New Jersey Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILANC	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		15A116	B. WING		C 07/08/2024	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ARTIS SE	NIOR LIVING OF BRICK	466 JACK I BRICK, NJ	MARTIN BOUL 08724	.EVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A 000	Initial Comments		A 000			
	Initial Comments: TYPE OF SURVEY: 0					
	CENSUS: 62					
	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 310	1. Ensuring the d	or designee shall be ot limited to, the following:	A 310			

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

TITLE

(X6) DATE

08/29/24

New Jers	ey Department of Heal	itn				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		15A116			07/0	8/2024
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		466 JAC	K MARTIN BOUL	_EVARD		
ARTIS SE	NIOR LIVING OF BRICK	BRICK, N	IJ 08724			
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		is not met as evidenced				I
	by:					I
	COMPLAINT #: NJ00	1175329				1
	D I : - t :	- d d d d				I
		nd record review, it was				I
		acility failed to implement				I
		y's policy and procedure				I
	titled, "ABUSE REPO					1
	Resident #3. This def	r 1 of 3 residents reviewed,				I
	evidenced by the follo	•				I
	evidenced by the folio	owing.				I
	On 7/2/24 at 1:51 p.m	the New Jersey				1
	Department of Health	<u>-</u>				I
	Facility Reportable Ev	,				I
		ealthcare facilities to report				I
		The report included a "date				I
		nd a time of event: 4:45				I
		ealed Resident #2 and				I
		der 26.4b1 Resident #2's				I
	NJ ex order 26.4b1 Reside					I
		re Aide (RA). The FRE also				I
		lity's RA observed that				I
	Resident #2's NJ ex	order 26.4b1 and that				I
	Resident #2 NJ ex o	rder 26.4b1 Resident #3's				I
	NJ ex order 26.4b1					1
						1
	On 7/8/24 at 9:33 a.m	n., during the entrance				1
	conference, the surve	eyor requested the FRE				1
	dated NJ ex order 26.4° from th	e facility's Assistant Director				1
	of Health and Wellnes					
		•				
	At 11:47 a.m., during	surveyor interview, the				
	ADHW stated that she					
	the incident that took	place on NJ ex order 26.41. During				
		he ADHW stated that she				

