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 08/04/2026

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: NJ00191046, NJ00190784, NJ00191298, NJ00191355 Census: 103 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		
A 310	8:36-3.4(a)(1) Administrator's Responsibilities (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 08/26/26

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00191046

Based on interview and record review, it was determined that the facility Executive Director (ED) failed to implement and enforce the policy titled, "Abuse, Neglect & Exploitation" for 2 of 3 residents reviewed, Resident #1 and #3. This deficient practice was evidenced by the following:

The Department of Health (DOH) received a Facility Reportable Event (FRE), a document utilized by health care facilities to report events dated [redacted], regarding NJ Ex Order 26.4(b)(1) [redacted]. According to the FRE, on [redacted] at approximately 11:30 a.m., staff observed Resident #3, lying in bed with [redacted] and observed Resident #1's [redacted] in Resident #3's [redacted].

On 8/4/26 at 9:50 a.m., the surveyor reviewed Resident #1's Medical Records (MR) which revealed that the resident was admitted to the facility in NJ Ex Order 26.4(b)(1) with a diagnosis of NJ Ex Order 26.4(b)(1)

At 11:00 a.m., the surveyor reviewed Resident #3's MR which revealed that Resident #3 was admitted to the facility in NJ Ex Order 26.4(b)(1) with a diagnosis of NJ Ex Order 26.4(b)(1)

At 12:49 p.m., the surveyor interviewed the ED

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A 310	Continued From page 2 and inquired about documentation regarding the investigation of the incident that occurred on [NJ Ex Order 26.4(b)(] The ED stated that there was no further documentation of the investigation regarding the incident besides the FRE provided to the surveyor. The surveyor reviewed the policy titled, "Abuse, Neglect & Exploitation," last revised 5/2021, which revealed " ... The Executive Director or designee should maintain a written record of the investigation. A summary of interviews should be prepared by the Executive Director or designee, including the date, time, name of person being questioned and an impartial report of the facts ... "	A 310		
A 625	8:36-5.18(a)(3) Managed Risk Agreements (a) The choice and independence of action of a resident may need to be limited when a resident's individual choice, preference and/or actions are identified as placing the resident or others at risk, lead to adverse outcome and/or violate the norms of the facility or program or the majority of the residents. When the resident assessment process identified in N.J.A.C. 8:36-7 indicates that there is a high probability that a choice or action of the resident has resulted or will result in any of the preceding, the assisted living residence, comprehensive personal care, home or assisted living program shall: 3. Seek to negotiate a managed risk agreement with the resident (or legal guardian) that will minimize the possible risk and adverse consequences while still respecting the resident's preferences; and	A 625		

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A 625	Continued From page 3	A 625		

This STANDARD is not met as evidenced by:
Complaint #: NJ 00190784, NJ 00191298, NJ 00191355

Based on interview and record review, it was determined that the facility failed to negotiate and implement a Managed Risk Agreement (MRA) for resident who had [redacted] for 1 of 5 residents, Resident #4. This deficient practice was evidenced by the following:

On 8/4/26 at 10:15 a.m., the surveyor reviewed Resident #4's closed medical record which indicated that the resident move-in date was [redacted], and with diagnoses of [redacted].

According to the Psychiatric Evaluation dated [redacted], completed by an Advanced Practice Nurse, Resident #4 was [redacted]. The Progress Note (PN) dated [redacted] written by a Medication Technician documented that Resident #4 [redacted] of the facility.

