New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A000	A. BUILDING: _____ B. WING _____	09/03/2021

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 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 Initial Comments: Census: 80 Sample Size: 14 TYPE OF SURVEY: Standard Survey of 98 residential units 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 645	8:36-6.1(a)(2)(i-iii) Resident Care Policies (a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, the following: 2. Advance directives, including but not limited to, the following: i. The circumstances under which an inquiry will be made of individuals regarding the existence and location of an advance directive;	A 645		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/17/21

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A 645	Continued From page 1 ii. Requirements for provision of a written statement of resident rights regarding advance directives, approved by the Commissioner or his or her designee, to residents upon admission; and iii. Requirements for documentation in the resident record; This REQUIREMENT is not met as evidenced by: Based on interview, policy and document review it was determined that the facility failed to: provide written documentation of a decision made regarding advanced directives and [NJ Ex Order] [redacted] with the resident and/or responsible party (RP) periodically provide information on how to execute an Advance Directive clearly and accurately document the [NJ Ex Order] [redacted] of the resident in the medical record The deficient practice was identified for 7 of 8 residents, Residents #1, #2, #3, #4, #7, #13, and #14). It was determined the facility's non-compliance had the potential to cause serious injury, harm, impairment, or death to all residents. The facility did not submit an acceptable Removal Plan. Findings included: 1. A review of Resident #7's medical record identified a move-in date of *Ex Order 26. 4B1* [redacted]	A 645		

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A 645	Continued From page 2 with diagnoses of Ex Order 26. 4B1 . A review of the resident's medical record failed to provide any documentation that the facility had discussed an Advance Directive with the RP. The surveyor identified that the NJ Ex Order on the resident's face sheet had been left blank. On 09/02/2021 at 12:40 PM, Resident #7's RP told the surveyor during an interview that the resident had NJ Ex Order 26.4b1 to the assisted living residence (ALR). The RP told the surveyor that during the admission process no one had provided any information concerning the development of advance directives in order to determine the resident's NJ Ex Order 26.4b1. A review of an admission packet, undated, provided by the Director of Sales/Marketing revealed the facility did not have written information concerning Advanced Directive or NJ Ex Order 26.4b1. On 09/02/2021 at 12:20 PM, the Director of Sales/Marketing told the surveyor during an interview that she was the person who provided the admission packet and the packet did not include information concerning Advance Directive or NJ Ex Order 26.4b1. 2. A review of Resident #4's medical record revealed Resident #4's move-in date was Ex Order 26. 4B1 with diagnoses of Ex Order 26. 4B1 . A review of the resident's Service Plan as of Ex Order 26. 4B1 revealed under Ex Order 26. 4B1 that the resident had an Advanced Directive and had provided a copy to the community. The resident had requested a Ex Order 26. 4B1 status. On 09/01/2021 at 2:48 PM, Resident #4 told the surveyor during interview that since the resident had been	A 645		

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A 645	Continued From page 3 admitted to the assisted living facility, the resident did not remember staff providing Resident #4 with any Advanced Directive information. Resident #4 continued to tell the surveyor that he/she would now like to have Ex Order 26. 4B1 but has not had the opportunity to change this NJ Ex Order 26 with anyone in the facility. On 09/02/2021 at 2:54 PM, the Social Worker told the surveyor that Resident #4 had signed that he/she wanted to be a Ex Order 26. 4B1 while at the skilled nursing home but there was no documentation of the NJ Ex Order 26.4b1 since the resident was admitted to the assisted living residence. 3. A review of Resident #13's medical record revealed the resident's move-in date was Ex Order 26. 4B1 with diagnoses of Ex Order 26. 4B1 . A review of the resident's Physician Orders for Life-Sustaining Treatment (POLST) dated Ex Order 26. 4B1 revealed the resident's Ex Order 26. 4B1 status was Ex Order 26. 4B1 The surveyor reviewed the facility list titled, Ex Order 26. 4B dated Ex Order 26. 4B1 which revealed Resident #13 was not on the list as Ex Order 26. 4. A review of Resident #14's medical record revealed the resident's move-in date was Ex Order 26. 4B1 and readmitted in Ex Order 26. 4B1 with diagnoses including Ex Order 26. 4B1	A 645		

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A 645	Continued From page 4 A review of the facility list titled, [redacted] dated [redacted] revealed Resident #14 was on the list as a [redacted]. However, a review of the resident's face sheet indicated the resident's [redacted] was [redacted] 5. A review of Resident #1's medical record revealed the resident's move-in date was [redacted] with diagnoses of [redacted]. The surveyor reviewed the resident's face sheet in the electronic medical record on [redacted] which revealed the resident's [redacted] field was blank. A review of the miscellaneous tab on the electronic medical record revealed Resident #1 had a [redacted] dated [redacted] on file. There was no [redacted] or POLST (Physician Orders for Life-Sustaining Treatment) in the electronic medical record. A review of the resident's face sheet in the electronic medical record on 09/02/2021 revealed the following was written in the [redacted] field: ADVANCED DIRECTIVE - [redacted] ON FILE, [redacted] STATUS. 6. A review of Resident #2's medical record revealed the resident's move-in date was [redacted] with diagnoses including [redacted] The surveyor reviewed the resident's face sheet in the electronic medical record on 09/01/2021 which revealed the resident's [redacted] field was blank. A review of the miscellaneous tab on the electronic medical record revealed Resident	A 645		