NAME OF PROVIDER OR SUPPLIER  ARTIS SENIOR LIVING OF BRICK  SUMMARY STREIGHT OF SETCEMBES BRICK, NJ 98724  (XM)ID PREFIX PREFIX TAG  SUMMARY STREIGHT OF SETCEMBES BY PULL SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BRICK TO THE SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BRICK TO THE SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BRICK TO THE SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BRICK TO THE SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BRICK TO THE SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BRICK TO THE SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BRICK TO THE SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BRICK TO THE SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BRICK TO THE SECHOPHOLIS AND MARK STREIGHT OF SETCEMBES BR		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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A310  Continued From page 2 did not notify the facility's Executive Director (ED) until Monday and a Move in Date of dated which indicated Resident #2" Not exident #2" which invokes de a note that indicated the facility's Exhant did not revelaed a note that indicated the facility's Exhant did not revelaed a note that indicated the facility's Exhant did not revelaed a note that indicated Resident #2"  2. At 12:15 p.m., the surveyor reviewed the MR for Resident #2" at 4.45 p.m. Continued review of Resident #2" shart did not reveal a note that indicated the facility's Exhant did not reveal a note that indicated the facility's Exhant did not reveal a note that indicated review of the MR, Resident #3" bud a Move in Date of  2. At 12:15 p.m., the surveyor reviewed the MR for Resident #3, which included a document titled, EIFS, which revealed a factor which indicated the facility's ED bud and the ADHW revealed that on puring continued review of the MR, Resident #3"s CNs dated  Review of an additional CN written by  Review of an additional CN written by			15A116	B. WING		1	
CALID   SUMMARY STATEMENT OF DEFICIENCES   DEFICIENCES   DEFICIENCES   CALID DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY TAGE   CALID DEFICIENCY OR LSC IDENTIFYING INFORMATION)   CALID DEFICIENCY OR LSC IDENTIFYING INFORMATION)   A 310   COntinued From page 2   did not notify the facility's Executive Director (ED) until Monday   CALID DEFICIENCY   CALID DE	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES   ID PRECIDENCY   PRE	ARTIS SE	NIOR LIVING OF BRICK			EVARD		
did not notify the facility's Executive Director (ED) until Monday  1. At 12:00 p.m., the surveyor reviewed Resident #2's Medical Record (MR) which included a document titled, NJ ex order 26.4b1 and indicated Resident #2 had a diagnosis of and a Move in Date of the included a document titled, "Charting Notes (CNs)" which revealed a nursing note dated for the writer reported that Resident #2  In the writer reported that Resident #3  In the writer reported that MR  In	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
she notified the power of attorney (POA), the Regional Registered Nurse (RN), the RN, the Advanced Practice Nurse (APN) and the ED about the NJ ex order 26.4b1.  The surveyor reviewed the September 2007 facility policy and procedure titled, "ABUSE	A 310	did not notify the faciliuntil Monday  1. At 12:00 p.m., the s #2's Medical Record (document titled, NJ e and in diagnosis of Necorder 26-45  The MR also Notes (CNs) note dated Necorder 26-45  Resident #2's MR rev "Charting Notes (CNs) note dated Necorder 26-45  Resident #2's MR rev "Charting Notes (CNs) note dated Necorder 26-45  Resident #3, which revealed the incident until Necorder 26-45  2. At 12:15 p.m., the s for Resident #3, which revealed Date of Necorder 26-45  2. At 12:15 p.m., the s for Resident #3, which revealed Date of Necorder 26-45  Necorder 26-45  At 12:15 p.m., the s for Resident #3, which revealed Date of Necorder 26-45  The surveyor 26-45  The surveyor reviewed the surveyor	surveyor reviewed Resident (MR) which included a ex order 26.4b1 dicated Resident #2 had a and a Move in Date of ealed a document titled, s)" which revealed a nursing 12:00 a.m., that revealed at Resident #2 at 4:45 p.m. Continued et Resident #2 at 4:45 p.m. Continued et ac facility's ED of ealed a document titled, Resident #3 had a Move In agnosis of ealed a document titled, Resident #3 had a Move In agnosis of exercise the ADHW exercise for the ADHW exercise for the ADHW exercise for attorney (POA), the Nurse (RN), the RN, the surse (APN) and the ED 6.4b1.	A 310	DEFICIENCY		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		15A116	B. WING		07/0	8/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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		BRICK, NJ	08724			
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A 310	Continued From page	∌ 3	A 310			
	"POLICY: 2. All rep must be reported to the well as to the resident	IVESTIGATION" revealed, ports of suspected abuse the ED within 24 hours, as t's family. State specific porting such incidents must be				
A 355	A 355 8:36-4.1(a)(1) Resident Rights		A 355			
	comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:  (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences,  1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;					
	This REQUIREMENT by: COMPLAINT#: NJ00 <sup>2</sup>	is not met as evidenced				
	determined that the faresident's General Se frequent checks for a were made to ensure of 3 residents reviewed	the resident's safety, for 1 ed, Resident #3. The s evidenced by the following:				

STATEMENT OF CERTICISMS  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER:  15A416  STREET ADDRESS. CITY, STATE, JP CODE  465 JACK MARTIN BOULEVARD  BRICK, NJ 96724  ARTIS SENIOR LIVING OF BRICK  BRICK, NJ 96724  ART	New Jers	ey Department of Hea	itn				
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  466 JACK MARTIN BOULEVARD BRICK, NJ 06724  SUMMANY STATEMENT OF DETICIENDED  PRICE (ALG HERGICANO'M MIST BE PRECEDED BY FILL ROOLL AND FROM HER STATEMENT OF DETICIENDED BRICK, NJ 06724  A 355  Continued From page 4  Department of Health (NJDOH) received a Facility Reportable Event (FER) form, a document used by healthcare facilities to report incidents to NJDOH. The report included a "date of event" (BERES) (AR) The FRE also revealed that the facility's Resident #2's 10 by the facility's Resident #2's	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
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PRINTED: 01/08/2025

FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ С B. WING 15A116 07/08/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **466 JACK MARTIN BOULEVARD** ARTIS SENIOR LIVING OF BRICK **BRICK, NJ 08724** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 355 A 355 Continued From page 5 that Resident #3 NJ ex order 26.4b1 The LPN also stated that all facility residents receive hourly rounds. At 12:15 p.m., the surveyor reviewed the Medical Record (MR) for Resident #3, which included a document titled, "Emergency Information/Face Sheet", which revealed Resident #3 In Date of Nex or and a diagnosis that included Continued a review of Resident #3's MR revealed a document titled, "Charting Notes (CNs)" which revealed a nursing note dated at 5:53 p.m., written by the facility's ADHW that revealed on NJ ex order she was made aware that Resident #3 NJ ex order 26.4b1 Continued review of Resident #3's MR revealed a document titled, "Assessment - V2 - Legacy", which revealed Resident #3 NJ ex order 26.4b1 NJ ex order 26.4b1 At 1:49 p.m., the surveyor interviewed the facility's Alternate ED and ADHW. During the surveyor interview, the ADHW stated that the "Assessment - V2 - Legacy" is the facility's GSP. During continued surveyor interview, the ADHW stated that although Resident #3's GSP instructed the facility's staff to complete frequent checks on Resident #3 to prevent him/her NJ ex order 26.4b Resident #3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
15A116		B. WING		C <b>07/08/2024</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ARTIS SE	NIOR LIVING OF BRICK	466 JACK N BRICK, NJ	MARTIN BOUL	EVARD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
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A 357	Continued From page	<b>6</b>	A 357			
A 357	8:36-4.1(a)(2) Reside	nt Rights	A 357			
	distribute a statement residents of assisted comprehensive perso assisted living progra to the following rights	onal care homes, and ms. Each resident is entitled : ceive a level of care and les the				
	by: COMPLAINT #: NJ00  Based on interview ar determined that the faresident to a communa timely manner followincident of an NJ Ex O for 1  Resident #3. This defevidenced by the following the following for 1	nd record review, it was acility failed to send a nity hospital for evaluation in wing being involved in an order 26.4(b)(1) I of 3 residents reviewed, ficient practice was owing:				
	of event: NJEONE and p.m.". The report reverse Resident #3 NJ Ex Order 25-4016 Resident #3 Resident #3 Resident #3 Resident #3 NJEX ORDER 25-4016 Resident	(NJDOH) received a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 357	Continued From page	e 7	A 357			
	Resident #2's NJ ex	ity's RA observed that order 26.4b1 and that rder 26.4b1 Resident #3's				
		m., the surveyor reviewed MR) for Resident #3, which titled, NJ ex order 26.451 which revealed				
	Resident #3 NJ ex order 26.4b1 and a diagnosis that NJ ex order 26.4b1. During continued review of the MR, Resident #3's "Charting Notes (CNs)" dated NJ ex order 20.4 at 4:04 p.m. written by the ADHW revealed on NJ ex order 20.4 at approximately 3p.m., the care giver informed her that Resident #2 NJ ex order 26.4b1 with another resident and the ADHW would follow up on Review of an additional CN written by the ADHW,					
	#3 NJ ex order 26					
	facility's ADHW stated	surveyor interview, the dithat Resident #3 Nuexorder 26.4111 dito say, Resident #3 Nuexorder 26.				
A 615	8:36-5.15(b) General	Requirements	A 615			
	above shall be docum record. The documen occurrence noted in (	occurrence noted in (a) nented in the resident's tation with regard to an a)4 above shall include ten documentation of that				

New Jers	sey Department of Hea	lth				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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A 615	Continued From page	e 8	A 615			
	This REQUIREMENT	is not met as evidenced				
	by:					
	COMPLAINT#: NJ00	175329				
	Based on interview a	nd record review, it was				
		acility failed to provide				
		e of prompt notification to a				
	_	nsible party, Physician and				
		N) at the time of incidents for				
		dents: #2 and #3. This				
	deficient practice was	s evidenced by the following:				
	0 7/0/04 14.54					
	On 7/2/24 at 1:51 p.m					
	Department of Health Facility Reportable Ev	` ,				
		ealthcare facilities to report				
		The report included a "date				
		nd a time of event: 4:45				
		ealed Resident #2 and				
		er 26.4b1 Resident #2's				
	NJ ex order 26.4b1 Resid	ent #2's				
		re Aide (RA). The FRE also				
	,	lity's RA observed that				
	Resident #2's NJ ex					
		rder 26.4b1 Resident #3's				
	NJ ex order 26.4b1					
		p.m., the surveyor reviewed				
	Resident #2's Medica	` ,				
	included a document					
	Information/Face She	eet (EIFS)", which indicated				
	Resident #2 had	ex order 26.4b1 and a				
		The MR also included a				
	NJ ex order 26.4k					
	indicated Resident #2	NJ ex order 26.4b1				
	Continued review of F	Resident #2's MR revealed a				

