

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>02A020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW PARAMUS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>396 FOREST AVENUE PARAMUS, NJ 07652</b>
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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
A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint Complaint #: NJ00169611 Census: 55 Sample Size: 3</p> <p>The facility is not in substantial compliance with all of the standards in teh 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.</p>	A 000		
A 745	<p>8:36-7.2(f) Resident Assessments and Care Plans</p> <p>(f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure that the Registered Nurse (RN) consistently assessed a resident when there was a change in condition for 1 of 3 residents reviewed, Resident #2. The deficient practice was evidenced by the following:</p>	A 745		

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

TITLE

(X6) DATE

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A 745	<p>Continued From page 1</p> <p>According to Surveyor review of Resident #2's medical record (MR), the resident moved into the facility on [redacted] with diagnoses which included, <b>NJ Ex Order 26.4b1</b></p> <p>On 12/26/23, at 2:00 p.m., the surveyor reviewed Resident #2's Progress Notes (PN) section of the MR and observed that a facility Licensed Practical Nurse, (LPN #1) documented that on [redacted], at 2:44 p.m., prescriber orders were received for Resident #2. The orders included the <b>NJ Ex Order 26.4b1</b></p> <p>The Surveyor did not observe documented evidence in the MR to indicate that an RN assessed Resident #2 on and/or around [redacted]</p> <p>2. The surveyor reviewed two PN's dated [redacted] and timed at 11:30 a.m., and 1:30 p.m., that were written by LPN #1, and documented that Resident #2 <b>NJ Ex Order 26.4b1</b>. The Health Service Director (HSD) (a Registered Nurse) was notified, however there was no documented evidence in the MR that the RN <b>NJ Ex Order 26.4b1</b>.</p> <p>3. A PN dated [redacted] and timed at 9:25 p.m., written by LPN #2 revealed that Resident #2 [redacted]</p>	A 745		

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A 745	<p>Continued From page 2</p> <p>4. A PN dated [redacted] NJ Ex Order 26.4b1, and timed at 11:17 a.m., written by LPN #1 indicated that the resident had a [redacted] NJ Ex Order 26.4b1 at 10:30 a.m.</p> <p>The Surveyor continued review of Resident #2's PNs which revealed that on [redacted] NJ Ex Order 26.4b1, at 9:21 p.m., LPN #3 documented, an NJ Ex Order 26.4b1 [redacted] On [redacted] NJ Ex Order 26.4b1 at 11:10 a.m., the HSD noted that Resident #2 [redacted] NJ Ex Order 26.4b1 Resident #2, and he/she [redacted] NJ Ex Order 26.4b1. The PN further indicated that the resident [redacted] NJ Ex Order 26.4b1.</p> <p>Surveyor review of the RN assessments and PNs revealed no documented evidence that the RN assessed Resident #2 for these changes in condition.</p> <p>The Surveyor observed a PN written by LPN #4 dated [redacted] NJ Ex Order 26.4b1, and timed at 1:03 p.m., which indicated that Resident #2 [redacted] NJ Ex Order 26.4b1 [redacted].</p> <p>On 12/26/23, at 12:30 p.m., the Surveyor observed that the HSD had conducted RN assessments for Resident #2 on [redacted] NJ Ex Order 26.4b1 at 1:12 p.m., the Surveyor asked LPN #1 if there were any other areas of Resident #2's MR that additional RN assessments might be documented. LPN #1 stated that she was unaware of any other RN assessments on Resident #2, other than those already provided to the Surveyor.</p> <p>On 12/27/23, at 11:43 a.m., during a post survey</p>	A 745		

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A 745	<p>Continued From page 3</p> <p>phone interview with the HSD, the Surveyor inquired as to how often RN assessments were conducted on residents. The HSD stated that assessments are only done on admission, after thirty days and then every six months. The HSD also stated that Resident #2 <a href="#">NJ Ex Order 26.4b1</a> and was not at the facility long enough for the next six-month assessment to be completed.</p> <p>Surveyor review of facility policy titled, "Resident Assessment," revealed the following: "Policy: Residents within 30 days prior to move-in, at 30 days after move-in, every three (3) months, upon return from the hospital/rehab and each time a resident's condition or level of care changes significantly to assure that residents are appropriate for placement and continued residency in the community..."</p> <p>The surveyor did not observe that a comprehensive RN assessment of Resident #2 was conducted consistently after multiple falls, change in behavioral/health conditions or in accordance with facility policy.</p>	A 745		
A 749	<p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p>	A 749		

