

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 07/08/2020
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 #: NJ00130600 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 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

08/27/20

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00130600</p> <p>Based on observation, interview and record review it was determined that the facility failed to develop a comprehensive policy and failed to implement its current policy and procedure on [REDACTED] Therapy" for 1 of 3 residents, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 7/8/20 at 10:45 a.m., during tour of the unit with a Certified Medication Aide (CMA), Resident #1 was observed sitting in a wheelchair in his/her room. The "Resident Annual H&P Examination" dated [REDACTED] revealed that the resident was alert and oriented to person, place and time. The surveyor observed a [REDACTED] treatment machine with a [REDACTED] attached on a table next to the resident and the [REDACTED] was not in use during the interview.</p> <p>The surveyor asked the resident about the [REDACTED] treatment [REDACTED] and the resident stated that when the [REDACTED] treatment was completed, he/she [Resident] or the medication aide dried the inside of the [REDACTED] with tissue. The surveyor observed that the [REDACTED] was dry and cloudy then the surveyor asked the resident how long he/she had been using the [REDACTED]. The resident replied, "awhile" and stated that he/she was not sure when the [REDACTED] was last replaced.</p> <p>At 10:55 a.m. and 11:00 a.m., the surveyor interviewed CMA #1 and CMA #2 and inquired about the facility's protocol for [REDACTED]</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>Both stated that when a resident's [REDACTED] treatment was completed, the [REDACTED] was dried with a paper towel and stored in a plastic bag and that the [REDACTED] was replaced once a month. CMA #2 stated that she administered Resident #1's [REDACTED] treatment at approximately 9 a.m., and that she dried the [REDACTED] with paper towel and left the [REDACTED] with the [REDACTED] machine on the table next to the resident.</p> <p>At 11:15 a.m., the surveyor interviewed CMA #3 regarding the care of the [REDACTED]. She stated that the [REDACTED] treatment [REDACTED] were dried and placed in plastic bags after use in the resident's room and were replaced once a week.</p> <p>At 11:40 a.m., the surveyor review of Resident #1's "Move in Record" revealed that the resident moved into the facility in [REDACTED] with diagnoses which included but not limited to [REDACTED]. The "Medication Review Report" dated [REDACTED] revealed that the resident was receiving [REDACTED]</p> <p>At 12:25 p.m., the surveyor interviewed the Resident Care Director (RCD) of the aforementioned and additionally requested the facility's policy and procedure on [REDACTED] treatment for review. During interview, she stated that a [REDACTED] should be dried and stored in a plastic bag after each use and replaced once a week. Resident #1's [REDACTED] was dry but was not dated nor stored in a plastic bag.</p> <p>Surveyor review of the facility's policy and procedure titled, [REDACTED] Therapy" dated 5/7/02 and revised 9/17/18 indicated, "Clean the [REDACTED] once treatment is completed. Shake</p>	A 310		

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A 310	Continued From page 3 and air dry. Reassemble and place in a plastic storage bag." The policy did not reflect how often the [REDACTED] should be replaced and the facility failed to follow its policy by not storing Resident #1's [REDACTED] in a plastic bag after the resident's 9 a.m. [REDACTED] treatment.	A 310			