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
	sipfep	A. BUILDING: _____ B. WING _____	C 06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ECHELON LAKE	**207 LAUREL ROAD VOORHEES, NJ 08043**

(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 Complaints #'s: NJ 00190932, NJ 00191028, Census: 105 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 941	8:36-11.5(b)(3)(i-v) Certified Medication Aide Program 3. The certified medication aide shall not: i. Administer any injection other than pre-drawn properly packaged and labeled insulin as described in (b)1 above; ii. Calculate a medication dosage; iii. Pre-pour medications for more than one resident at a time; iv. Contact prescribers for changes in medication, to clarify an order, or contact the pharmacist	A 941		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/20/26

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A 941	Continued From page 1 for questions regarding a dispensed medication; or v. Administer bolus doses of enteral feedings, or stop and/or start an existing enteral feeding pump or gravity-fed system. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00190932 Based on interview and record review, it was determined that a Certified Medication Aide (CMA), administered NJ Ex Order 26.4(b)(1) [redacted] for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following: On 6/29/26 the surveyor reviewed Resident #2's medical record (MR), which revealed that the resident was admitted to the facility in [redacted] with a diagnosis of NJ Ex Order 26.4(b)(1). Continued surveyor review of Resident #2's MR revealed a physician's order dated [redacted] for NJ Ex Order 26.4(b)(1) [redacted] one time a day every Thursday for [redacted] The surveyor reviewed Resident #2's Physician Order Summary Report (POS), which revealed a new physician's order dated [redacted] for NJ Ex Order 26.4(b)(1) [redacted] one time a day every Friday for	A 941		

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A 941	Continued From page 2 NJ Ex Order 26.4(b)(1) The surveyor reviewed Resident #2's Electronic Medication Administration Records (eMAR) for the months of NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1) which revealed the following: The eMAR dated NJ Ex Order 26.4(b)(1), revealed that NJ Ex Order 26.4(b)(1) was administered by a CMA on the following dates: NJ Ex Order 26.4(b)(1) The eMAR dated, NJ Ex Order 26.4(b)(1), revealed that NJ Ex Order 26.4(b)(1) was administered by a CMA on the following dates: NJ Ex Order 26.4(b)(1) The eMAR dated NJ Ex Order 26.4(b)(1) revealed that NJ Ex Order 26.4(b)(1) was administered by a CMA on the following dates: NJ Ex Order 26.4(b)(1) The eMAR dated NJ Ex Order 26.4(b)(1) revealed that NJ Ex Order 26.4(b)(1) was administered by a CMA on the following dates: NJ Ex Order 26.4(b)(1) The eMAR dated NJ Ex Order 26.4(b)(1) revealed that NJ Ex Order 26.4(b)(1) was administered by a CMA on the following dates: NJ Ex Order 26.4(b)(1) The eMAR record for Resident #2 dated NJ Ex Order 26.4(b)(1), revealed that NJ Ex Order 26.4(b)(1) was administered by a CMA on the following dates: NJ Ex Order 26.4(b)(1) At 11:15 a.m., the surveyor interviewed a CMA who stated that she administered NJ Ex Order 26.4(b)(1) to Resident #2 in the past. The CMA explained that she was off on Fridays and since the NJ Ex Order 26.4(b)(1) administration day was changed from Thursday to Friday, she no longer administered the NJ Ex Order 26.4(b)(1)	A 941		

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A 941	Continued From page 3 At 12:45 p.m. the surveyor interviewed the Executive Director (ED), and inquired if the facility had any waivers and the ED stated that the facility did not have any waivers. At 1:00 p.m. the surveyor interviewed the Regional Clinical Registered Nurse (RCN) and inquired about the administration of NJ Ex Order 26.4(b)(1) by CMAs. During continued interview, the surveyor inquired if there was waiver for the CMA to administer NJ Ex Order 26.4(b)(1) other than NJ Ex Order 26.4(b)(1) [redacted]; and, if the facility had a waiver for the administration of NJ Ex Order 26.4(b)(1) by a CMA. The RCN stated that he was not aware that a waiver was required for a CMA to administer NJ Ex Order 26.4(b)(1) The surveyor reviewed a facility policy titled, "Medication Delegation to CMA Procedure", last revised on "11/2022", which revealed, "Policy Overview As per the New Jersey Nursing Standards of Practice and State Guidelines a professional Registered Nurse may delegate medication administration to trained certified individuals ..." The policy provided did not specifically address administration of injections by the CMA.	A 941		

Brookdale Echelon Lake
207 Laurel Rd, Voorhees Township,
NJ 08043

Brookdale Echelon Lake

Survey Date: 5/14/2026

A 941- CMA Program

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

  Resident #2 was identified as NJ Ex Order 26.4(b)(1) by this deficient practice. On 7/15/2026 the Health and Wellness Director (HWD) reviewed Resident #2 electronic medication administration records for NJ Ex Order 26.4(b)(1) order and administration instructions. Health and Wellness Director verified the administration instructions with primary care provider and NJ Ex Order 26.4(b)(1) pharmacy. NJ Ex Order 26.4(b)(1) administration instruction update with "RN or LPN to administer.

- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFIEICIENT PRACTICE?**

  All residents had the potential to be affected by this deficient practice. On 7/15/2026, the Health and Wellness Director (HWD) performed PCC audit on residents with Semaglutide orders, no other residents found to have Semaglutide orders.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

  On 7/7/2026 The Director of District Clinical Services (DDCS) provided a directive to the Health and Wellness Director and Executive Director that the administration of GLP1/Semaglutide injectable medications will be done by the nurse (licensed practical nurse or registered nurse) until NJ DOH waiver is received.

  On 7/7/2026 the Health and Wellness Director (HWD) provided an in-service to nurses, and medication technicians regarding "nurses are to administer all GLP1/Semaglutide injectables, and instructions must be noted on the order section of the e-mar/PCC. Health and Wellness Director or RN designee to check administration compliance weekly.

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

  Beginning 7/8/2026 Health and Wellness Director or RN designee will audit GLP1 administration compliance findings 1x weekly for 3 months an as needed, findings will be reviewed in Collaborative Care/ Quality Assurance and Performance Improvement (QAPI). Any noncompliance will be corrected

immediately through document completion, staff counseling, re-education, and additional corrective action as indicated.

COMPLETION DATE: 7/15/2026

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
sipfep Y1	A. Building B. Wing Y2	7/24/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ECHELON LAKE	207 LAUREL ROAD VOORHEES, NJ 08043

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 A0941	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-11.5(b)(3)(i-v)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/15/2026	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
6/29/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO