

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/23/2021
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF LEISURE PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 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: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00125451, NJ00140206 CENSUS: 82 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 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00140206</p> <p>Based on interview and record review it was determined that the Executive Director (ED) failed to ensure the implementation of the facility's policy titled, "Monitoring Resident Weight Changes," and failed to ensure the development and/or implementation of an effective system for the facility Dietician to assess the nutritional needs of residents with significant weight loss or weight gain. This deficient practice was observed for Resident #3 and was evidenced by the following:</p> <p>On 3/22/21 at 12:15 p.m., the surveyor reviewed Resident #3's medical record (MR) which indicated that the resident moved into the facility on [REDACTED] with diagnoses which included NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>The surveyor reviewed a document titled, "Weights and Vitals Summary," and observed that on 2/1/20 Resident #3 weighed [REDACTED] (lbs), and on 7/9/20 his/her weight was [REDACTED]. The resident loss [REDACTED] or [REDACTED] of his/her body weight within [REDACTED]. The surveyor reviewed the Progress Notes and did not observe any documentation that the resident was referred to the Dietician for a nutritional consultation in July 2020.</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>On 3/22/21 at 12:45 p.m., the surveyor interviewed the Director of Nursing (DON) who stated that the residents were weighed monthly, and if a resident experienced a gain or loss of more than █, the staff would re-weigh the resident and notify the Physician. The DON could not provide documentation that Resident #3 was re-weighed for accuracy when the resident experienced a █ weight loss in July 2020.</p> <p>On 3/23/21 at 1:15 p.m., the surveyor interviewed the facility's Dietitian, who stated that the facility did not have a system in place for her to review the resident's weights.</p> <p>The surveyor, along with the Dietitian, reviewed Resident #3's summary of weights which revealed overall weight loss. The Dietitian stated that she was not notified in July 2020, when the resident experienced a weight loss of █ or █ of his/her body weight.</p> <p>The surveyor reviewed the facility's policy titled, "Monitoring Resident Weight Changes" which indicated, "... A referral to a dietician for consult is considered to assess the resident needs and concerns and to provide resident specific nutritional guidance..."</p>	A 310		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/22/2021
NAME OF FACILITY BRIGHTON GARDENS OF LEISURE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 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 A0310	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/02/2021	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	
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 3/23/2021	<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
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