The surveyor reviewed a "Hand Delivery" letter of "Termination of Residency Agreement and Discharge Notification" to Resident #4 dated [redacted], written by the Executive Director (ED) which documented, "This letter is to address your [redacted] at Brookdale Echelon Lake and provide notice to you of our expectations as to your continued residency. As has been previously discussed with you, you have

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A 625	Continued From page 4 NJ Ex Order 26.4(b)(1) to other residents and associates at Brookdale Echelon Lake. For example, your NJ Ex Order 26.4(b)(1) with other residents and associates are NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) A "Hand Delivery" letter of "Termination of Residency Agreement and Discharge Notification" to Resident #4 dated NJ Ex Order 26.4(b)(1), written by the ED revealed, "This letter is to inform you that pursuant to the N.J.A.C 8:36-5.14, we are sending you this letter as our official Discharge Notice for you Resident #4 from Brookdale Echelon Lake because you NJ Ex Order 26.4(b)(1) [redacted]." Additionally the ED's discharge notification written by the ED indicated, "You are discharged under N.J.A.C 8:36-5.14 because your NJ Ex Order 26.4(b)(1) [redacted] or otherwise NJ Ex Order 26.4(b)(1) [redacted] of the Community." "You are in Breach of the Residency Agreement and the Community expects you to vacate the premises according to this notice." A "Hand Delivery" letter of "Termination of Residency Agreement and Discharge Notification to Resident #4 dated NJ Ex Order 26.4(b)(1), written by the ED documented, "This letter is to inform you that pursuant to the N.J.A.C 8:36-5.14, we are sending you this letter as our official Discharge Notice for you Resident #4 from Brookdale Echelon Lake because you NJ Ex Order 26.4(b)(1) [redacted]." Additionally the discharge notification written by the ED revealed, "You will need to vacate the facility and remove all belongings by that date ..."	A 625		

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A 625	Continued From page 5 On 8/11/26, post survey, the surveyor interviewed the Associate ED via telephone and inquired if a MRA was completed and implemented for Resident #4 regarding the resident's [NJ Ex Order 26.4(b)(1)] as documented on [NJ Ex Order 26.4(b)], [NJ Ex Order 26.4(b)] and [NJ Ex Order 26], in the the discharge notification letters. At 10:46 a.m., the Associate ED informed the surveyor via email that the facility did not have a MRA for Resident #4. The surveyor reviewed the policy titled, "Negotiated Risk Policy" dated 9/1998 and last revised 5/2022, which revealed, "When a Negotiated Risk need is identified by associates, the ED or designee should contact the District/Regional Director of Operations and the District/Regional Director of Clinical Services or Divisional Director of Clinical Services to discuss the issue and obtain approval before entering into Negotiated Risk discussions and executing a Negotiated Risk Agreement with the resident or the resident's legally responsible party." Refer to 8:36-13.2	A 625		
A 753	8:36-7.3(c) General and Health Service Plans (c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan.	A 753		

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A 753	Continued From page 6 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 100191046 Based on interview and record review, it was determined that the facility failed to ensure the residents Service Plan (SP) was reviewed and revised following NJ Ex Order 26.4(b)(1) [redacted] for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following: The Department of Health (DOH) received a Facility Reportable Event (FRE), a document utilized by health care facilities to report events dated NJ Ex Order 26.4(b) regarding NJ Ex Order 26.4(b)(1) [redacted]. According to the FRE, on NJ Ex Order 26.4(b) at approximately 11:30 a.m., staff observed Resident #3, lying in bed with NJ Ex O [redacted] and observed Resident #1's NJ Ex Order 26.4 in Resident #3's NJ Ex Order 26.4(b)(1) On 8/4/26 at 9:50 a.m., the surveyor reviewed Resident #3's medical record (MR), which revealed that the resident was admitted to the facility in NJ Ex Order 26.4(b)(1) with a diagnosis of NJ Ex Order 26.4(b)([redacted] The surveyor interviewed Resident #3 in his/her apartment, however, due to the resident's NJ Ex Order 26.4(b)(1), the resident was NJ Ex Order 26.4(b)(1) [redacted] the incident. The surveyor reviewed Resident #3's Service Plan (SP), last revised on NJ Ex Order 26.4 [redacted] and there was no documentation indicating that the SP had been reviewed or revised following the NJ Ex Order 26.4(b)(1) [redacted] that occurred on NJ Ex Order 26.4(b) [redacted].	A 753		