document titled, "Charting Notes (CNs)" which

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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A 615	Resident #2's chart d indicates the facility's  Further review of the Assistant Director of (ADHW) revealed on approximately 3p.m., that Resident #2 was  Macrosoft of NJ ex of resident and the ADH During continued review 4:17 p.m., revealed the party was aware of the was NJ ex order 2  2. At 12:15 p.m., the story for Resident #3, which revealed and a Nacontinued review of the dated was accommoded at 4:04 revealed on the ADHW, dated when the ADHW, dated she notified the response Advanced Practice Nabout the NJ ex order 2  At 11:50 a.m., during	e writer reported that order 26.4b1  Continued review of id not reveal a note that ED NJ ex order 26.4b1  CNs written by the facility's Health and Wellness at 6:03 p.m., at the care giver informed her involved in an incident on order 26.4b1  WNJ ex order 26.4b1  WNJ ex order 26.4b1.  ew of CNs, on at the resident's responsible end order 26.4b1.  Burveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included a document titled, Resident #3 had a surveyor reviewed the MR in included inc	A 615			
	facility's ADHW stated and Resident #3's N.	d, she notified Resident #2's ex order 26.4b1,				

New Jersey Department of Fleatth					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
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A 615	Continued From page	e 10	A 615		
	and RN on 7/1/24.				
A 735	8:36-7.2(e)(1-5) Resid	dent Assessments and Care	A 735		
	Plans				
	(e) Based on the heal	lth care assessment, a			
	written health service	plan shall be developed.			
	The health service pla	an shall include, but not be			
	limited to, the following:				
	<ol> <li>Orders for treatment or services,</li> </ol>				
	medications, and diet, if needed;				
	<ol><li>The resident's</li></ol>	needs and preferences for			
	himself or herself;				
		oals of treatment or services,			
	if appropriate;				
		vals at which the resident's			
	response to				
	treatment will be	reviewed; and			
		to be used to assess the			
	effects of treatment.				
	This DECLUDEMENT	is not met as evidenced			
		is not met as evidenced			
	by: COMPLAINT#: NJ00 <sup>-</sup>	175320			
	CONFLAINT#. NJUU	173328			
	Based on intonious or	nd recorded review, it was			
		-			
		acility failed to develop and			
		Health Service Plan (HSP)			
		hibited NJ Ex Order 26.4(b)(1)			
	for 1 of 3 re	esidents reviewed, Resident			

New Jers	ey Department of Hea	lth					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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A 735	Continued From page	<del>2</del> 11	A 735				
	#2 for which an NJ Exidentified. The deficie by the following:	Order 26.4(b)(1)) was nt practice was evidenced					
	incidents to NJDOH. of event: NJ ex order 26.4b1 a p.m.". The report reve Resident #3 NJ ex ord NJ ex order 26.4(b)(1) Resid facility's Resident Car revealed that the facil Resident #2's NJ ex Resident #2 NJ ex o NJ ex order 26.4b1 . The ID w Alternate Executive D Assistant Director of I NJ ex order 28.4b1 at 1:49 p.m. TI Executive Director an Director of Health and	(NJDOH) received a vent (FRE) form, a sealthcare facilities to report. The report included a "date and a time of event: 4:45 sealed Resident #2 and der 26.4b1 Resident #2's ent #3's e					
	Resident #2's Medica included a document Information/Face She Resident #2 had a dia NJ ex order 26.4b1 progress n indicated Resident #2  Continued review of F document titled, "Charevealed a nursing no	etitled, "Emergency et (EIFS)", and indicated agnosis of Nexorder 26.451 and a The MR also included a note dated which had additional Nexorder 26.451 Resident #2's MR revealed a arting Notes (CNs)" which tote dated Nexorder 26.45 at 6:03 nt #2 was involved in an					

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COMPLE		
			A. BOILBING.			С	
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A 735	Continued From page	e 12	A 735				
	The CNs a no effective interventithe NJ ex order 26 until Wexcord from 7 am to At 11:37 a.m., during ADHW stated that ReHSP with intervention Resident #2's NJ ex On survey, the survey was removed through	on to the facility, with the g on when the g on when the g on when the gradient when					
A 765	Plans	ent Assessments and Care	A 765				
	developed and impler limited to, the following	mented to ensure, but not be ng:					
	residents who hat shall be reassessed at often on an as need to be reassessed at the second s	of all residents with a general semi-annually, and those have a health service plan hat least quarterly and more heded basis, including and beturn to the facility from the					