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A 645	Continued From page 5 #2 had a Ex Order 26. 4B1 dated Ex Order 26. 4B1 on file. There was no Ex Order 26. 4B1 or Ex Order 26. 4B1 in the electronic medical record. Further review of the resident's face sheet in the electronic medical record on 09/02/2021 revealed the following written in the NJ Ex Order 26.4b1 field: ADVANCED DIRECTIVE - Ex Order 26. 4B1 ON FILE, Ex Order 26. 4B1 STATUS. 7. A review of Resident #3's medical record revealed the resident's move-in date was Ex Order 26. 4B1 with diagnoses including Ex Order 26. 4B1 . The surveyor reviewed the resident's face sheet in the electronic medical record on 09/01/2021 which revealed the resident's NJ Ex Order 26.4b1 field was blank. A review of the miscellaneous tab on the electronic medical record revealed Resident #3 had a Ex Order 26. 4B1 dated Ex Order 26. 4B1 on file. There was no Ex Order 26. 4B1 or POLST (Physician's orders for life-sustaining treatment) in the electronic medical record. Further review of the resident's face sheet in the electronic medical record on 09/02/2021 revealed the following was written in the NJ Ex Order 26.4b1 field: ADVANCED DIRECTIVE - Ex Order 26. 4B1 ON FILE, Ex Order 26. 4B1 STATUS. On 09/01/2021 at 2:38 PM, the Licensed Practical Nurse (LPN) #1 told the surveyor during intervene that she was an agency nurse who had been	A 645		

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A 645	Continued From page 6 working at the facility for about [NJ Ex Order 26]. The surveyor asked LPN #1 what she would do if she found a resident [NJ Ex Order 26.4b1] how would she know the [NJ Ex Order 26.4b1]? LPN #1 was observed with the face sheet of a resident whose advance directive field was blank. LPN #1 told the surveyor that she would not know the [NJ Ex Order 26.4b1] of a resident and would need to check with another staff member or certified medication aide (CMA). On 09/01/2021 at 2:40 PM, Certified Medication Aide (CMA) #1 told the surveyor during interview that if the electronic medical record did not have a [Ex Order 26.] [NJ Ex Order 26.4b1] in the Advanced Directive field, then the resident would be considered a [Ex Order 26. 4B1]. CMA #1 identified that there was a list of [Ex Order 26. 4B1] [redacted] residents. The surveyor observed a handwritten [Ex Order 26.] list on the CMA's medication cart. On 09/02/2021 at 12:20 PM, the Director of Sales/Marketing told the surveyor during interview that she was the person who provided the admission packet to residents and RPs upon admission and the packet did not include information concerning Advance Directive or [NJ Ex Order] [redacted]. The Director of Sales/Marketing told the surveyor that the Wellness Nurse provided Advanced Directive packets to newly admitted residents and RPs. On 09/02/2021 at 12:50 PM, the Wellness Nurse told the surveyor during interview that upon admission she gave the families Advanced Directive packets who then gave the packets to the nurse. The Wellness Nurse further revealed she did not know where the Advanced Directive packets were and thought the packets were filed in the former Assistant Director of Nursing's desk.	A 645		

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A 645	Continued From page 7 On 09/02/2021 at 1:13 PM, the Executive Director (ED) told the surveyor during interview that she thought admissions gave a newly admitted resident or RP a packet of information about Advanced Directives. The ED further revealed all nurses were aware of the residents who were [redacted] as a [redacted], for a total of [redacted] residents. The ED further revealed the list was at the medication cart and all staff were aware of the list. On 09/02/2021 at 9:58 AM, the Director of Nursing (DON) told the surveyor that the facility did not use paper charts and only used electronic health records (EHR). The DON further revealed the face sheet in the resident's medical record for [redacted] was blank if the resident was a [redacted], and a [redacted] was posted if the resident was not to be [redacted]. The DON further revealed the EHR system did not allow the facility to enter [redacted] for [redacted] but only a [redacted]. The DON revealed the facility did add advance directive - [redacted] on the face sheet event but confirmed that was not a [redacted]. The DON told the surveyor that when a nurse or CMA had to check in the EHR for a [redacted] or check with another staff member about a [redacted] during an event, that was not the time to be searching for a [redacted]. The DON continued to tell the surveyor that there was a handwritten list of [redacted] residents inside the [redacted] at the front desk. A review of the facility policy titled, "Advance Directives (Patient Self-Determination Act)", effective date: 09/01/18, read in part, "iii. Policy Guidelines; B. Each resident has the right to make and control decisions relating to his or her health care and treatment, including the decision	A 645		

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A 645	Continued From page 8 to have life-sustaining treatment withheld or withdrawn. The resident also has the right to formulate a written directive setting forth his/her decisions and wishes relating to health care and treatment and to appoint an Agent or Healthcare Proxy/Healthcare Power of Attorney to carry out his/her wishes. IV. Provision(s) and Procedure(s): A. Before or at the time of move-in, the resident or his/her Resident Representative and/or family is provided written information about the Community's policy relating to Advance Directives, along with state-specific information on how to execute an Advance Directive, Living Will, or other healthcare directive. C. At the time of move-in, if a resident has a written Advance Directive and/or has appointed individual(s) to make health care decisions on their behalf (Agent Health Care Proxy, Health Care Power of Attorney, Resident Representative, Court-appointed Guardian, or Conservator), a copy is obtained by the Community and placed in the resident's record. D. All direct care staff are notified of the existence and location of a resident's Advance Health Care Directive. E. All residents with an Advance Health Care Directive that has not yet been activated because the resident has not yet been deemed incapacitated are notified at move-in and periodically thereafter, of the right to alter their Advance Directive, DNR status and/or the identity of their Agency. F. All residents without an Advance Directive who are alert and orientated and able to execute an Advance Directive are provided information on how to execute an Advance Directive at either move-in or during the time of the initial comprehensive assessment and care plan and periodically thereafter."	A 645		