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A 753	Continued From page 7 At 1:24 p.m., the surveyor interviewed the Health and Wellness Director, a Registered Nurse (RN), who confirmed that the SP was not updated to reflect the [redacted] incident. Additionally, the RN stated that the SP should be updated by a RN following NJ Ex Order 26.4(b)(1) [redacted]. The surveyor reviewed a facility policy titled, Service Plan Process, last revised 3/2026, which revealed " ... The service plan should be reviewed and revised as necessary by the community care team ..."	A 753		
A 781	8:36-7.5(d) Provision of Health Care Services (d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00190784 Based on interview and record review, it was determined that the facility failed to ensure that a resident's physician or the physician's designee was notified of missed doses of medication for 1 of 5 residents, Resident #4. This deficient practice was evidenced by the following.	A 781		

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A 781	Continued From page 8 On 8/4/26 at 10:15 a.m., the surveyor reviewed Resident #4's closed medical record (MR) which indicated that the resident move-in date was [redacted], and with diagnoses of NJ Ex Order 26.4(b)(1) [redacted]. The surveyor reviewed Resident #4's Medication Administration Record (MAR) dated [redacted] and observed that NJ Ex Order 26.4(b)(1) [redacted] for NJ Ex Order 26.4(b)(1) was not administered every Friday on [redacted] and [redacted] as ordered by the resident's primary physician. NJ Ex Order 26.4(b)(1) is a NJ Ex Order 26.4(b)(1) used to treat [redacted] and [redacted]. Surveyor continued review of Resident #4's MAR and medical record did not reveal documented evidence that the physician was notified of the missed doses of [redacted] on [redacted] and [redacted]. At 12:15 p.m., the surveyor interviewed the Health and Wellness Director (HWD) regarding Resident #4's missed doses of [redacted] on [redacted] and [redacted]. The HWD stated that she was not sure if the [redacted] was administered and would investigate it. Post survey on [redacted] the HWD confirmed via email that there was no documentation in the MR regarding Resident #4 receiving his/her [redacted] medication on [redacted] and [redacted] and the physician was notified.	A 781		
A 935	8:36-11.4(b) Administration of medications (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.	A 935		

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A 935	Continued From page 9	A 935		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00190784

Based on interview and record review, it was determined that the facility failed to administer medication in accordance with prescriber orders for 1 of 5 residents, Resident #4. This deficient practice was evidenced by the following:

On 8/4/26 at 10:15 a.m., the surveyor reviewed Resident #4's closed medical record which indicated that the resident move-in date was [redacted], and with diagnoses of [redacted].

The surveyor reviewed Resident #4's Medication Administration Record (MAR) dated [redacted] and observed that [redacted] for [redacted] was not administered every Friday as ordered by the resident's primary physician. The MAR was blank on [redacted] and [redacted] and there was not chart/follow up codes as indicated on the MAR. [redacted] is a [redacted] used to treat [redacted] and [redacted]

Continued surveyor review of Resident #4's MR revealed a physician's order dated [redacted]

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A 935	Continued From page 10 for NJ Ex Order 26.4(b)(1) [redacted] one time a day every Friday for NJ Ex Order 26.4(b)(1) Resident #4 was not available for interview as the resident was discharged from the facility. At 12:15 p.m., the surveyor interviewed the Health and Wellness Director (HWD) regarding Resident #4's missed doses of NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b). The HWD stated that she was not sure if the NJ Ex Order 26.4(b)(1) was administered and would investigate it. The HWD explained that there were issues at times with Resident #4's insurance authorization and also the resident using an outside physician. Additionally, the surveyor requested documented evidence to indicate that the NJ Ex Order 26.4(b)(1) was administered to Resident #4 on the aforementioned dates. Post survey on NJ Ex Order 26, the HWD confirmed via email that there were no documentation in the MR regarding Resident #4 receiving his/her NJ Ex Order 26.4(b)(1) on NJ Ex Order and NJ Ex Order 26.4(b)	A 935		
A1021	8:36-13.2 Provision of Social Work Services The facility shall arrange for the provision of social work services to residents who require them, by social workers licensed in accordance with N.J.S.A. 45:15BB and N.J.A.C. 13:44G. This REQUIREMENT is not met as evidenced	A1021		