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A 749	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00169611</p> <p>Based on interview and record review it was determined that the facility failed to ensure that updates were documented on the General Service Plan (GSP) to reflect the most current individualized changing needs, and specific interventions to address those needs for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>According to Surveyor review of the Medical Record (MR), Resident #2 moved into the facility on [redacted] with diagnoses which included <b>NJ Ex Order 26.4b1</b> [redacted]</p> <p>1. On 12/26/23 beginning at 2:15 p.m., the Surveyor reviewed Resident #2's Progress Notes (PN) section of the MR and observed the following documentation of [redacted]</p> <p>a. On [redacted] at 2:27 p.m., Resident #2 had a [redacted] at 11:30 a.m., and was <b>NJ Ex Order 26.4b1</b> [redacted]</p> <p>b. On [redacted], the same day as above, at 1:30 p.m., [redacted] in the [redacted] area.</p> <p>c. On [redacted] at 12:14 p.m., late entry PN indicated that resident <b>NJ Ex Order 26.4b1</b> [redacted] in <b>NJ Exec Order 26.4b1</b> area of the facility. The PN further indicated that review of camera footage revealed Resident #2 <b>NJ Ex Order 26.4b1</b> [redacted] at 8:57 p.m., for approximately three minutes, until he/she <b>NJ Exec Order 26.4b1</b> [redacted].</p>	A 749		
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A 749	<p>Continued From page 5</p> <p>d. On 10/22/23, at 11:17 a.m., staff reported Resident #2 <sup>NJ Ex Order 26.4b1</sup> at 10:30 a.m., and was <b>NJ Ex Order 26.4b1</b>.</p> <p>e. On 10/27/23, at 6:11 p.m., at approximately 5:00 p.m., Resident #2 <b>NJ Ex Order 26.4b1</b> the <b>NJ Exec Order 26.4b1</b>.</p> <p>On 12/26/23, at 2:45 p.m., the Surveyor reviewed the facility document titled, "Service Plan Detail (SPD)," (a document also known as a GSP) for Resident #2 with an <b>NJ Ex Order 26.4b1</b>, and a <b>NJ Ex Order 26.4b1</b> and was signed by the Health Service Director, (HSD)(a Registered Nurse) on the date of <sup>NJ Ex Order 26.4b1</sup>. The SPD indicated under the section titled, <sup>NJ Ex Order 26.4b1</sup> " that the goal for Resident #2 <b>NJ Ex Order 26.4b1</b> " with the action (intervention) to "...Observe and monitor for appropriate use of safety measures..." this goal was to be carried out by the Resident Assistant (RA) (direct care staff). Although the SPD had a column to indicate the frequency in which the action or intervention was to take place, there was no frequency indicated on the document.</p> <p>The Surveyor did not observe updates to the SPD to <b>NJ Ex Order 26.4b1</b>, or to reflect actions or interventions to <b>NJ Ex Order 26.4b1</b> Resident #2.</p> <p>2. Surveyor review of SPD section titled, <b>NJ Ex Order 26.4b1</b> " listed the goal for Resident #2 was to "...<b>NJ Ex Order 26.4b1</b> <b>NJ Ex Order 26.4b1</b></p>	A 749		

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A 749	<p>Continued From page 6</p> <p>Surveyor review of Resident #2 PN dated <small>NJ Ex Order 26.4b1</small>, at 6:11 p.m., indicated that Resident #2 <b>NJ Ex Order 26.4b1</b> and was observed <small>NJ Ex Order 26.4b1</small> the <small>NJ Ex Order 26.4b1</small>. The Surveyor observed that the SPD was not updated to reflect the above indicated changes in Resident #2's <b>NJ Ex Order 26.4b1</b>.</p> <p>Surveyor review of facility policy titled, "Service/Support Plan (NJ)," revealed the following: under the heading, "Procedure 1. A Service/Support Plan will be completed upon move-in; and it will be reviewed or revised based on the following State-specific timeframe: a. NJ (GSP/HSP)-30 days after move-in; 3, 6 and 9 months; annual and with significant changes..."</p> <p>On 12/27/23, at 11:43 a.m., surveyor conducted a post survey phone interview with the facility's HSD who stated that GSP's are reviewed every 6 months, and as needed.</p> <p>The facility failed to ensure that updates to GSP's were consistently documented for Resident #2 to reflect the individual changing needs, including <b>NJ Ex Order 26.4b1</b>.</p>	A 749		
A 971	<p>8:36-11.6(a)(4) Pharmaceutical Services</p> <p>(a) The facility or program shall designate a pharmacist who shall direct pharmaceutical services and provide consultation to the physician, facility, or program staff, and residents, as needed. The pharmacist shall assist the facility or program with, at a minimum, the following:</p> <p>4. Reviewing medication administration records on a quarterly basis;</p>	A 971		