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A 767	Continued From page 9	A 767		
A 767	8:36-7.4(c)(2) Resident Assessments and Care Plans (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 2. Monitoring of the condition of all residents on an as needed basis; This REQUIREMENT is not met as evidenced by: Based on interview, record reviews and policy review it was determined that the facility failed to include [redacted] care instructions on the health service plan for 2 of 2 residents with [redacted], Resident #2 and #13. Findings included: 1. Resident #2 had a move-in date of [redacted] and was re-admitted to the facility in [redacted] with a diagnosis of *Ex Order 26. 4B1*. The surveyor reviewed the physician's order dated [redacted] which identified that Resident #2 had orders for the *Ex Order 26. 4B1* to be changed monthly by a visiting nurse. A review of the treatment administration record (TAR) identified no documentation for the use or care of the [redacted]. On 09/02/2021 at 8:50 AM, Licensed Practical Nurse (LPN) #1 told the surveyor during interview that Resident #13 had a [redacted] during the day and a *Ex Order 26. 4B1* overnight. LPN #1 told the surveyor that staff would change the [redacted]	A 767		

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A 767	Continued From page 10 on evening shift and morning shift. On 09/02/2021 at 9:48 AM, the Director of Nursing (DON) told the surveyor during interview that the resident's Ex Order 26. 4B1 needed to be cleaned every shift (QS) by the certified medication aide (CMA) or the nurse. She further stated each time the resident's Ex Order 26. 4B1 was changed, the NJ Ex Order 26.4b1 needed to be cleaned to prevent NJ Ex Order 26.4b1 Ex Order 2 stated the facility should have placed the Ex Order 26. 4B1 on the TAR for the CMA or nurse to document the care had that had been performed. The surveyor reviewed the health service plan dated Ex Order 26. 4B1 which failed to identify any information concerning cleaning the area around the Ex Order 26. 4B1 or cleaning the NJ Ex Order 26.4b1 on the Ex Order 26. 4B1 when the Ex Order 26. 4B1 was changed daily to a Ex Order 26. 4B1 in the evening and the Ex Order 26. 4B1 was changed daily to a Ex Order 26. 4B1 in the morning . A review of the medical record revealed Resident #2 had two Ex Order 26. 4B1 : one in Ex Order 26. 4B1 and one in Ex Order 26. 4B1 . 2. Resident #13 had a move-in date of Ex Order 26. 4B1 with diagnoses of Ex Order 26. 4B1 . The surveyor identified the physician's order dated Ex Order 26. 4B1 which revealed Resident #1 had orders for a Ex Order 26. 4B1 to be changed monthly. The surveyor reviewed the treatment administration record (TAR) which revealed no documentation for the use or care of the Ex Order 26. 4B1 .	A 767		

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A 767	Continued From page 11 The surveyor reviewed Resident #13's health service plan dated Ex Order 26. 4B1 which contained no care information concerning cleaning the area around the Ex Order 26. 4B1 . On 09/02/2021 at 10:30 AM, Licensed Practical Nurse #1 told the surveyor during interview that she had not cleaned or provided Ex Order 26. 4B1 care for Resident #13 on any of her working shifts. She stated there was no form on which to document the care. On 09/03/2021 at 12:11 PM, Certified Medication Aide #1 told the surveyor during interview that Resident #13 had an Ex Order 26. 4B1 , and around 7:30 PM to 9:00 PM staff emptied the Ex Order 26. and changed the Ex Order 26. 4B1 to a Ex Order 26. 4B1 . CMA #1 further revealed that before the resident got out of bed, staff emptied the Ex Order 26. and changed the Ex Order 26. 4B1 to a Ex Order 26. 4B1 , but staff did not clean the area around the Ex Order 26. 4B1 . On 09/03/2021 at 12:15 PM, Resident #13 told the surveyor that the he/she had a Ex Order 26. 4B1 that was changed monthly by a home health agency. The resident further revealed that the night staff changed the resident's Ex Orde to a Ex Order 26. 4B1 , and on day shift staff changed the Ex Order 26. 4B1 to a Ex Order 26. 4B1 for the day. The resident stated staff did not clean the area around the Ex Order 26. 4B1 , and the resident also was not cleaning the area around the Ex Order 26. 4B1 . On 09/03/2021 at 1:00 PM, the home health agency nurse told the surveyor during interview that Resident #13's Ex Order 26. 4B1 was changed monthly. The home health agency nurse further revealed the area around the Ex Order 26. 4B1 should be	A 767		

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A 767	Continued From page 12 cleaned with soap and water and thought the resident was cleaning the area. A review of the facility policy, dated 09/01/2019, titled, "Catheter Irrigation Intermittent Closed" revealed the facility failed to address the cleaning of the area around the indwelling urinary catheter.	A 767		
A 783	8:36-7.5(e) Resident Assessments and Care Plans (e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, it was determined that the facility failed to ensure annual [redacted] were performed and that residents were certified annually to ensure they did not have needs which exceeded the care that the facility was capable of providing for 4 of 6 residents reviewed for history and [redacted] and certification (Resident #2, #3, #5, and #13). Findings included: 1. Resident #2 had a move-in date of [redacted] with diagnoses of [redacted].	A 783		