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A1021	Continued From page 11 by: Complaint #: NJ 00190784, NJ 00191298, NJ 00191355 Based on interview and record review, it was determined that the facility failed to ensure that resident received NJ Ex Order 26.4(b)(1) services at the time of need for 1 of 5 residents reviewed, Resident #4. This deficient practice was evidenced by the following: On 8/4/26 at 10:15 a.m., the surveyor reviewed Resident #4's closed medical record which indicated that the resident move-in date was NJ Ex Orde, and with diagnoses of NJ Ex Order 26.4(b)(1). According to the NJ Ex Order 26.4(b)(1) Evaluation dated NJ Ex Order 26, completed by an Advanced Practice Nurse, Resident #4 was NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) The Progress Note (PN) dated NJ Ex Order 26.4(b), written by a Medication Technician documented that Resident #4 moved out of the facility. The PN dated 7/17/25, written by a Health & Wellness Director (HWD) documented that management met to discuss the resident NJ Ex Order 26.4(b)(1) in the dining hall, NJ Ex Order 26.4(b)(1) the dining manager and showing NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) The HWD documented that when speaking with Resident #4, the resident had an NJ Ex Order 26.4(b)(1) and was not able to NJ Ex Order 26.4(b)(1). The HWD documented that Resident #4 was asked to stop with the NJ Ex Order 26.4(b)(1). The PN dated NJ Ex Order 26.4(b) written by a HWD documented that Resident #4 was overheard speaking to another resident NJ Ex Orde and make	A1021		

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A1021	Continued From page 12 NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) and to call the ombudsman, "NJ Ex Order 26.4(b)(1) " The HWD documented that Resident #4 was addressed in a care conference and NJ Ex Order 26.4(b)(1) continued NJ Ex Order 26.4(b)(1) The HWD also documented that NJ Ex Order 26.4(b)(1) was consulted. The PN dated NJ Ex Order 26, written by a Registered Nurse (RN) documented that it was reported that Resident #4 was displaying NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) towards the dining manager and dining team. The PN dated NJ Ex Order 26, written by the Executive Director (ED) documented the HWD reported that Resident #4 was in the HWD's office NJ Ex Order 26 about his/her medication. The ED documented that she called out to Resident #4 and asked why the resident was NJ Ex Order 26 at the HWD and Resident #4 denied NJ Ex Order 26 at the HWD but did NJ Ex Order 26.4(b)(1) . The ED documented that Resident #4 was NJ Ex Order 26.4(b)(1) but NJ Ex Order 26.4(b) the ED. The ED documented that Resident #4 later sent several emails regarding various things and the last email stated that NJ Ex Order 26.4(b)(was due to NJ Ex Order 26.4(b)(1) " and the HWD was made aware of the last email. The PN dated NJ Ex Order 26.4(b) at 3:43 p.m., written by a RN documented that Resident #4 requested for his/her medical record. The RN documented that Resident #4 stated that he/she was NJ Ex Order 26.4(b)(1) the facility by 9 a.m., on Monday but the ombudsman said that he/she NJ Ex Order 26.4(b)(1) . The RN documented that she tried to explain to Resident #4 that it is when NJ Ex Order 26.4(b)(1) but Resident #4 stated he/she would not be NJ Ex Order 26.4(b)(1) . The PN dated NJ Ex Order 26.4(at 3:18 p.m., written by the ED indicated that the Ombudsman called on	A1021		

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(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
A1021	Continued From page 13	A1021		

behalf of Resident #4 asking if the discharge date could be moved from NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) The Ed documented that the Ombudsman was told yes and Resident #4 would be accommodated as needed.

