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
	65C003	A. BUILDING: _____ B. WING _____	C 03/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEISURE PARK SPECIAL CARE CENT	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 #: NJ 00131351, NJ 00137101, NJ 00139520 CENSUS: 20 SAMPLE SIZE: 5 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		
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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A1217	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations and review of facility provided documentation on 3/22/2021 and 3/23/2021, it was determined that the facility failed to ensure all potentially toxic and potentially harmful cleaning products were kept secured in a locked cabinet or in a locked room, inaccessible to residents in the Memory Care Unit (MCU) to prevent accidental access and injury. This deficient practice placed all residents with memory impairment at risk for harm and was evidenced by the following: During the opening conference of the survey at on 3/22/21 at 9:30 a.m., a request was made to the facility Administrator (Admin) to provide a list of residents along with their apartment numbers. During the request, the Admin was asked if the facility has a MCU. The Admin stated, "Yes, The Bridges." During the building tour with the Director of Environmental Services (DES) on 3/22/2021 at 11:21 a.m., an inspection of the Bridges/MCU was performed. During the tour at 11:46 a.m., the survey observed that the Janitor's Closet door was unlocked. There was no staff present at the time. During the surveyor's inspection inside the Janitor's Closet, the surveyor observed a housekeeping cart with the following potentially harmful products stored on the cart that were accessible to MI residents: 1. One (1) 25 fl. oz plastic bottle of Pro-line	A1217		

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A1217	Continued From page 2 Carpet Spot Remover with Cautionary Warning, "Keep out of reach of children. Wash hands thoroughly after handling. If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing. If eye irritation persists: Get medical attention. If swallowed, drink a glass of water ...." 2. One (1) 19 oz spray can of In-Sight Glass Cleaner, " ...Warning, Keep out of reach of children ...." At this time a request was made to the DES to lock the door and to tell the staff that the door should be kept locked, when not in use. On 2/23/2021 (day two of survey) at 8:33 a.m., the surveyor did a second tour of the Bridges/MCU. At 8:36 a.m. the surveyor observed that the Janitor's Closet door was again unlocked. There were no staff present. There were eight residents observed sitting in chairs and wheelchairs in the immediate area. The surveyor also observed that the facility installed a sign on the door that reads, "Attention this door is to be locked at all times. Please make sure it is locked before you walk away." The surveyor waited at the unlocked Janitor's Closet door for five (5) minutes until a facility Housekeeper and a Medication Tech arrived at the area of the Janitor's Closet. The surveyor made a request to the Medication Tech to lock the Janitor's Closet door, and to inform other staff members to lock the door when not in use. The Medication Tech complied with the request. A review of the facility provided Residents' Roster, identified that there were twenty (20)	A1217		

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A1217	Continued From page 3 residents who live in The Bridges/MCU. The potentially harmful and toxic chemicals that were accessible and left unlocked in the Janitor's Closet, placed all the residents at risks for harm.	A1217		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
65C003		5/10/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LEISURE PARK SPECIAL CARE CENT	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 A1217 Reg. # 8:36-17.3(b)(4) LSC	Correction Completed 04/02/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
3/23/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: GBC112

STATE FORM: REVISIT REPORT (11/06)