New Jersey Department of Health							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	15A116	B. WING		07/0	) 8/2024		
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE				
ARTIS SENIOR LIVING OF BRICK	(	MARTIN BOUL	EVARD				
	BRICK, N.	1 08/24					
PREFIX (EACH DEFICIENCE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE		
A 765 Continued From pag	je 13	A 765					
Based on interview a determined that the Registered Nurse (Registered Nurse (Registered Nurse) (Registered N	and record review it was facility failed to have a kN) reassess a resident upon reder 26.4(b)(1) in order to ent's needs for 1 out of 3 Resident #3. The deficient ced by the following:  m., the New Jersey h (NJDOH) received a Event (FRE) form, a realthcare facilities to report The report included a "date and a time of event: 4:45 realed Resident #2 and for 26.4b1 Resident #2's dent #2's by the are Aide (RA). The FRE also cility's RA observed that a order 26.4b1 Resident #3's  o.m., the surveyor reviewed (MR) for Resident #3, which t titled, 'NJ ex order 26.4b1 , which revealed						

PRINTED: 01/08/2025

FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_

		15A116	B. WING		C <b>07/08/2024</b>	
NAME OF PROVIDER OR SUPPLIER  ARTIS SENIOR LIVING OF BRICK  STREET ADDRESS, CITY, STATE, ZIP CODE  466 JACK MARTIN BOULEVARD  BRICK, NJ 08724						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
A 765	involved in an inciden  NJ ex order 26.4b CN written by the ADI p.m. revealed that Re  Further review of the note dated Resident #3 NJ ex order 26.4b  At 1:49 p.m., during s facility's ADHW who is Nurse, stated that follofrom the NJ ex order 26 assessed by her and	and the ADHW  1 Review of an additional  1-W, dated  3 NJ ex order 26.4b1  1 Review of an additional  2 Additional  3 NJ ex order 26.4b1  CNs revealed a nursing  3 Provider 26.4b1  1 Inursing note did not not was assessed by a nursing note did not not was assessed by a nursing return from the salso a Licensed Practical owing Resident #3's also a Licensed Practical owing Resident #3's als	A 765			

## STATE FORM: REVISIT REPORT

STATE FORM: REVISIT REPORT							
PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT				
IDENTIFICATION NUMBER	A. Building		40/02/0024				
15A116 <sub>Y1</sub>	B. Wing	Y2	10/23/2024	Y3			
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE					
ARTIS SENIOR LIVING OF BRICE	<	466 JACK MARTIN BOULEVARD					
		BRICK, NJ 08724					
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such							

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	DATE	ITEM		DATE	ITEM		DATE
Y4	Y5	Y4		Y5	Y4		Y5
ID Prefix A0310  Reg. # 8:36-3.4(a)(1)	Correction  Completed	-	A0355 ::36-4.1(a)(1)	Correction  Completed	ID Prefix Reg. #	A0357 8:36-4.1(a)(2)	Correction  Completed
LSC	08/15/2024	LSC		08/08/2024	LSC		08/15/2024
ID Prefix A0615  Reg. #  LSC	Correction  Completed 08/15/2024	-	A0735 :36-7.2(e)(1-5)	Correction  Completed 08/13/2024	ID Prefix Reg. # LSC	A0765 8:36-7.4(c)(1)	Correction  Completed 07/10/2024
ID Prefix  Reg. # LSC	Correction  Completed	ID Prefix Reg. #		Correction Completed	ID Prefix Reg. # LSC		Correction  Completed
ID Prefix  Reg. # LSC	Correction  Completed	ID Prefix Reg. #		Correction Completed	ID Prefix Reg. # LSC		Correction  Completed
ID Prefix Reg. # LSC	Correction  Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction  Completed
REVIEWED BY STATE AGENCY  REVIEWED BY CMS RO	REVIEWED BY (INITIALS)  REVIEWED BY (INITIALS)	DATE	SIGNATURE O	DF SURVEYOR			DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/8/2024		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?				YES NO	

Page 1 of 1 EVENT ID: STTZ12