The PN dated NJ Ex Order 26.4(b) at 11:00 a.m., written by the ED documented, "Resident received a copy of his/her MAR from NJ Ex Order 26.4(b) to present as Resident #4 requested." The ED documented that last evening Resident #4 overheard a nurse stated that the facility was NJ Ex Order 26.4(b)(1) and was reordered. The ED documented that Resident #4 was not aware of the facility's process and assumed that there were no NJ Ex Order 26. and when she [ED] spoke with Resident #4 to address the issue, Resident #4 NJ Ex Order 26.4(b)(1) [ED] to NJ Ex Order 26.4(b)(1) his/her room, 'NJ Ex Order 26.4(b)(1)."

The PN dated NJ Ex Order 26.4(b) at 5:44 p.m., written by a RN documented that Resident #4 had continued NJ Ex Order 26.4(b)(1) this RN stating, 'NJ Ex Order 26.4(b)(1) and that the Board of Nursing had been called and the RN will NJ Ex Order 26.4(b).

The PN dated NJ Ex Order 26.4(at 11:05 a.m., written by the ED documented that Resident #4 was scheduled to move to [NJ Ex Order 26.4(b)(1)] on NJ Ex Order 26.4(b) which was confirmed on NJ Ex Order 26.4(, and that Resident #4 will set up his/her NJ Ex Order 26.4(b)(1).

A Hand delivery letter of "Termination of Residency Agreement and Discharge Notification" to Resident #4 dated NJ Ex Order 26.4(b)(1), written by the ED documented, "This letter is to inform you that pursuant to the N.J.A.C 8:36-5.14, we are sending you this letter as our official Discharge Notice for you Resident #4 from Brookdale Echelon Lake because you NJ Ex Order 26.4(b)(1) ."

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 08/04/2026

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
A1021	Continued From page 14 However, surveyor continued review of the closed medical record did not observe documented evidence that the facility provided Resident #4 NJ Ex Order 26.4(b)(1) services to aid with the resident's NJ Ex Order 26.4(b)(1) and discharge process to another facility. At 2:05 p.m., during interview with the Associate ED and a RN, the surveyor inquired if a NJ Ex Order 26 or NJ Ex Order 26.4(b)(1) was consulted to aid with Resident #4's NJ Ex Order 26.4(b)(1) The Associate ED stated, "No" and explained that the facility did not have NJ Ex Order 26.4(b)(1) services or contract with outside NJ Ex Order 26.4(b)(1) in order to provide services and support for Resident #4 while residing at the facility.	A1021		

BROOKDALE
SENIOR LIVING SOLUTIONS

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

Brookdale Echelon Lake

Survey Date: 8/4/2026

A 310 Administrator Responsibility

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

  Resident #1 and resident #3 were identified in the deficient practice. On 8/27/2026 the Executive Director (ED) and Health and Wellness Director (HWD) completed a medical records check to ensure written documentation of the reportable incidents were in compliance for resident #1 and resident #3.

- **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 8/27/2026 the Executive Director and Health and Wellness Director audited the incident report logs. Records of the incident report logs were then match with the written documentation found in resident medical records.

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

  On 8/27/2026 the Executive Director provided a training/ re-education to RNs and LPNs on "Incident Report Policies and Procedures", "Incident Report Documentation", and "How to Conduct an Investigation". Trainings were completed on 8/28/2026.

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

  Starting 8/28/2026, Executive Director (ED), or designee will audit the compliance Incident Report investigation and documentation compliance 1x weekly for 1 month and monthly thereafter. Findings will be reviewed during Collaborative Care/ Quality Assurance and Performance Improvement (QAPI). Any identified concerns will be corrected immediately through completion of documentation, staff counseling, re-education, and corrective action as appropriate.

