

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/14/2022
NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT ABERDEEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1288 RT 34 ABERDEEN, NJ 07747		
(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
R 000	Initial Comments Initial Survey Census: 0 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES	R 000		
R 720	8:37-5.4(a)(2)(i-ii) Personal Care-Training & Staffing Requirement All staff who are employed by the facility who have regular direct contact with residents and are not licensed healthcare professionals shall successfully complete a five-day course given by a Registered Nurse or other healthcare professional, approved by the Department, which shall include orientation to the facility and specific training regarding Alzheimer's disease. This STANDARD is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documented evidence that newly hired employees received the mandatory five-day course training requirement to be given by a registered nurse or other healthcare professional for 5 of the 8 newly hired employees whose employee files were reviewed. The deficient practice is as follows: Reference: N.J.A.C. 8:37 Licensing Standards for Dementia Care Homes,	R 720		

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

TITLE

(X6) DATE

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R 720	Continued From page 1 5.4(a), Training and Staffing Requirements Orientation to the facility, Specific training regarding Alzheimer's disease, Day One: Mission; policies and procedures; rules for residents; rules for staff; scheduling of meals and activities; documentation requirements; residents' rights; confidentiality; and ethical behavior; il. Day Two: Safety issues; preventing falls and accidents; fire training and evacuation; infection controls and universal precautions; and Occupational Safety and Health Administration, and related issues; ill. Day Three: Didactic information concerning Alzheimer's disease; audiovisuals; role plays; definition of dementia; associated behaviors of dementia (such as rummaging, wandering, impulsiveness, etc.); distinctive characteristics of individuals with dementia; and use of Senior Living University or similar tapes; iv. Days Four and Five: Structured observation at a dementia-specific adult day care program or at a dementia unit of an assisted living facility; trainees to observe a multidisciplinary team in action with clients with dementia and to be given structured worksheets to complete; and trainees to participate in discussion sessions with their supervisor each day. (b) During the first 30 days on the job, a new employee shall be paired with an employee with more than one year of work experience in a dementia care home, so that there will be role-modeling and instant feedback for problem-solving for 5 out of 8 employees whose	R 720		

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R 720	Continued From page 2 personnel files were reviewed. On 10/14/2022, the surveyor reviewed 8 of the facility's 13 employee personnel files and observed that there was no documented evidence that 5 of the 8 employees reviewed, received the mandatory five-day course training given by a registered nurse or other healthcare professional. On 10/14/2022 at 11:12 a.m., the surveyor interviewed the facility's Administrator who stated the newly hired employees have not received the mandatory five-day course training at this time. The facility's Administrator was unable to produce documented evidence that the 5 employees had received the mandatory five-day course training.	R 720		
R 800	8:37-5.6(c) Personal Care-Bathing and Personal Hygiene Any bath or shower used by residents requiring assistance shall have handrails and treads. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that 5 of 5 bathroom showers were equipped with shower treads (anti-slip protection). This deficient practice was evidenced by the following: On 10/14/22 at 11:00 a.m., during an initial tour of facility, in the presence of the Administrator, the surveyor observed 5 bathrooms. However, 5 of the 5 tiled shower floors were without treads. At 11:30 a.m., the surveyor interviewed the	R 800		

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R 800	Continued From page 3 Administrator who agreed that the treads should have been placed in the showers.	R 800		
R1680	8:37-7.10(a)(2)(i-vi) Physical Plant-Building Safety Requirements All facilities shall have physical security features in compliance with the following: i. The entrance to the front yard shall be controlled with a non-scalable fence of at least four feet and a gate. ii. The gate will have self-closing and self-latching hardware and be equipped iii. Exterior doors shall be locked at all times and access by the residents and visitors will only be permitted with the assistance of a staff member. iv. All doors to a common cellar or storage area shall remain locked at all times except for ingress or egress in the presence of a staff member. v. The gate or main entrance of the residence shall be monitored by a closed circuit monitor. vi. Windows and doors will be equipped with audible alarms that will ring if a door or window is opened. This STANDARD is not met as evidenced by:	R1680		

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R1680	Continued From page 4 Based on observation and interview, it was determined that the facility's President Managing Member (PMM) failed to ensure that all of the windows in the resident's rooms were equipped with an audible alarm when opened for 15 of 15 windows in the resident bedrooms. This deficient practice was evidenced by the following: On 10/14/2022 at 11:45 a.m., during the initial tour of the facility in the presence of the PMM the surveyor observed that the windows in the resident rooms were not equipped with an audible sounding device. The surveyor went into room #9 and observed that the residential style window was capable of being unlatched and swung open fully and did not alarm. The surveyor also noticed that the window faced the facility's parking lot which was not enclosed with a fence or gate. The surveyor observed that the parking lot lead directly to a busy road that had a speed limit of 45 miles per hour. At 12:25 p.m., the facility's PMM confirmed that there were no alarms on the residents' windows. The facility failed to ensure that the windows in the resident rooms were equipped with an alarm that would trigger an audible sound when the window was opened.	R1680		
R1760	8:37-7.12(a)(1) Physical Plant-Living and Dining Rooms At least one living room shall be provided for use by residents. Such living room(s) shall contain comfortable	R1760		

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R1760	Continued From page 5 chairs sufficient to provide seating for at least two-thirds of the facility ' s maximum licensed resident capacity at any one time. This STANDARD is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide the required seating capacity for minimum residential capacity in the living room. This deficient practice was evidenced by the following: On 10/14/22 at 9:45 a.m., during the entrance conference, the owner of the facility explained to the surveyor that the facility applied for a license for seventeen residents. Therefore, seating in the living room needed to be provided to accommodate two-thirds of the residents or 11 residents. On 10/14/22 at 10:10 a.m., the surveyor toured the living room area and observed that the space contained seating for seven residents to sit comfortably. On 10/14/22 at 12:45 p.m., the surveyor reviewed the facility policy and procedure titled "Living and Dining Rooms" and listed under "Procedure ...1. Such living room(s) shall contain comfortable chairs sufficient to provide seating for at least two-thirds of the facility's maximum licensed resident capacity at any one time" The facility failed to provide the required comfortable seating for two thirds of the 17 residents, 11 residents, in the living room area as required by facility policy and this regulation.	R1760		

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R2112	Continued From page 6	R2112		
R2112	8:37-9.3(c) Dietary-Food Sanitation All areas in which food is kept, prepared or served and all utensils, dishes, glasses, pots and equipment used in the preparation or serving of food shall be maintained in a sound and sanitary condition and free from any hazard to health. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that adequate sanitizing products were available for cleaning and sanitizing utensils and dishware for resident use. This deficient practice was evidenced by the following: Reference: Chapter 24 "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" N.J.A.C. 8:24-4.7(a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning. On 10/14/22 at 10:20 a.m., the surveyor toured the facility kitchen with the owner and observed that the facility had two dish washers and a three-compartment sink. The surveyor did not observe sanitizing solutions for dishware nor signage on the three-compartment sink to indicate wash, rinse, and sanitize. On 10/14/22 at 12:45 p.m., the owner of the facility explained to the surveyor that the dishwashers were not commercial dishwashers and that dishes would be cleaned and sanitized in the three-compartment sink with the use of sanitizer test PH (potential of hydrogen) strips	R2112		

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R2112	Continued From page 7 and bleach. The surveyor requested to examine the sanitizer and test strips and the owner indicated that the sanitizer and test strips would be ordered and that there was none on the premises at that time. On 10/14/22 at 1:00 p.m., the Administrator confirmed that the sanitizer and test strips had to be ordered. The facility failed to ensure that sanitizing solutions and sanitizing test strips were available to maintain the sanitary condition of dishware and utensils for residential use.	R2112		

ALCOEUR GARDENS @ ABERDEEN

1288 Route 34
Aberdeen, NJ 07747
732 - 204 -7321

densie@alcoeurgardens.com , deanna@alcoeurgardens.com

PLAN OF CORRECTION for visit on 10/14/2022

R720

8:37- 5.4(a)(2)(i-ii) Personal Care-Training & Staffing Requirements Completion date - 10/28/2022

1. The Director of Nursing as well as the Administrator has successfully performed on site training for all future employees listed in noted deficiency. All 5 of the 8 new employees not properly trained in accordance with licensing standards for Dementia Homes have completed training on 10/28/22.
2. All future residents have been affected by this deficient practice. All future residents not in the sample have the potential to be affected by the same deficient practice.
3. An on-site training was performed by the Director of Nursing on 10/28/2022. All employees noted in deficiency were present during such training. The Alcoeur Gardens five day training was combined into one full day of training in the facility for such staff. During this time, orientation to the facility was performed with each individual new employee. Alcoeur Gardens' Mission, policies and procedures, and proper documentation of residents were communicated. Safety issues, emergency protocols, falls and incident protocols, sending residents out of the community during emergent situations were also addressed. Infection control, covid protocols were taught to all new employees. Each employee was given a pretest to determine level of understanding for residents suffering from Dementia and/ or Alzheimer's. After the test was completed the Director of Nursing participated in a discussion with the new employees to instruct employees on a positive and productive way to deal with behavior from those suffering from Dementia and/or Alzheimer's. All employees noted in deficiency were trained on proper diets, cooking, and use of all appliances in the kitchen and laundry area.
4. Once residents are moved into the facility, employees will begin working. During this time all 5 of the 8 employees noted in the deficiency will be re-trained with the Director of Nursing and complete the hands-on training during this time. The 5 day mandatory Alcoeur Gardens training will be performed. All future employees will receive the 5 day hands on training beginning with their first shift. All future employees will observe a multidisciplinary team in action with clients with Dementia. The Director of Nursing will ensure each employee of Alcoeur gardens receives mandatory training. The Director of Nursing will review employee files quarterly to ensure training was completed.