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(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 783	Continued From page 13 A review of the most recent history and NJ Ex Order 26.4b1 examination dated Ex Order 26. 4B1 revealed the resident did not have an annual history and physical for the years Ex Order 26. 4B1 and did not have an updated certification to justify that the resident's needs did not exceed that which the assisted living residence could provide. 2. Resident #3's move-in date was Ex Order 26. 4B1 with diagnoses of Ex Order 26. 4B1 [redacted]. A review of the most recent history and NJ Ex Order 26.4b1 examination dated Ex Order 26. 4B1 revealed the resident did not have an annual history and physical for the years Ex Order 26. 4B1 and did not have an updated certification to justify that the resident's needs did not exceed that which the assisted living residence could provide.. 3. Resident #5's move-in date was Ex Order 26. 4B1 [redacted] with a re-entry date of Ex Order 26. 4B1 with diagnoses of Ex Order 26. 4B1 [redacted]. The surveyor reviewed the most recent history and NJ Ex Order 26.4b1 examination dated Ex Order 26. 4B1 which identified that the resident did not have an annual history and physical for the years of Ex Order 26. 4B1 [redacted]. 4. Resident #13's move-in date was Ex Order 26. 4B1 [redacted] with diagnoses of Ex Order 26. 4B1 [redacted]. A review of the most recent history and NJ Ex Order 26.4b1 examination dated Ex Order 26. 4B1 revealed	A 783		

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A 783	Continued From page 14 the resident did not have an annual history and [redacted] for the year of [redacted]. On [redacted] at 9:58 AM, the Director of Nursing (DON) told the surveyor that the physicians were running behind doing the annual history and [redacted] On [redacted] at 9:45 AM, the Executive Director told the surveyor that the facility had no policy for annual history and [redacted] but that this was a regulation that the facility needed to follow.	A 783		
A 875	8:36-9.3(c) Personal Care Assistants, Certified Med Aides (c) The staffing level in this chapter is minimum only and the assisted living residence, comprehensive personal care, or assisted living program shall employ both professional and unlicensed staff in sufficient number and with sufficient ability and training to provide the basic resident care, assistance, and supervision required, based on an assessment of the acuity of residents' needs. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to provide enough staff for 1 of 1 resident (Resident #4) to receive [redacted] on the resident's scheduled day. This had the potential to affect all residents. Findings included:	A 875		

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A 875	Continued From page 15 1. Resident #4's move-in date was Ex Order 26. 4B1 with diagnoses of Ex Order 26. 4B1 . A review of the resident's service plan dated Ex Order 26. 4B1 revealed the resident needed physical assistance with NJ Ex Order 26.4b but could participate in part of the NJ Ex Order 26.4b1. On 09/01/2021 at 2:48 PM, Resident #4 told the surveyor that Ex Order 26. 4B1 was the resident's Ex Order 26. 4B1. The resident was upset because staff had said there had not been enough staff for the resident to get Ex Order 26. 4B1 that day. Resident #4 further revealed it would probably be the following Tuesday before the resident would get Ex Order 26. 4B1. On 09/01/2021 at 3:20 PM, Certified Nurse Aide (CNA) #2 told the surveyor during interview that Resident #4 should have received Ex Order 26. 4B1 on the morning shift. CNA #2 revealed Ex Order would not be able to give the resident Ex Order 26. 4B1 on second shift. CNA #2 further revealed there were five nurse aides on the morning shift, and they should have given Resident #4 Ex Order 26. 4B1 on first shift. On 09/01/2021 at 3:50 PM, the Director of Nursing (DON) told the surveyor during intervew that Resident #4 should have received Ex Order 26. 4B1 on the resident's Ex Order 26. 4B1. The next day on Ex Order 26. 4B1 at 8:59 AM, Resident #4 told the surveyor during further intervew that, Ex O On Ex Order 26. 4B1 at 9:00 AM, CNA #3 told the surveyor during interview that there were only two	A 875		

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A 875	Continued From page 16 CNAs, and he would not be able to give the resident [NJ Ex Order 26.4b1] until after all the other residents were up and dressed. During an observation on 09/02/2021 at 11:30 AM, the surveyor observed staff transferring the resident to the [Ex Order 26. 4B1]. On 09/02/2021 at 1:44 PM, the DON told the surveyor that the facility did not have a staffing policy and was only following the New Jersey guidelines for staffing. On 09/02/2021 at 5:03 PM, the Executive Director (ED) told the surveyor that the facility did not have a staffing policy and their company had instructed them to follow New Jersey regulations related to staffing.	A 875		
A 901	8:36-10.5(c)(4) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;	A 901		

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A 901	Continued From page 17 This REQUIREMENT is not met as evidenced by: Based on document review and observations, it was determined that the facility failed to post portion sizes on the menu in the food preparation area during 2 of 2 meals observed. This deficient practice had the potential to affect all residents. Findings included: 1. On 09/01/2021 at 11:55 AM, the surveyor observed that the current menu in the food preparation area did not have portion sizes posted on it. On 09/01/2021 at 11:55 AM, the Food Service Director told the surveyor that he had never heard of posting the portion size on the menu but would have the dietitian make sure portion sizes would be included on the menu. On 09/02/2021 at 8:48 AM, the surveyor observed the morning Food Service Supervisor preparing plates of the breakfast meal. There was no current menu with portion sizes posted in the food preparation area. On 09/02/2021 at 8:48 AM, the morning Food Service Supervisor told the surveyor that she did not post a menu but rather used the menu that each resident filled out. The morning Food Service Supervisor further identified that there were no portion sizes on the residents' menus. On 09/02/2021 at 4:00 PM, the Executive Director told the surveyor during interview that the Food Service Director had not communicated the specifics regarding the need for portion sizes to be posted on the menu. The Executive Director told the surveyor, after going to the kitchen and observing the menu, that the menu did not have	A 901		