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A 971	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, and other pertinent facility documents, it was determined the facility failed to ensure that the designated Consultant Pharmacist consistently reviewed residents' medication regimen's in accordance with the facility policy titled, "Consultant Pharmacist Services" and/or on a quarterly basis to direct and assist the facility in providing safe pharmacy services for 2 of 3 residents reviewed, Resident #1 and Resident #2. This deficient practice was evidenced by the following:</p> <p>On 12/26/23, at 12:15 p.m., during surveyor interview with Licensed Practical Nurse (LPN) #1, she stated that the facility had a Consultant Pharmacist and she thought they visited the facility monthly, but was unsure of how many residents were reviewed each time. The Surveyor requested that LPN#1 provide the Consultant Pharmacist visit reports for all residents from June 2023 through the current date of 12/26/23. LPN #1 provided the Surveyor with Consultant Pharmacist visit reports from 5/10/23 through 12/7/23.</p> <p>1. Resident #1 moved into the facility on [redacted] with diagnoses which included [redacted].</p> <p>[redacted] Surveyor review of Consultant Pharmacist visit reports from [redacted] through [redacted] revealed one document dated [redacted] titled, "Medication Regimen Review" for Resident #1. The Surveyor did not observe any other reports for Resident #1 during this time frame.</p>	A 971		
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A 971	<p>Continued From page 8</p> <p>2. Resident #2 moved into the facility on <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b>, and had diagnoses <b>NJ Ex Order 26.4b1</b>.</p> <p>Surveyor review of Resident #2 Progress Notes (PN), and Physician Orders sections of the medical record revealed that the resident <b>NJ Ex Order 26.4b1</b> as follows:</p> <p>a. On <b>NJ Ex Order 26.4b1</b> at 6:00 p.m.</p> <p>b. On <b>NJ Ex Order 26.4b1</b></p> <p>c. On <b>NJ Ex Order 26.4b1</b></p> <p>d. <b>NJ Ex Order 26.4b1</b></p> <p>e. On <b>NJ Ex Order 26.4b1</b> at 6 p.m.</p> <p>f. On <b>NJ Ex Order 26.4b1</b></p> <p>g. On <b>NJ Ex Order 26.4b1</b></p> <p>h. On <b>NJ Ex Order 26.4b1</b> at 5 p.m.</p> <p>i. On <b>NJ Ex Order 26.4b1</b></p> <p>j. On <b>NJ Ex Order 26.4b1</b></p> <p>k. On <b>NJ Ex Order 26.4b1</b></p> <p>According to Surveyor continued review of the medical record the above indicated <b>NJ Ex Order 26.4b1</b> were prescribed for the following indications: <b>NJ Ex Order 26.4b1</b></p>	A 971		

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A 971	<p>Continued From page 9</p> <p>Surveyor review of the Consultant Pharmacist visit records during [REDACTED] revealed one report dated [REDACTED] for Resident #2. The Surveyor did not observe any other reports by the Consultant Pharmacist during this time frame.</p> <p>On 12/26/23, at 2:30 p.m., the Surveyor reviewed the facility provided policy titled, "Consultant Pharmacy Services" which indicated the following: "The consultant pharmacist reviews and evaluates the pharmaceutical services by helping the facility identify, evaluate, and address medication issues that may affect resident care, medical care, and quality of life. The pharmacist is responsible for helping the facility obtain and maintain timely and appropriate pharmaceutical services that support residents' healthcare needs, that care consistent with current standards of practice ..."</p> <p>The document continued, "1. Consultant Pharmacist will conduct a medication regimen review for Facility residents at least monthly..." and, "2. Upon notification by the Facility of short stay residents or those with acute medical changes a pharmacist will perform an intermediate medication regimen review..."</p> <p>During a post survey telephone interview on 12/27/23, at 11:43 a.m., with the Health Service Director, the Surveyor inquired if there were any additional medication regimen reports for Resident #2, other than the one report dated [REDACTED] previously received by the Surveyor. The Surveyor was not provided with any additional Consultant Pharmacist visit reports for Resident #2.</p>	A 971		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 02A020	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/5/2024
NAME OF FACILITY BRIGHTVIEW PARAMUS	STREET ADDRESS, CITY, STATE, ZIP CODE 396 FOREST AVENUE PARAMUS, NJ 07652	

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 A0745	Correction	ID Prefix A0749	Correction	ID Prefix A0971	Correction
Reg. # 8:36-7.2(f)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-11.6(a)(4)	Completed
LSC	02/23/2024	LSC	02/23/2024	LSC	02/23/2024
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/26/2023
  CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
  YES  NO