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
	85A001	A. BUILDING: _____ B. WING _____	C 04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT BRIST	200 BRISTOL GLEN DRIVE NEWTON, NJ 07860

(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 #: NJ00173074 CENSUS: 84 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		
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:	A1073		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/16/24

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A1073	Continued From page 1 Complaint #: NJ00173074 Based on observation, interview, and record review, it was determined that the facility failed to provide documented evidence that resident's NJ Exec Order 26.4b1 were monitored to ensure changes were reported in accordance with the standards of professional practice for 1 of 3 residents reviewed for mood/behavior, Resident #1. This deficient practice was evidenced by the following: On 4/24/24 at 10:00 a.m., the surveyor reviewed the medical record (MR) of Resident #1 who moved into the facility NJ ex order 26.4b1 with diagnoses NJ ex order 26.4b1 . At 11:26 a.m., the surveyor observed a staff member NJ ex order 26.4b1 to Resident #1. Continued review of Resident #1's MR, the surveyor observed a NJ ex order 26.4b1 dated NJ ex order 26.4. Under the "Diagnosis & Plan" section of the consult the NJ Exec Order 26.4b1 Nurse Practitioner NJ E NP) documented "... 6. Continue to monitor NJ Exec Order 26.4b1 and report any changes or concerns to NJ Exec Order 26.4b1 Surveyor review of the Medication Administration Record (MAR) dated NJ Exec Order 26.4b1 revealed that on the following dates and shifts, there were no documented evidence to show that Resident #1's NJ Exec Order 26.4b1 were monitored as recommended by the NJ NP om the following dates and shifts: 1. Day shift: NJ ex orde and NJ ex order 26.4b1 2. Evening shift: NJ ex order 26.4b1 , NJ ex order 26.4b1 and NJ ex order 26.4b1	A1073		

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A1073	Continued From page 2 3. Night shift: NJ ex order 26.4b1, NJ ex order 26.4b1 and NJ ex order 26.4b1 At 11:45 a.m. and 1:08 p.m., the surveyor interviewed the Residential Administrator (RA) and the Residential Service Staff Educator (RSSE) regarding the above missing NJ Exec Order 26.4b1 documentation. The RA and the RSSE acknowledged that the blank spaces and "X" on the MAR indicated that the NJ Exec Order 26.4b1 were not completed.	A1073		