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A 901	Continued From page 18 portion sizes posted on it. The Executive Director told the surveyor that there was no facility policy for menus to contain portion sizes.	A 901		
A 963	8:36-11.5(f) Pharmaceutical Services (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record reviews and policy review, one licensed practical nurse (LPN) was observed administering [redacted] doses to 2 residents. Upon reconciliation of the medication pass observation, it was determined that the facility failed to administer medications in accordance with physician's orders and failed to justify why medications were not administered in accordance with facility policy for 2 of 5, Resident #1 and #4. Findings included: 1. Resident #1's move in date was [redacted] with diagnoses including [redacted]. On 09/01/2021, the surveyor reviewed the physician's order dated [redacted] which revealed an order for [redacted].	A 963		

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A 963	Continued From page 19	A 963		

Ex Order 26. 4B1 one tablet by mouth one time a day for Ex Order 26. 4B1. The order was written to be discontinued on Ex Order 26. 4B1. The Medication Administration Record (MAR) for Resident #1 identified that on Ex Order 26. 4B1 Resident #1 began receiving Ex Order 26. 4B1 daily in the morning.

A review of the MAR for Ex Order 26. 4B1 revealed Resident #1 did not receive the Ex Order 26. 4B1 Ex Order 26. 4B1 one tablet in the mornings of Ex Order 26. 4B1 through Ex Order 26. 4B1.

A review of the physician's order dated Ex Order 26. 4B1 revealed an order for Ex Order 26. 4B1 24 hours one tablet by Ex Order 26. 4B1 for Ex Order 26. 4B1 at 8:00 PM increasing the dose of Ex Order 26. 4B1 to Ex Order 26. a day.

A review of the MAR for Ex Order 26. 4B1 revealed Resident #1 did not receive the Ex Order 26. 4B1 Ex Order 26. 4B1 at 8:00 PM on Ex Order 26. 4B1 and did not receive Ex Order 26. 4B1 one tablet in the Ex Order 26. 4B1 and Ex Order 26. 4B1.

A review of the MAR for NJ Ex Order 26.4b1 revealed Resident #1 did not receive Ex Order 26. 4B1 one tablet at 8:00 PM on Ex Order 26. 4B1 through Ex Order 26. 4B1. The Ex Order 26. 4B1 had been discontinued on Ex Order 26. 4B1.

The surveyor reviewed the progress notes from Ex Order 26. 4B1 which revealed Ex Order 26. 4B1 was Ex Order 26. 4B1

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A 963	Continued From page 20 Again, the progress notes from Ex Order 26. 4B1 through Ex Order 26. 4B1 revealed Ex Order 26. 4B1 was Ex Order 26. 4B1 . The pharmacy consultant notes for Ex Order 26. 4B1 did not identify any discrepancies. On 09/01/2021 at 3:01 PM with the Director of Nursing (DON) told the surveyor that any wait over 3 days was too long. She stated the nursing staff should have been following up with the pharmacy to see what the hold was instead of documenting Ex Order 26. 4B1 During an interview on 09/02/2021 at 11:31 AM with the pharmacy provider, the pharmacist told the surveyor that the Ex Order 26. 4B1 was delivered on Ex Order 26. 4B1 . The pharmacy delivered Ex Order 26. 4B1 for 30 days each delivery. Because the order was twice a day, Ex Order 26. 4B1 provided a 15 day supply, not a 30 day supply causing the shortage of medication. During an interview with the Executive Director on 09/03/2021 at 5:41 PM, she stated now that she was aware of the issue with the medications not being given, it would be investigated. She stated medications should be given as ordered. A facility policy titled, "Medication Management Guideline," revised on 04/01/2019, listed: E. Documentation: 3. Medication omissions and/or refusals are documented on the MAR (Medication Administration Record). The DRC (Director of Resident Care) is notified, interviews/assesses the resident, and notifies the resident's physician/healthcare provider.	A 963		

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A 963	Continued From page 21 2. A review of the medical record revealed Resident #4's move-in date was Ex Order 26. 4B1 with diagnoses of Ex Order 26. 4B1 . A review of Resident #4's medication administration record for Ex Order 26. 4B1 revealed the resident did not receive Ex Order 26. 4B1 and Ex Order 26. 4B1 on Ex Order 26. 4B1. There was no documentation or reason to explain why the resident did not receive Ex Order 26. 4B1 or Ex Order 26. 4B1. On 09/02/2021 at 2:48 PM, Resident #4 told the surveyor that sometimes the nurse does not have the resident's medications available. The resident stated that it did not happen often, and usually the nurse had the medication within a day. During an interview on 09/02/2021 at 3:00 PM, the DON revealed there was no documentation why the medication was not given on Ex Order 26. 4B1. A review of the facility policy titled, "Medication Management" revised on 04/01/2019, read in part, "E. Documentation 1. An individual medication administration record (MAR/EMAR) is maintained for each resident receiving Medication Supervision/Assistance and/or Medication Administration."	A 963		
A1047	8:36-14.3(d) Emergency Services and Procedures (d) Fire extinguishers shall be conspicuously hung, kept easily accessible, shall be visually examined monthly and the examination shall be recorded on a tag which is attached to the fire	A1047		

