

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/03/2025
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NAME OF PROVIDER OR SUPPLIER ARTIS SENIOR LIVING OF BRICK	STREET ADDRESS, CITY, STATE, ZIP CODE 466 JACK MARTIN BOULEVARD BRICK, NJ 08724
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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 #: NJ160231, NJ169761, NJ185271, NJ188263, CENSUS: 67 SAMPLE SIZE: 5 SURVEY DATE: 10/3/2025</p> <p>The facility is not in substantial compliance with all 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, based on this Complaint Survey.</p> <p>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 983	<p>8:36-11.7(a)(5) Storage and Control of Medications</p> <p>(a) The administrator shall provide an appropriate and safe medication storage area, either in a common area or in the resident's unit, for the storage of medications that are not self-administered by the residents. The storage area requirement may be satisfied through the use of a locked medication cart.</p> <p>5. Medications shall be stored in accordance with manufacturer's instructions, and/or pharmacy labels and/or directions, and/or United States Pharmacopeia Drug Information (USP DI) Volume I,</p>	A 983		

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

TITLE

(X6) DATE

11/05/25

New Jersey Department of Health

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A 983	<p>Continued From page 3</p> <p>NJ Ex Order 26.4(b)(1), daily at 9 AM and 5 PM, by mouth, ordered on [redacted] end date [redacted]</p> <p>A review of the physician's order report (POR), dated [redacted] through [redacted], indicated [redacted], daily at 9 AM, [redacted] daily until [redacted] ordered on [redacted] discontinued on [redacted]</p> <p>A review of the physician's order report (POR), dated [redacted] through [redacted], did NOT reflect an order for [redacted] to start on [redacted] as prescribed by the [redacted]. It was revealed that the [redacted] order started on [redacted], 11 days after it was prescribed.</p> <p>A review of the Medication Administration Record (MAR), dated [redacted], revealed [redacted] with a start date of [redacted]. The first signature noted was [redacted] at 9:00 AM. Indicating that twelve (12) opportunities were missed, and the resident did not receive the medication from original order date of [redacted]</p> <p>A review of the MAR, dated [redacted], revealed NJ Ex Order 26.4(b)(1), by mouth with a start date of [redacted]. The first signature noted was [redacted] at 5:00 PM, indicating that seven (7) opportunities were missed, and the resident did not receive the medication from original order date of [redacted]</p> <p>A review of the Health Service Plan, dated [redacted], revealed interventions: treatment to [redacted] with [redacted] daily ...Progress: discontinue treatment to [redacted] as of [redacted]</p> <p>On 10/3/25 at 11:40 AM the surveyor interviewed the DHW, who stated, when a prescription is</p>	A 983		

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A 983	<p>Continued From page 4</p> <p>given for a resident the Certified Medication Associate (CMA) should fax the prescription to the pharmacy and transcribe the medication on the MAR. At that time the CMA should follow up with the pharmacy for delivery of the medication. If there is a delay in the delivery it should be noted in the O.N, and the DHW should be made aware.</p> <p>The surveyor reviewed the policy "Medication Management" dated May 2019 revealed ...the DHW will provide oversight for medication management and administration for all residents ...medications must be administered in accordance with the written orders of the physician ...all current drugs and dosage schedules must be recorded on the MAR ...to document that a medication was given, the initials of the person administering the medication must be entered in the correct space on the MAR corresponding with the correct date, and time. Initials are entered at the time the medication was administered.</p> <p>The surveyor reviewed the policy "Wound Documentation Report" dated June 2019 revealed ...The DHW is to monitor all open wounds for signs and symptoms of healing or infection and to monitor the effectiveness of the prescribed treatment ...</p> <p>NJ 8:36-11.5 (f)</p>	A 983		



License #NJ 15A116

ARTIS SENIOR LIVING OF BRICK License #NJ 15A116

466 JACK MARTIN BOULEVARD

BRICK, NJ 08724

TYPE OF SURVEY: Complaint

Complaint: NJ160231, NJ169761, NJ185271, NJ188263

Census: 67

Sample size: 5.

Survey date: 10/03/2025.

A983 8:36 – 11.7 (a)(5) Storage and Control of Medications

1. **How the corrective action will be accomplished for resident found to have been affected by the deficient practice:**

2/2 Medication orders for Resident #2 have been discontinued as medications ordered were for a specific time frame with start and end date. Resident physically moved out of Artis at Brick on NJ Ex Order 26.4(b)(1) and relocated to NJ Ex Order 26.4(b)(1)
[REDACTED]

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**

An audit will be conducted by the Director of Health and Wellness and/or Coordinators of Health and Wellness of all current resident medication orders for accuracy and availability. This will be completed by 11/19/25. The pharmacy IPPC will also conduct a full audit of all medication carts for compliance. This will be completed by 12/1/25. The DHW/designee will complete weekly audits to ensure there is no delay in medication administration.

3. **Systematic changes implemented to prevent re-occurrence:**

A. **Order Entry Time Frame:** All medication orders must be entered into electronic medication record by IPPC pharmacy. The Director of Health and Wellness and/or the Coordinators of Health and Wellness will be responsible for



POC # 21114125 Accepted

Brick
A Memory Care Community

License #NJ 15A116

faxing/communicating with the pharmacy. The pharmacy then will enter the medication orders into electronic medication record within 4 hours of receipt. All Coordinators of Health and Wellness have been in-serviced on the four-hour expectation on 11/12/25 and 11/13/25 by Regional Director of Health and Wellness.

- B. Medication Order Tracking Log: Log will be completed by Coordinators of Health and Wellness with Director of Health and Wellness oversight and supervision. This will include day/time order received, day/time order requested from pharmacy, day/time pharmacy confirmed fulfillment, day/time medication received from pharmacy, if medication not delivered within 24 hours, the nurse (CHW) or medication technician must escalate to the Director of Health and Wellness, the Executive Director and Pharmacy Liaison.
- C. All escalations will be documented.
- D. Staff Re-Education: All Coordinators of Health and Wellness and Medication Technicians will be educated on order entry time frame, medication tracking log, and escalation process by the Regional Director of Health and Wellness. This was completed on 11/14/25.

4. Monitoring and Quality Assurance:

Regional Director of Health and Wellness and Director of Health and Wellness/Designee will review Medication Tracking Log weekly for 90 days followed by Monthly review. Any trend of non-compliance will trigger immediate training.

This deficiency will be corrected by Artis Senior Living of Brick by 12/15/25. The Regional Director of Health and Wellness/Designee will be responsible for the overall plan to correct.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A116	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/18/2025
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NAME OF FACILITY ARTIS SENIOR LIVING OF BRICK	STREET ADDRESS, CITY, STATE, ZIP CODE 466 JACK MARTIN BOULEVARD BRICK, NJ 08724
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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 A0983	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-11.7(a)(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/15/2025	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 <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 10/3/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		