R800

8:37-5.6(c) Personal Care-Bathing and Personal Hygiene

Completion date - 10/26/2022

1. All baths and showers used by residents requiring assistance have been properly equipped with shower treads (anti-slip protection). 5 of the 5 bathrooms noted in the deficiency are now within acceptable standards for residents' safety requirements. 5 of the 5 bathrooms also contain shower chairs, and grab bars for residents' use and for the safety of all future residents.
2. All future residents have been affected by this deficient practice. All future residents not in the sample have the potential to be affected by the same deficient practice.
3. On 10/26 the Director of Maintenance installed shower threads (anti-slip protectors) in all showers and baths in the facility; including all 5 baths noted in deficiency. The Director of Maintenance inspected all baths to ensure they are properly working when wet from the shower.
4. Inspection of shower treads as well as any anti-slip devices in each bath will be performed and documented by the Director of Maintenance on a monthly basis. Any anti-slip tread will be repaired immediately if not properly functioning.

R1680

8:37-7.10(a)(2)(i-vi) Physical Plant - Building Safety Requirements

Completion date - 10/26/2022

1. Since visit on 10/14/2022 all 15 windows and any other window not in noted deficiency have now been equipped with an audible alarm when opened. Each window and alarm has been assessed for proper functioning when opened and sounding device was heard.
2. All future residents have been affected by this deficient practice. All future residents not in the sample have the potential to be affected by the same deficient practice.
3. On 10/26 the Director of Maintenance installed audible alarms on all windows, including those 15 windows noted in deficiency. At the time of installation all alarms and windows were assessed for proper sound and functioning. When a window is opened the alarm will sound and employees have been trained to properly close the window and assess all residents for whereabouts and safety.
4. The Director of maintenance will inspect and document the functioning and the closing of all windows in the facility on a monthly basis. During this time all alarms on

windows will be inspected and documented as well. Any alarm; or audible device on the window that is not properly functioning will be repaired immediately. The Administrator will check the maintenance log and inspection log on a quarterly basis to ensure all inspections are completed.

R1760

8:37-7.12(a)(2)(1) Physical Plant - Living and Dining Rooms

Completion date - 10/30/2022

1. Since visit on 10/14/22 the designated living room for resident's use has sufficient seating for at least two-thirds of our facility resident capacity. Since visit on 10/14/2022 new couches and an additional table have been purchased and delivered to ensure the minimum requirements for residents seating have been met. The dining room and living area both have sufficient seating for two-thirds of the maximum licensed capacity at any one time.
2. All future residents have been affected by this deficient practice. All future residents not in the sample have the potential to be affected by the same deficient practice.
3. Since noted deficiency a new purchase has been made for couches as well as an additional table for resident seating. Such couches and tables have been delivered. The main living area noted to have only seating for 7 residents now is equipped for 11 or more residents to sit comfortably (two-thirds capacity).
4. The Director of maintenance will assess all furniture, table, and couches for proper functioning and cleanliness on a monthly basis. The Director of maintenance will alert the Administrator to any malfunction or any piece of furniture that may need to be replaced. Any furniture that is not within acceptable standards will be replaced immediately to ensure sufficient seating for two-thirds of the maximum licensed capacity of residents.

R2112

8:37-9.3 (c) Dietary - Food Sanitation

Completion date - 10/30/2022

1. Since visit on 10/14/2022 the facility's 3 compartment sink has been properly labeled and equipped so that all utensils, dishes, glasses, and pots/pans are within required sanitary conditions and free from any hazard to health. All equipment and food - contact surfaces will be sanitized as per the "Sanitation in retail food establishments and food and beverage vending machines" requirements.
2. All future residents have been affected by this deficient practice. All future resident's not in the sample have the potential to be affected by the same deficient practice.

3. Since noted deficiency the 3 compartment sink has been labeled to ensure there is a sink for use of rinsing, washing and sanitizing all utensils and equipment used during food preparation for the residents. Since the visit, Steramine tablets have been purchased and delivered. Steramine tablets will be dissolved in the desired amount of water in the sanitize labeled sink. After tablets have been dissolved the sanitized water will then be tested with the Sanitizer Test Paper to ensure adequate ppm range, results will be documented. Once it has been determined that the water is within normal ppm range and normal temperature any utensils, dishes, glasses, and pots/pans used for preparation of residents food will be placed in the warm sanitized water for 60 seconds or longer. All utensils and equipment will then air dry and will be within required sanitary conditions and free from any hazard to health. All currently hired staff have been trained on such protocol. All new employees will be trained on such procedures prior to their first shift.
4. The Director of nursing will monitor the documentation of PPM logs and water temperature logs on a weekly basis. During this time the Director of nursing will assess any sink for proper labeling and functioning. Any staff that is not familiar with proper sanitizing procedures will be trained as needed. Any sink that is not properly functioning or maintaining required water temperature will be reported to the Director of maintenance immediately so it may be repaired.