Received 9/1/26
Accepted 9/2/26
NJ Ex Order 26.4(b)(1)

COMPLETION DATE: 8/28/2026

BROOKDALE
SENIOR LIVING SOLUTIONS

A753- 8:36-7.3(c) - General and Health Service Plans

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

  Resident #3 was identified as being affected by this deficient practice. On 8/27/2026 the Health and Wellness Director (HWD) reviewed Resident #3 general and health service plans, and revised the plans as needed to reflect Resident #3 current condition, needs, services, interventions, monitoring, and follow-up requirements. The updates included clarification of current care needs, required services/interventions, change-in-condition follow-up, provider/responsible-party notification as applicable, and documentation expectations.

- **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 8/27/2026, the HWD reviewed current resident records and service plans to verify that general and health service plans were current and reflected each resident's condition, needs, services, and interventions. Any plans identified as incomplete or not current were updated by the HWD or RN designee.

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

  On 8/27/2026 the Health and Wellness Director (HWD), re-educated RNs, and LPNs of the requirements on General and Health Service Plans are to be reviewed and updated to reflect the resident's current needs, services, interventions, and changes in condition. Training completed on 8/28/2026.

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

  Beginning 8/28/2026 the Health and Wellness Director (HWD), Executive Director (ED), or designee will audit a sample of resident service plans weekly for four weeks and monthly for two additional months to verify that the plans are complete, current, and reflective of resident needs, services, interventions, and changes in condition. Audit results will be reviewed in Collaborative Care/ Quality Assurance and Performance Improvement (QAPI). Any identified issues will be corrected immediately, and responsible staff will receive counseling, re-education, and corrective action as appropriate. Service plans will then be updated every 6 months for each resident or when there is a change in condition.

COMPLETION DATE: 8/28/2026

Accepted 9/2/26

[redacted]

BROOKDALE
SENIOR LIVING SOLUTIONS

A 781- 8:36-7.5(d)- Provision of Health Care Services-

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

Resident #4 was identified as being affected by this deficient practice. Resident #4 was discharged on [redacted] to [redacted] Resident was no longer a resident in the community during the NJDOH survey on 8/4/2026. On 8/27/2026 the HWD reviewed Resident #4's Point Click Care "nurse progress" notes and electronic medical records to verify all administered medications were documented according to NJDOH and Brookdale medication administration guidance.

- **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 8/27/2026, the Health and Wellness Director (HWD), reviewed current residents' electronic medication administration records to identify residents needing follow-up, clarification, updated documentation, provider communication, or service plan revision. Any identified concerns were corrected by the HWD or designee on 8/28/2026.

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

On 8/27/2026, the Health and Wellness Director (HWD), re-educated Registered Nurse (RN), and medication technicians regarding the requirement to provide, follow up, and document: "processes of ordering/re-filling of medications, medication administration policy, and medication not administered reporting procedures. In-services completed on 8/28/2026.

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

Starting 8/28/2026, Executive Director (ED), RN, and or designee will audit the "medication not administered PCC (Point Click Care) documentation and follow up compliance I 1x weekly for 1 month and monthly thereafter. Findings will be reviewed during Collaborative Care/ Quality Assurance and Performance Improvement (QAPI). Any identified concerns will be corrected immediately through completion of documentation, staff counseling, re-education, and corrective action as appropriate.

COMPLETION DATE: 8/28/2026

A 625- 8:36-7.3 (c) Manage Risks Agreement

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

Accepted 8/12/26

[redacted]

Resident #4 was identified as being affected by this deficient practice. Resident #4 was discharged on NJ Ex Order 26.4(b)(1) Resident was no longer a resident in the community during the NJDOH survey on 8/4/2026.

