, ZIP CODE
**396 SO. WHITE HORSE PIKE
BERLIN, NJ 08009**

(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 #: NJ00166316</p> <p>CENSUS: 80</p> <p>SAMPLE SIZE: 4</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		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310	<p>1. Identification:</p> <p>Resident #1 and Resident #2 ^{NJ Ex Order 26.4(b)(1)} on August 8th, 2023, at around 10:45 PM. Resident #1 and Resident #2 were found 4 blocks away unharmed. LPN #1 did a full assessment but did not document or complete the incident report on Resident #1 and Resident # 2. That is why we were cited as a deficient practice because evidence of form does not present in residents' record. Along with documentation that families were notified.</p> <p>2. Immediate Correction:</p> <p>Our entire wellness and administrative staff were in-serviced and educated ensuring the development, implementation and enforcement of all policies and procedures. The importance of documentation and that evidence of all forms are present, including incident report forms.</p>	

LICENSING

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

NJ Ex Order 26.4(b)(1)

TITLE *Executive Dir.*

(X6) DATE *9/15/23*



A310

- 1) Resident #1 and Resident #2 **NJ Ex Order 26.4(b)(1)** on August 8, 2023 at around 10:45 PM due to a door not being secured properly. (Root Cause) The Administrator shall be responsible for ensuring the development, implementation and enforcement of all policies. The Administrator will establish and maintain good communication with staff and families and ensure the provision of Staff Education is maintained and proper notification is noted. Director of Wellness was educated to notify and document all calls to families in the absence of the Administrator. Resident #1 and resident # 2 families were notified and a administrative note was placed in their Administrative file.
- 2) All residents have the potential to be affected by this deficient practice.
- 3) In service training, physical environment enhancements , added alarms and surveillance of all exit doors .We in-serviced the wellness staff regarding Memory Care Residents and the need to check on them to ensure they are engaged in activity and are accounted for. Educated Staff that we are not to give out the Memory Door code to families or contractors without the knowledge of the administrator. A head count will be taken at the beginning and end of each shift and written on the nursing white board located on the Memory Unit. Our Maintenance Department will be doing door checks on the Memory Unit twice daily to ensure the doors are locked and alarmed. All checks will be logged. In the absence of the Administrative Staff the Executive Director can view all 70 HD quality cameras from her personal phone.
- 4) Administrator or designee (Maintenance Dept) will make twice per day observations on the memory unit to ensure all doors are locked and secured . The observations will be logged.

Completion date November 1st, 2023



A749

- 1) Resident #1 and Resident #2 had assessments done by the Director of Wellness/Designee to assess for any physical, mental and emotional affects due to the [NJ Ex Order 26.4(b)(1)] Resident #1 and Resident # 2 had [NJ Ex Order 26.4(b)(1)] or [NJ Ex Order 26.4(b)(1)] due to the incident. The [NJ Ex Order 26.4(b)(1)] was noted on the General Service Plan for Resident #1 and Resident #2. Educated Wellness staff any change in condition needs to be documented and a nursing assessment must be done.
- 2) All residents have the potential to be affected by this deficient practice.
- 3) Weekly audits to ensure General Service Plans have been updated. All licensed professional nurses were in serviced on the requirements of an assessment and updating general service plans due to a change in condition. We in-serviced the wellness staff regarding Memory Care Residents and the need to check on them to ensure they are engaged in activity and are accounted for. Educated Staff that we are not to give out the Memory Door code to families or contractors without the knowledge of the administrator. A head count will be taken before each shift and the end of each shift and written on the nursing white board located on the Memory Unit. Our Maintenance Department will be doing door checks on the Memory Unit twice daily to ensure the doors are locked and alarmed. All checks will be logged. We have added extra alarms to each memory care door. The facility has installed 70 HD quality cameras throughout the facility. In Memory Care we have HD quality camera is focusing on all exit doors leading to a stairwell, all outside exit doors are also covered by a camera. In the absence of the Administrative Staff the Executive Director can view all 70 cameras from her personal phone.
- 4) Results of weekly notification audits will be reported by the administrator to the director of wellness/ designee at monthly QA meeting. Completion date November 1st, 2023.



A781

- 1) Resident #1 and Resident#2 were evaluated after the NJ Ex Order 26.4(b)(1) but no incident report was done. Physicians for Resident #1 and Resident #2 were not notified. Staff received education concerning the need to complete and incident report and who to notify such as the RN, Administrator, Family and the Physician. Educated them on the importance of documentation, to document all notifications on the incident report and input the information into our ECP Data Base. Resident #1 and Resident #2 Physicians were notified of the incident and documented in Resident #1 and Resident #2 Administrative file. A comprehensive review was completed of all recent incident reports. The Director of Wellness/Designee and the administrator will review all incidents reports weekly to ensure the residents physician, RN, Administrator and Family members are notified.
- 2) All Residents have the potential to be affected by this deficient practice.
- 3) In serviced all CMAs, CNAs, and LPNs to notify the Director of Wellness/designee if there is a change in a resident's condition, incident, or health concern that they feel requires an assessment by the Director of Wellness. If there is a change in condition a licensed professional nurse will notify the physician, advanced practice nurse or physician assistant. Director of Wellness/designee will document any interventions made by the physician. Licensed professional nurses will complete weekly audits to ensure all residents that had a change in condition that the family/guardian and physician were notified. We in-serviced the wellness staff regarding Memory Care Residents and the need to check on them to ensure they are engaged in activity and are accounted for. Educated Staff that we are not to give out the Memory Door code to families or contractors without the knowledge of the administrator. A head count will be taken before each shift and the end of each shift and written on the nursing white board located on the Memory Unit. Our Maintenance Department will be doing door checks on the Memory Unit twice daily to ensure the doors are locked and alarmed. All checks will be logged. We have added extra alarms to each memory care door. The facility installed 70 HD quality cameras throughout the facility. In Memory Care we have camera is focusing on all exit doors leading to a stairwell, all outside exit doors are also covered by a camera. In the absence of the Administrative Staff the Executive Director can view all 70 HD quality cameras from her personal phone.
- 4) Results of weekly review audits will be report by the Director of Wellness / designee to the Administrator at monthly QA meeting. Completion date November 1st, 2023.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A008	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/11/2023	Y3
NAME OF FACILITY SPRING OAK ASSISTED LIVING AT VOORHEES			STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009		

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	Correction	ID Prefix A0749	Correction	ID Prefix A0781	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-7.5(d)	Completed
LSC	11/01/2023	LSC	11/01/2023	LSC	11/01/2023
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
LSC		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
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/10/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		