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A1047	Continued From page 22 extinguisher. Fire extinguishers shall also be inspected and maintained in accordance with manufacturers' and applicable NFPA requirements and N.J.A.C. 5:70. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, it was determined that the facility failed to visually examine fire extinguishers monthly and record the examination on the extinguisher tags attached to the fire extinguishers for 9 of 12 extinguishers on Floors 1, 2 and 3. This had the potential to affect 80 residents. Findings included: 1. Observations on 09/01/2021 at 8:50 AM revealed the fire extinguisher near the Wellness Center door on the first floor was new 07/2021 and did not have monthly examination for 8/2021. Observations on 09/01/2021 at 8:54 AM near Room [redacted] revealed the fire extinguisher tag was half torn off, the date when the tank was installed was not able to be read, and the monthly checks could not be visualized. Observations on 09/01/2021 at 9:00 AM near Room [redacted] revealed the fire extinguisher was new in 6/2020 and had not had monthly checks since 03/2021. Observations on 09/01/2021 at 9:01 AM near Room [redacted] revealed the fire extinguisher was	A1047		

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A1047	Continued From page 23 new in 07/2021 and did not have an 08/2021 monthly examination. Observations on 09/01/2021 at 9:03 AM near Room [NJ Ex Order] revealed the fire extinguisher was new in 06/2020 and had not had monthly checks since 03/2021. Observations on 09/01/2021 at 9:37 AM near Room [NJ Ex Order] revealed the fire extinguisher was new in 07/2021 and did not have a monthly check for 08/2021. Observations on 09/01/2021 at 9:42 AM near the 1st floor elevator revealed the fire extinguisher was new in 06/2020 and had not had monthly inspections since 03/2021. Observations on 09/01/2021 at 9:58 AM near Room [NJ Ex Order] revealed the fire extinguisher tag was half torn off. The extinguisher was installed 06/2020, and the last monthly inspection was 03/2021. Observations on 09/01/2021 at 10:01 AM near Room [NJ Ex Order] revealed the fire extinguisher was new 06/2020. There was no 07/2021 or 08/2021 monthly inspection. Observations on 09/01/2021 at 10:03 AM near Room [NJ Ex Order] revealed the fire extinguisher was new 07/2021, and there was no 08/2021 monthly inspection. During an interview with the Maintenance Director on 09/01/2021 at 10:16 AM, he stated some of the extinguishers had been replaced recently, and others were replaced in 2020. He stated he had lost his assistant earlier in the year and the monthly checks did not get done.	A1047		

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A1047	Continued From page 24 The facility policy, dated 11/01/2019, titled, "Fire Extinguishers" read: B. all fire extinguishers are tagged noting the date of the inspection, and D. fire extinguishers are properly maintained and inspected as recommended by the manufacturer, state fire marshal, or local fire authority.	A1047		
A1099	8:36-16.7 Physical Plant Interior wall, ceiling and floor finishes shall be in compliance with the Uniform Construction Code, N.J.A.C. 5:23. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, it was determined that the facility failed to ensure there was no exposed metal on a wall at the entrance to a resident apartment for 1 of 16 resident rooms on the 1st floor and failed to keep 20 ceiling tiles free of water stains in 1 of 1 main dining room and 1 of 1 sitting area in the assisted living facility for 3 of 3 survey days. Findings included: 1. On 09/01/2021 at 10:19 AM, the surveyor observed the wall board outside Room [redacted] which revealed the plaster had come off the wall, exposing metal measuring 32½ inches by 1½ inches with the raised edges. The corner of the wall was just outside the resident's room. No residents were observed to be walking in the hall during the observation.	A1099		

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A1099	Continued From page 25 On 09/01/2021 at 10:19 AM, the Maintenance Director told the surveyor that the wall was probably hit by someone moving furniture, and it needed to be repaired. On 09/01/2021 at 10:00 AM the surveyor identified 14 ceiling tiles in the main dining room to be stained brown. Three ceiling tiles were totally brown. The pot light fixture (recessed light) in one ceiling tile revealed it was hanging from a ceiling tile that was half missing. On 09/02/2021 at 8:39 AM the surveyor observed 6 ceiling tiles in the adjacent sitting room to be stained brown. On 09/02/2021 at 4:10 PM, the Maintenance Director told the surveyor that the sitting area tiles were the result of an air conditioning leak, and the dining room tiles were a result of a toilet that had overflowed from the 2nd floor. He stated the plan was to repair the areas.	A1099		
A1217	8:36-17.3(b)(4) Housekeeping-Sanitation-Safety-Maintenance (b) The following safety conditions shall be met: 4. All household and cleaning products used by facility staff shall be identified, labeled, and secured. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room. The telephone number of the poison control center shall be conspicuously posted in the facility;	A1217		

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A1217	Continued From page 26 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy review it was determined that the facility failed to safely secure cleaning products in 2 of 6 storage rooms for 2 of 3 days, and for 1 of 1 shower room on the 3rd floor for 3 of 3 days of the survey in accordance with product labeling and facility policy. Findings included: 1. On 09/01/2021 at 9:52 AM the surveyor observed the resident laundry room on the 1st floor which revealed a storage closet in the room. The closet was unlocked and unattended and contained paper products and cleaning chemicals. The chemicals consisted of NJ Ex Order 2[redacted] bathroom cleaner, which read, "Could be harmful if swallowed," traffic-lane cleaner for carpets, and liquid ice-check F185. The washing machine was in use at the time. On 09/01/2021 at 10:16 AM the Maintenance Director told the surveyor that the storage rooms should always be locked, especially with chemicals inside. He then turned and walked away down the hall. On 09/01/2021 at 10:56 AM the surveyor observed the storage room inside the resident laundry area with the door unlocked. On 09/01/2021 at 11:26 AM, the Housekeeping Supervisor told the surveyor the storage rooms should always be locked. He locked the storage room inside the resident laundry. On 09/02/2021 at 2:30 PM, the Executive Director	A1217		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A000	A. BUILDING: _____ B. WING _____	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A1217	Continued From page 27 told the surveyor that the chemicals and cleaning products should always be kept locked. A review of the undated facility policy, titled, "Safety Procedures" revealed chemicals and cleaning products are not left unattended in a location accessible by residents. 2. On 09/01/2021 at 9:54 AM the surveyor observed the door to the janitorial closet on the 1st to be unlocked and unattended. Inside was a ¾ full bucket of brown, dirty water and a mop inside the bucket. The closet was closest to resident Room #[redacted] where Resident #6 was observed outside the room with a [redacted], for [redacted] that the resident [redacted]. The resident's room was located approximately 25 feet from the closet. Inside the closet were maintenance tools including a hammer, wrench, and screwdrivers. Also in the room were cleaning supplies [redacted] disinfecting floor and surface cleaner, [redacted] carpet extraction cleaner, and [redacted] disinfectant all-purpose spray and glass cleaner reading. On 09/01/2021 at 11:26 AM, the Housekeeping Supervisor told the surveyor that the storage rooms should always be locked. He then left and did not lock the janitorial closet. On 09/01/2021 at 4:10 PM the surveyor observed the janitorial closet unlocked. On 09/02/2021 at 8:43 AM the surveyor observed the janitorial closet unlocked. On 09/03/2021 at 9:38 AM the surveyor observed the janitorial closet to be locked.	A1217		

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A1217	Continued From page 28 During an interview with the Executive Director on 09/02/2021 at 2:30 PM, she stated the chemicals and cleaning products should always be kept locked. A review of the undated facility policy, titled, "Safety Procedures" revealed chemicals and cleaning products are not left unattended in a location accessible by residents. 3. On 09/02/2021 at 9:05 AM, the surveyor observed the shower room door on the 3rd floor to be unlocked. The surveyor observed: [NJ Ex Order 26.] disinfectant cleaner with bleach with the warning sign posted, "Eye and skin irritant" on the back of the bottle a bottle of [NJ Ex Order 26.4] cleaner with bleach was observed with the warning sign posted, "Causes eye irritation and corrosive to metals." [NJ Ex Order 26.4b1] all-purpose cleaner, and on the back of the bottle was posted "Precautionary statements: Hazards to humans and domestic animals. In case of emergency call poison control center or doctor for treatment or advice." On 09/02/2021 at 11:25 AM, the Director of Nursing (DON) told the surveyor that the shower room was supposed to be locked. On 09/03/2021 at 9:40 AM, the surveyor observed the door to the shower room on the 3rd floor was unlocked and the cleaning products unsecured. A review of the undated facility policy, titled, "Safety Procedures" revealed chemical and cleaning products are not left unattended in a location accessible by residents.	A1217		

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A1299	Continued From page 29	A1299		
A1299	8:36-18.3(a)(5) Infection Prevention and Control Services (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following: 5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident; This REQUIREMENT is not met as evidenced by: Based on observation, interview, facility policy review, New Jersey Department of Health (NJDOH) issued Executive Directive No. 20-026-1, last updated 10/20/2020, and Centers for Disease Control publication, it was determined that the facility failed to ensure staff wore face masks and eye protection throughout the facility when staff were within 6 feet or less of the resident. This deficient practice occurred during the Ex Order 26. 4B1 and had the potential to affect all residents. The assisted living residence had one resident Ex Order 26. 4B1 for Ex Order 26. 4B1 at the time of the standard survey. Findings included: Reference: NJDOH issued Executive Directive No. 20-026-1, dated 10/20/2020, indicated the following: 3. Cohorting, PPE and Training Requirements in	A1299		

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A1299	Continued From page 30 Every Phase: iii. Facilities shall implement universal eye protection, in additional to source control and other infection prevention and control measures, for all staff and for compassionate care or essential caregiver visitors unable to maintain social distancing when the NJDOH CALI Level is Very High/High or Moderate. Reference: NJDOH Ex Order 26. 4B1 Activity Level Report for the week ending 09/03/2021, indicated Ocean County of New Jersey was in a NJ Ex Order 26.4b1 [redacted]. The county NJ Ex Order 26.4b1 rate was NJ Ex Order [redacted]. Reference: Centers for Disease Control (CDC) publication, " Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," last updated 02/23/2021, indicated; HCP [healthcare personnel] working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. - Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions. Reference: Centers for Disease Control (CDC) publication, "Strategies for Optimizing the Supply of Facemasks," last updated 11/23/2020, indicated: In healthcare settings, facemasks are used by HCP for 2 general purposes: 1. As PPE to protect their nose and mouth from exposure to splashes, sprays, splatter, and respiratory secretions (e.g. for patients on Droplet	A1299		

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A1299	Continued From page 31 Precautions) ... 2. When recommended for source control while they are in the healthcare facility, to cover one's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing ... -HCP should leave the patient care area if they need to remove the facemask. On 09/01/2021 at 9:15 AM during a medication pass, Licensed Practical Nurse (LPN) #1 was passing medication on 200 Hall. She was wearing a KN95 face mask but no face shield or goggles. LPN #1 was observed to enter Room NJ Ex Order and proceeded to take the resident's *Ex Order 26. 4B1*, *Ex Order 26. 4B1*, and temperature less than 6 feet away from the resident. During an interview at 9:25 AM, LPN #1 stated she was not instructed to wear a face shield or goggles and she was unaware of the NJ Ex Order 26.4b1 or that the county had a NJ Ex Order 26.4b1 . She stated she only wore full PPE when entering the room where the resident was *Ex Order 26. 4B1* . On 09/01/2021 at 9:32 AM Certified Nursing Assistant (CNA) #1 was observed wearing a KN95 mask but no face shield or goggles. The CNA was observed assisting residents. CNA #1, told the surveyor during interview that he was helping on all three floors, and he did not wear eye protection unless he was entering the *Ex Order 26. 4B1* resident's room. He was unaware of the NJ Ex Order 26.4b1 in the county. On *Ex Order 26. 4B1* at 9:35 AM, Housekeeper #1 was observed to be standing in front of Room NJ Ex Order with cleaning supplies. Housekeeper #1 was wearing a KN95 mask but no face shield or	A1299		