- **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 8/27/2026, the Executive Director and Health and Wellness Director (HWD), reviewed the General and Health Service Plans who exhibits non-compliance with signed contracts and plan of care. No residents found to be needing Manage Risks Agreements during the said review.
Review completed on 8/28/2026.

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

On 8/27/2026, the Executive Director provided an in-service to managers and registered nurses on "Negotiated Risks Agreement guidance, policies, and procedures", and residents identified requiring manage risks agreement and current residents on manage risks agreement will be reviewed during monthly Collaborative Care meeting.

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

Starting 8/28/2026, Executive Director (ED) to review findings during monthly Collaborative Care/ Quality Assurance and Performance Improvement (QAPI). Any identified concerns will be corrected immediately through completion of documentation, staff counseling, re-education, and corrective action as appropriate.

COMPLETION DATE: 8/28/2026

A 935- 8:36-7.4 (d) Administration of Medications

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

Resident #4 was identified as being affected by this deficient practice. Resident #4 was discharged on NJ Ex Order 26.4(b)(1) Resident was no longer a resident in the community during the NJDOH survey on 8/4/2026.

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

Accepted 9/2/26 NJ Ex Order 26.4(b)(1)

All residents had the potential to be affected by this deficient practice. On 8/27/2026, the Executive Director and Health and Wellness Director (HWD) reviewed the "missed medications and medication not administered report in Point Click Care (electronic medication administration records). No other residents found to be affected by the deficient practice.
Review completed on 8/28/2026.

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

On 8/27/2026, the Health and Wellness Director completed provided an in-service to certified medication technicians, licensed practical nurses, and registered nurses on "Medication Program: missed medication and medication administered policies, and procedures" and "Omnicare/ pharmacy order follow up protocol". Health and Wellness Director to audit medication administration compliance monthly and as needed. Results of the medication audit will be discussed during monthly Collaborative Care Review.

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

Starting 8/28/2026, Executive Director (ED), Health and Wellness Director or designee to review medication compliance report findings during monthly Collaborative Care/ Quality Assurance and Performance Improvement (QAPI). Any identified concerns will be corrected immediately through completion of documentation, staff counseling, re-education, and corrective action as appropriate.

COMPLETION DATE: 8/28/2026

A1021 8:36-13.2 Provision of Social Work Services

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

Resident #4 was identified as being affected by this deficient practice. Resident #4 was discharged on NJ Ex Order 26.4(b)(1) Resident was no longer a resident in the community during the NJDOH survey on 8/4/2026.

- **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 8/27/2026, the Executive Director and Health and Wellness Director (HWD) created a flyer to introduce third party case management services which includes social work services which will be available for all residents in the community.

Accepted 9/2/26
NJ Ex Order 26.4(b)(

BROOKDALE
SENIOR LIVING SOLUTIONS

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

On 8/27/2026, the Executive Director and Health and Wellness Director (HWD) created a flyer to introduce third party case management services which includes social work services which will be available for all residents in the community.

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

An audit was completed by the HWD on 8/28/2026 to ensure that no resident required social work services. Starting 9/1/2026 social work services will be contracted with Brookdale Echelon Lake through a third-party provider for residents to receive geriatric case management when needed. The HWD or designee will be responsible for contacting the third-party provider at any time social work services are needed.

Accepted 9/2/26

NJ Ex Order 26.4(b)

COMPLETION DATE: 8/28/2026

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
sipfep Y1	A. Building B. Wing Y2	9/2/2026 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 A0310	Correction	ID Prefix A0753	Correction	ID Prefix A0781	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.3(c)	Completed	Reg. # 8:36-7.5(d)	Completed
LSC	08/28/2026	LSC	08/28/2026	LSC	08/28/2026
ID Prefix A0935	Correction	ID Prefix A1021	Correction	ID Prefix	Correction
Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-13.2	Completed	Reg. #	Completed
LSC	08/28/2026	LSC	08/28/2026	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	
8/4/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO