

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30A004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/21/2022
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NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF WEST ORANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 220 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052
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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 and COVID-19 Focused Infection Control</p> <p>COMPLAINT #: NJ00154083, NJ00141745</p> <p>CENSUS: 87</p> <p>SAMPLE SIZE: 6</p> <p>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.</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 4/21/22. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p>	A 000		
A 607	<p>8:36-5.15(a)(1) General Requirements</p> <p>(a) The resident's family, guardian, and/or designated responsible person or community</p>	A 607		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A 607	<p>Continued From page 1</p> <p>agency shall be notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following:</p> <p>1. The resident acquires an acute illness requiring medical care;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00154083</p> <p>Based on interview and record review it was determined that the facility failed to notify a resident's family or Power of Attorney of a change in the resident's condition upon NJ ex order 26.4b1 [REDACTED] in accordance with facility policy for 1 of 6 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 4/20/22 at 11:40 a.m., the surveyor reviewed the Medical Records (MR) of Resident #2 which revealed that the resident had moved into the facility on NJ Exec Order 26.4b1 [REDACTED] with diagnoses which included NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. According to the Progress Notes (PNs) dated NJ ex order 26.4b1 [REDACTED] at 4:40 p.m., the Registered Nurse (RN) documented that Resident #2 NJ ex order 26.4b1 [REDACTED] and that a family member was notified of the transfer. Further review of the PN's identified that on NJ Exec Order 26.4b1 [REDACTED] at 3:44 a.m., the RN documented that Resident #2 NJ ex order 26.4b1 [REDACTED].</p> <p>Additionally, the RN documented at 6:46 a.m., that Resident #2 NJ ex order 26.4b1 [REDACTED] had notified a</p>	A 607		
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A 607	<p>Continued From page 2</p> <p>family friend.</p> <p>Further Review of Resident #2's PN's from NJ ex order 26.4b1 failed to provide documentation of notification of a family member or Power of Attorney (POA) regarding Resident #2's NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 he Surveyor identified that according to the MR document titled, "MOVE IN RECORD" documented under resident information and contacts, Resident #2's family members were designated as responsible party and general POA for the resident.</p> <p>On 4/20/22 at 11:55 a.m., the surveyor interviewed the RN regarding notification of Resident #2's family or Power of Attorney (POA) of the NJ Exec Order 26.4b1 in Resident #2's NJ Exec Order 26.4b1 and treatment upon NJ ex order 26.4b1 on NJ ex order 26.4b1. The RN stated that it was not the facility's responsibility to notify the family of Resident #2's NJ ex order 26.4b1 or NJ Exec Order 26.4b1 and that it was the responsibility of the hospital.</p> <p>On 4/21/22 at 11:00 a.m., the surveyor interviewed the Executive Director (ED), who stated that the facility personally calls the resident's family to notify them of a NJ ex order 26.4b1 or NJ Exec Order 26.4b1.</p> <p>On 4/21/22 at 11:50 a.m., the surveyor reviewed the facility's policy titled, "...COVID-19 Mitigation and Response Plan" which revealed: "8. Communication...to residents, families, team members and others during a known or suspected COVID-19 outbreak...Call families and inform residents, as appropriate,...In advance of</p>	A 607		

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A 607	<p>Continued From page 3</p> <p>community-wide communications, remember to always first communicate directly with impacted residents and families."</p> <p>On 4/25/22 at 11:45 a.m., the surveyor interviewed the Infection Control Preventionist over the telephone who also stated that the facility would provide a phone call to notify the family or the POA of a resident's [redacted] NJ ex order 26.4b</p> <p>The facility failed to notify the responsible party and/or the POA of Resident #2's regarding the resident's NJ ex order 26.4b1 and [redacted] NJ Exec Order 26.4b in accordance with the facility policy and procedure for [redacted] NJ Exec. Order 26:4, b.1</p>	A 607		

Sunrise Senior Living Plan of Correction

Name of Community: Brighton Gardens of West Orange
Address of Community: 220 Pleasant Valley Way West orange, NJ 07052
License number: 30A004
Inspection date(s): 4/21/2022
Name/Title of Legal Entity Representative Signing the Plan of Correction:
NJ Exec Order 26.4b1, Executive Director

Signature of Sunrise Representative: NJ Exec Order 26.4b1
Date of Submission: 5/18/2022

Regulation	Target Date by Which Correction will be completed	Plan of Correction
8:36-5.15(a)(1) General Requirements	4/25/2022	1. Corrective Action for the Affected Residents: There was one resident #2 was affected due to the alleged deficient practice of failing to notify a resident's family, Power of Attorney (POA), or responsible party of a <u>NJ Exec Order 26.4b1</u> upon readmission to the facility. The Resident Care Director - RN (RCD), Wellness Nurse (WN) or designees will communicate resident <u>NJ Exec Order 26.4b1</u> with the resident's Power of Attorney (POA) or responsible party (RP) at the time of the event.
	4/25/2022	2. Corrective Action for Other Residents: This deficient practice has the potential to affect all residents.
	4/25/2022	3. Systemic Correction to Prevent Recurrence: The Resident Care Director (RCD) in-serviced the Wellness Nurses (WN)/designees on the process of communication with the appropriate parties when a resident experiences a change of condition. RCD reviewed with the team the requirement of family notification and documentation. Wellness team/designee will notify residents' POA or responsible party of any new onset of illness or changes in condition at the community and document accordingly.
	4/25/2022	4. Monitoring Plan:

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		<p>Residents that have had changes of condition will be discussed daily at morning meeting. ED / RCD/ Designees will randomly select residents discussed and review progress notes for documentation of POA or responsible party notification. The plan of correction will be discussed during the Quality Assurance and Performance Improvement meetings, with the Executive Director and Management Team and changes will be made to the monitoring plan based on results, as needed.</p>

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 30A004	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/26/2022
Y1	Y2	Y3
NAME OF FACILITY BRIGHTON GARDENS OF WEST ORANGE		STREET ADDRESS, CITY, STATE, ZIP CODE 220 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052

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 A0607	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-5.15(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/26/2022	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 4/21/2022	<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
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