

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER MIRA VIE AT BRICK		STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724		
(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: 85 Sample: 4 A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 3/14/2024. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	A 000		
A 615	8:36-5.15(b) General Requirements (b) Notification of any occurrence noted in (a) above shall be documented in the resident's record. The documentation with regard to an occurrence noted in (a)4 above shall include confirmation and written documentation of that notification. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documented evidence that the Registered Nurse (RN) was notified of a change in condition, failed to provide documented evidence that the resident's responsible party/ family was notified, failed to provide documented evidence that the residents doctors were notified for 4 of 4 residents, Resident #1,2, 3, and 4. This deficient practice was evidenced by the following:	A 615		

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

TITLE

(X6) DATE

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A 615	<p>Continued From page 1</p> <p>1. Surveyor review of Resident #1's medical record (MR) revealed that the resident moved in on NJ ex order 26.4b1 with diagnoses that included NJ ex order 26.4b1. The facility's untitled document revealed that the facility failed to document that the RN was made aware of an NJ ex order 26.4b1, failed to indicate that the resident's doctors were notified of the NJ ex order 26.4b1 and failed to contain documented evidence that the residents' responsible parties were made aware of the NJ Ex Order 26.4b1 based on NJ ex order 26.4b1.</p> <p>2. Surveyor review Resident #2's MR revealed that the resident moved in on NJ ex order 26.4b1 with diagnoses that NJ ex order 26.4b1. The facility's untitled document revealed that the facility failed to indicate that the resident's doctors were notified of the NJ ex order 26.4b1, and failed to contain documented evidence that the residents' responsible parties were made aware of the NJ ex order 26.4b1.</p> <p>3. Surveyor review of Resident #3's MR revealed that the resident moved in on NJ ex order 26.4b1 with diagnoses that included NJ ex order 26.4b1. The facility's untitled document revealed that the facility failed to indicate that the RN was made aware of an NJ ex order 26.4b1, failed to indicate that the resident's doctors were notified of the NJ Ex Order 26.4b1, and failed to contain documented evidence that the residents' responsible parties were made aware of the NJ ex order 26.4b1.</p> <p>4. Surveyor review of Resident #4's MR revealed that the resident moved in on NJ ex order 26.4b1 with diagnoses that NJ ex order 26.4b1. The facility's untitled</p>	A 615		

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A 615	<p>Continued From page 2</p> <p>document revealed that the facility failed to contain documented evidence that the residents' responsible parties were made aware of the NJ ex order 26.4b1.</p> <p>At 12:10 p.m., the surveyor interviewed the Director of Nursing (DON) who stated that all responsible parties were notified there was an NJ ex order 26.4b1 in the community via e-mail, however there was no documentation in the resident's medical record. The DON also indicated that the responsible parties of the symptomatic residents were not notified specifically if their loved one had acquired NJ ex order 26.4b1 and NJ Ex Order 26.4b1.</p> <p>The surveyor reviewed the following facility policies:</p> <p>"Notification Requirements Procedure: 1. A resident's responsible party, which may include family, guardian, and/or community agency, will be notified immediately after the occurrence of the following: A. Resident acquires any acute illness ... 2. The Executive Director/designee is responsible for making these notifications. 3. Notifications and all attempts of notification will be documented in the Resident Record."</p> <p>"Assessments Procedure: ... 5. All residents will be monitored on a periodic basis and an RN notified of any significant changes. An RN will be notified at the onset of illness or ensure assessment, interventions or referral to a physician or community agency, as appropriate."</p>	A 615			

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A 615	Continued From page 3 The facility failed to documented evidence that the RN was notified of NJ ex order 26.4b1 , failed to provide documented evidence that the residents responsible party was notified, and evidence that the residents doctors were notified.	A 615		
A1073	8:36-15.6(b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documentation of the RN assessments for 2 of 4 residents reviewed, Resident #1, and Resident #3. This deficient practice was evidenced by the following: 1. The surveyor reviewed Resident #1's medical record (MR) which revealed that the resident moved in on NJ ex order 26.4b1 with diagnoses that included NJ ex order 26.4b1 . Continued surveyor review of the MR failed to contain documentation that an RN assessed Resident # NJ ex order 26.4b1	A1073		

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A1073	<p>Continued From page 4</p> <p>2.The surveyor reviewed Resident #3's medical record (MR) which revealed that the resident moved in on NJ ex order 26.4b1 with diagnoses that included NJ ex order 26.4b1. Continued surveyor review of MR failed to contain documentation that an RN assessed Resident #3 NJ ex order 26.4b1</p> <p>On 3/14/2024 at 2:17 p.m., the surveyor interviewed the Director of Nursing who indicated that she was aware that RN documentation was not completed for Resident #1 and Resident #3. The RN stated the NJ ex order 26.4b1 for Resident #1 and Resident #3 should have been completed.</p> <p>The surveyor reviewed a facility policy titled, "Change in Resident Condition" which revealed: "Procedure 1.The following conditions may be considered changes in a resident's condition: "... Diarrhea not affected by approved over the counter medications. 2. After the above conditions are observed, the RN will be notified as soon as possible for proper assessment, intervention, and documentation. 3. The resident's physician and responsible party will be notified ..."</p> <p>The facility failed to provide documentation of the RN assessments for Resident #1 and Resident #3 NJ ex order 26.4b1</p>	A1073		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65a007	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/8/2024
NAME OF FACILITY MIRA VIE AT BRICK	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. 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 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 A0615	Correction	ID Prefix A1073	Correction	ID Prefix	Correction
Reg. # 8:36-5.15(b)	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed
LSC	03/15/2024	LSC	03/15/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/14/2024		<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			