STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A000	A. BUILDING: _____ B. WING _____	C 12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF LEISURE PARK	1400 ROUTE 70 LAKEWOOD, NJ 08701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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 Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00159617 CENSUS: 79 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 000		
A 765	8:36-7.4(c)(1) Resident Assessments and Care Plans (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital;	A 765		

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A 765	Continued From page 1	A 765		

This REQUIREMENT is not met as evidenced by:
NJ00159617

Based on interview and record review it was determined that the facility failed to ensure that a Registered Nurse (RN) conducted an assessment upon resident return from the hospital following a [redacted] which required the need to be seen at the EX Order 26 § 4b1 for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidence by the following:

On 12/9/22 at 12:15 p.m., the surveyor reviewed Resident #2's closed medical record (MR) which showed that Resident #2 moved into the facility on [redacted] and was discharged on [redacted] with diagnoses which included EX Order 26 § 4b1 [redacted] According to Resident #2's General Service Plan revised on [redacted] Resident #2 was awake and alert with memory loss. Additionally, Resident #2 required assistance with [redacted] and used a [redacted].

During review of Resident #2's MR, the surveyor identified that the Licensed Practical Nurse (LPN) documented in the "Progress Notes" (PN) on 8/23/22 at 8:18 p.m., that the "Care manager [found Resident #2] [redacted] [the] [redacted] Resident [#2] was and c/o [redacted]. Resident [#2 was] sent to [the] Hospital for evaluation." The LPN also documented on 8/23/22 at 9:29 p.m., in the PN's that "Resident [#2 returned to the facility] from the

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A 765	Continued From page 2	A 765		

hospital escorted by family."

The surveyor than reviewed Resident #2's hospital "AFTER VISIT SUMMARY" which showed that Resident #2 was seen on [redacted] at the [redacted] for EX Order 26 § 4b1 [redacted] with After Care Instructions for "EX Order 26 § 4b1 [redacted]."

The surveyor did not observe any documentation in Resident #2's MR identifying that Resident #2 was assessed by the RN upon return from the hospital.

On 12/9/22 at 2:55 p.m., the surveyor interviewed the Director of Wellness (DOW) in the presence of the Clinical Specialist and Interim Executive Director regarding Resident #2's assessment evaluation post fall on [redacted] that required an [redacted] visit. The DOW explained to the surveyor that she, the DOW, did see Resident #2 post return from the hospital and did not document an assessment or evaluation.

On 12/9/22 at 3:00 p.m., the surveyor reviewed the facility policy and procedure titled "Resident Evaluation and Re-Evaluation Process" and listed under "IV. PROVISION(S) AND PROCEDURE(S) ...B. Senior Living Resident Evaluation 1. The Director of Resident Care or designee is responsible for completing resident evaluations upon move-in (or in accordance with state regulations) ...3. The Senior Living evaluation is completed/updated: ...IV. Whenever there is significant change in resident status. V. In accordance with state regulations. ...C. ...4. The following evaluation tools are also used when applicable ...V. Return from Hospital ...."

The facility failed to ensure that Resident #2 was assessed by a RN upon return from the hospital

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A 765	Continued From page 3 status post a fall on [redacted] which [redacted]	A 765		

LEISURE PARK

FIVE STAR

December 15, 2022.

Please find the Plan of Correction below in reference to Complaint Survey visit to Brighten Gardens of Leisure Park on December 9, 2022.

Based on the issued statement of deficiencies, Brighten Gardens of Leisure Park was found to have had the alleged deficient practice 8:36-7.4(c) (1) Resident Assessments and Care Plans. Based on the survey findings it was determined that the facility failed to ensure that a Registered Nurse (RN) conducted an assessment upon resident return from the hospital following [redacted] which required the need to be seen at the [redacted] for 1 of 3 residents reviewed, Resident #2.

1. Resident # 2 no longer resides at Brighten Garden of Leisure Park and was not negatively impacted by this alleged deficient practice.
2. All residents have the potential to be impacted by this alleged deficient practice.
3. Registered Nurse (RN) reeducated on the policy of Resident Evaluation and Re-evaluation process by Clinical Specialist. (Completed: 12/10/2022)
4. Director of Resident Care or designee will monitor its corrective action to verify continued compliance by auditing files of residents who return from the hospital 1 x week for 4 weeks. (Completion Date 1/8/ 2023)

accepted 12/16/22

1400 Route 70, Lakewood, NJ 08701 | Phone: 732.370.0444 | Fax: 732.370.1783 | www.leisureparknewjersey.com

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 000}	Initial Comments Initial Comments:	{A 000}		
{A 765}	8:36-7.4(c)(1) Resident Assessments and Care Plans (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital; This REQUIREMENT is not met as evidenced by:	{A 765}		

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/15/22