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A1299	Continued From page 32 goggles. During an interview with Housekeeper #1 told the surveyor during interview that she only wore full PPE when cleaning Room NJ Ex Order because the resident was *Ex Order 26. 4B1* . On 09/02/2021 at 8:50 AM, Certified Home Health Aide (CHHA) #1 was observed assisting Resident #2 in the resident's room. The CHHA was wearing a KN95 mask but no eye protection. On 09/03/2021 at 9:40 AM, the surveyor observed LPN #1 passing medications on Hall 200. She was wearing a KN95 face mask and no face shield or goggles. On 09/03/2021 at 9:42 AM, Certified Medication Aide (CMA) #1 was passing medications on the 3rd floor. She was wearing a KN95 face mask. She was not wearing eye protection. CMA #1 told the surveyor during interview that she had eye protection but was told not to waste it, so she was not wearing it. She stated she was unaware of the NJ Ex Order 26.4b1 . On 09/03/2021 at 9:45 AM, Resident Care Specialist (RCS) #1 was observed wearing a surgical face mask. She was not wearing eye protection. She stated she only wore full PPE when entering the *Ex Order 26. 4B1* resident's room. On 09/03/2021 at 9:49 AM, the surveyor observed LPN #2 to be wearing a surgical mask during medication pass on the 1st floor. He was not wearing eye protection. There were multiple observations during 09/01/2021 and 09/02/2021 of meal delivery and contractors working on the 1st floor. No one in the facility was wearing eye protection.	A1299		

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A1299	Continued From page 33 On 09/03/2021 at 10:19 AM, the Clinical Social Worker told the surveyor during an interview that the NJ Ex Order 26.4b1 was NJ Ex Order 26 and the Ocean County website read Ex Order 26. 4B1 NJ Ex Order 26.4b1 . On 09/07/2021 at 1:28 PM the Wellness Nurse told the surveyor during interview that she had an entire box of goggles and face shields in her office, and she did not know why the staff were not utilizing these. She stated during the last NJ Ex Order 26.4b1 all staff wore these and she was unaware of why they were not wearing them now. She stated she did not know about policies related to eye wear, and the Executive Director would need to get back to the surveyor regarding this. On 09/03/2021 at 3:55 PM, the Executive Director told the surveyor during interview that all staff were in-serviced regarding when to wear PPE, were issued goggles, and knew they needed to wear them during high levels of Ex Order 26. 4B1. On 09/01/2021 at 4:05 PM, during medication pass, Certified Medication Aide (CMA) #2 was passing medications on the 300 Hall. She was wearing a KN95 face mask but no face shield or goggles while taking a resident's Ex Order 26. 4B1. On 09/01/2021 at 4:12 PM, during medication pass, CMA #2 was passing medications on the 300 Hall. She was wearing a KN95 face mask but no face shield or goggles. On 09/02/2021 at 4:15 PM, during medication pass, CMA #1 was passing medications on the 200 Hall. She was wearing a KN95 face mask but	A1299		

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A1299	Continued From page 34 no face shield or goggles while taking a resident's [redacted]. On 09/03/2021 at 3:55 PM, the Executive Director told the surveyor that all staff were in-serviced on when to wear personal protective equipment (PPE). The Executive Director further revealed all staff were given goggles and knew they needed to wear goggles during high levels of [redacted]. The facility policy, dated 12/09/2020, titled, "Coronavirus (COVID-19) Droplet Precautions" read PPE Capacity and Use Tool: Eye Protection: Use according to product labeling and local, state, and federal requirements. All team members should wear eye protection while providing direct care to residents in all SNF/HC units, AL/BTR communities if either of the following are present: county positivity rate is >5% OR there has been a +COVID resident or TM case in the community in the last 14 days.	A1299		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
65A000 Y1	A. Building B. Wing Y2	10/13/2021 Y3

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

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 A0645	Correction	ID Prefix A0767	Correction	ID Prefix A0783	Correction
Reg. # 8:36-6.1(a)(2)(i-iii)	Completed	Reg. # 8:36-7.4(c)(2)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	10/30/2021	LSC	10/08/2021	LSC	10/20/2021
ID Prefix A0875	Correction	ID Prefix A0901	Correction	ID Prefix A0963	Correction
Reg. # 8:36-9.3(c)	Completed	Reg. # 8:36-10.5(c)(4)	Completed	Reg. # 8:36-11.5(f)	Completed
LSC	09/30/2021	LSC	09/30/2021	LSC	10/08/2021
ID Prefix A1047	Correction	ID Prefix A1099	Correction	ID Prefix A1217	Correction
Reg. # 8:36-14.3(d)	Completed	Reg. # 8:36-16.7	Completed	Reg. # 8:36-17.3(b)(4)	Completed
LSC	10/08/2021	LSC	09/30/2021	LSC	10/08/2021
ID Prefix A1299	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.3(a)(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/12/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
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 9/3/2021

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