

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>65A000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTON GARDENS OF LEISURE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 ROUTE 70 LAKEWOOD, NJ 08701</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: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 03/10/2023. 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. The census was 87.</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		
A1297	<p>8:36-18.3(a)(4) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>4. Surveillance techniques to minimize sources and transmission of infection;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, document reviews, and facility policy review, it was</p>	A1297		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A1297	<p>Continued From page 1</p> <p>determined the facility ensure staff wore appropriate personal protective equipment when they entered the room of 3 (Residents #6, #9, and #10) of 6 sampled residents who were suspected of or confirmed <b>NJ Ex Order 26. 4B1</b> .</p> <p>Findings included:</p> <p>The facility policy titled, "Coronavirus (COVID-19)," effective 03/16/2020, specified for residents with known or suspected COVID-19, "Limit room entry to only essential team members with appropriate personal protective equipment (PPE) and respiratory protection."</p> <p>A review of an undated facility document provided to the surveyor indicated five (Residents #2, #6, #8, #9, and #10) of six sampled residents were suspected of or confirmed <b>NJ Ex Order 26. 4B1</b> .</p> <p>A review of the facility's line listing revealed Resident #6 tested <b>NJ Ex Order 26. 4B1</b> on <b>NJ Ex Order 26. 4B1</b> and Resident #9 and Resident #10, both tested <b>NJ Ex Order 26. 4B1</b> .</p> <p>During the survey, Residents #6's, #9's and #10's rooms had a bin of personal protective equipment (PPE) outside the entrance to the residents' room. There was also a sign on each residents' room's door that indicated each resident was <b>NJ Ex Order 26.4(b)(1)</b> and PPE (gloves, goggles, gown, and foot covers) is required to enter each resident's room.</p> <p>On 03/10/2023 beginning at 10:50 AM, the surveyor observed Nurse Aide (NA) #7 deliver meal trays to Residents #6, #9 and #10. NA #7 knocked on each resident's door and entered the room without donning a gown, gloves, goggles, or</p>	A1297		

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A1297	<p>Continued From page 2</p> <p>foot covers. NA #7 came into direct contact with each resident, when she was observed to place the resident's meal tray on their table and set the meal tray up for each resident.</p> <p>In an interview on 03/10/2023 at 11:10 AM, NA #7 stated she did not have to wear PE with residents <b>NJ Ex Order 26.4(b)(1)</b> unless she provided direct care to the residents.</p> <p>On 03/10/2023 at 2:15 PM, the Infection Preventionist/Health Services Director (IP/HSD) stated staff were expected to be in full PPE when they served meal trays to residents <b>NJ Ex Order 26.4(b)(1)</b>. The IP/HSD stated regardless of who went in the room, all staff needed to wear full PPE. The IP/HSD was made aware of the observations and stated she understood the deficient practice.</p>	A1297		

5/15/2023

PRINTED: 03/21/2023  
FORM APPROVED

New Jersey Department of Health

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A1297	<p><b>8:36-18.3(a)(4) Infection Prevention and Control Services</b></p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p style="padding-left: 40px;">4. Surveillance techniques to minimize sources and transmission of infection;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, document reviews, and facility policy review, it was</p>	A1297	

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

TITLE

(X6) DATE

Executive Director  
5/16/2023

5/16/2023

Dear [NJ Ex Order 26.4(b)(1)]

Please see our Plan of Correction for our survey date 3/10/23. Please let us know if you require any additional information.

Thank you,

**NJ Ex Order 26. 4B1**, CALA  
Leisure Park Assisted Living  
1400 Rte. 70  
Lakewood NJ 08723

All staff will continue to be retrained on proper procedure to follow when interacting with residents who have tested **NJ Ex Order 26. 4B1**. We will specifically instruct proper precautions to take to promote identification of [NJ Ex Order 26.4(b)(1)] need to reduce **NJ Ex Order 26.4(b)(1)** work toward eliminating deficient practices, and importance of preventing [NJ Ex Order 26.4(b)(1)] in elderly population. Staff will continue to be retrained on how to properly don and doff PPE equipment, proper handwashing protocol, and use of hand sanitizer when appropriate.

The facility will continue to identify potential residents that may be affected by deficient practices with continued contact tracing when a contagious infectious process occurs, to identify staff that may be continuing to use deficient practices. This will be achieved by continuing with symptomatic screenings as needed for Team members and residents, observation of team members who are assigned to residents with an infection, and review of policies when an infected resident is identified.

We recognize the need to have systematic change to ensure that deficient practices will not continue to occur. We have continued to implement use of in-person in-services, and online training, but will increase the frequency from upon hire and yearly to upon hire, as needed when deficient practices are observed, and every 6 months minimally.

The facility is committed to monitor these corrective actions and ensure that deficient practices are being corrected. We will closely monitoring education of all new staff with completion of online and in-person in-services. We will frequently observe the staff during rounds for proper hand sanitizer use, correct handwashing per CDC recommendations, and proper donning and doffing of PPE when required to prevent spread of infection. We will correct any deficient practices noted on the spot to attempt to prevent the spread of infection.

**Date of Completion: 3/21/2023 Staff training**

**Date of Completion: 5/12/2023 Training requirements**

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A000 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/16/2023 <span style="float: right;">Y3</span>
NAME OF FACILITY BRIGHTON GARDENS OF LEISURE PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 ROUTE 70 LAKEWOOD, NJ 08701

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 A1297	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.3(a)(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/12/2023	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 3/10/2023		<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		