

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82471	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/12/2024
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NAME OF PROVIDER OR SUPPLIER ALLEGRIA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 70 STOCKTON AVENUE OCEAN GROVE, NJ 07756
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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</p> <p>COMPLAINT #: NJ00171770</p> <p>CENSUS: 93</p> <p>SAMPLE SIZE: 3</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>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00171770</p> <p>Based on interview and review of the facility's policies and procedures, it was determined that the facility failed to ensure a comprehensive policy for Service Plans (SP), Health Service Plans (HSP), and assessments of residents was developed and implemented for 1 of 3 residents reviewed, Resident #1, in accordance with the regulations. This deficient practice was evidenced by the following:</p> <p>On 3/1/24 at 11:36 a.m., the surveyor reviewed the closed medical record (MR) of Resident #1, who NJ ex order 26.4b1 and NJ ex order 26.4b1 at 10:25 a.m. by the NJ ex order 26.4b1. The MR revealed that the resident was admitted to the facility in NJ ex order 26.4b1 with diagnoses that included NJ ex order 26.4b1.</p> <p>The surveyor also reviewed Resident #1's Medication Administration Record (MAR), which revealed the resident NJ ex order 26.4b1.</p> <p>During MR review, the surveyor observed Resident #1's Service Plan titled, "Service Description-Full," which indicated the SP was last</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>updated on [redacted] and the next review was scheduled for [redacted]. The surveyor did not observe any documented evidence that indicated Resident #1 [redacted] when the resident [redacted] or when the [redacted].</p> <p>At 2:36 p.m., the surveyor interviewed the ED regarding HSPs and SPs and how often they should be updated. The ED stated HSPs were updated semi-annually or with change in condition, and the SPs were updated annually or with change in condition. The surveyor inquired about Resident #1's HSP [redacted].</p> <p>The ED stated she was not sure why the SP was not updated, as the Director of Health and Wellness (DHW) updated the HSPs and SPs. The DHW was not available for interview on the day of survey. In addition, the ED explained that she was not aware of the regulation that required the HSP to be updated every three months, and the SP to be updated every six months.</p> <p>On 4/4/24 at 12:13 p.m., the surveyor interviewed the DHW via telephone and inquired about the reason Resident #1 was not re-assessed after the resident's [redacted] and why the resident's HSP was not updated. The DHW stated she did not see a need to re-assess Resident #1 or update the HSP after the [redacted]. The DHW also stated she had never done an assessment after a medication was discontinued in the past.</p> <p>The surveyor reviewed the facility's policy titled, "New Jersey Assessment/Service Plan," which revealed, "The community will have procedures in</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>place to assess residents, at minimum, prior to move in, by Day 14, and annually in order to develop a Service Plan that will meet the needs of a Resident...." The policy also revealed that an assessment would be completed as needed with a change in condition.</p> <p>On 4/12/24 at 9:00 a.m., the surveyor conducted a re-visit survey at the facility and observed a repeat deficiency. At 10:20 a.m., the surveyor reviewed the facility policies titled, "AS01-Resident Assessments" and "AS05-Service Plans and Managed Risk Agreements," dated 3/8/24. The policy titled, "AS01-Resident Assessments," revealed, "... Assessments are completed and updated as frequently as necessary to ensure they reflect current resident care needs and preferences ... Residents with General and/or Health Service Plans will be assessed annually."</p> <p>However, the removal plan submitted by the facility on ^{NJ ex order 26.4b1} [redacted], indicated, "RDHW [Regional Director of Health and Wellness] to review and revise NJ assessments service plan policy to meet NJ regulation: 8:36-7.2(f) Resident Assessments and Care plans by 3/4/24. Policy changes to reflect practice of resident assessment to be updated every 6 months or change in condition including significant medication change."</p> <p>The removal plan also revealed, "RDHW or designee to review and revise HSP policy to include DHW or designee will update assessment for any changes in ^{NJ Exec Order 26.4b1} [redacted] medications to reflect observation of ^{NJ Exec Order 26.4b1} [redacted] changes in the resident by ^{NJ ex order 26.4b1} [redacted];" however, the surveyor did not observe the aforementioned revision in the new policies.</p>	A 310		

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A 310	Continued From page 4 The removal plan indicated, "The automated system has been changed to reflect the need for HSP to be reviewed every 3 months automatically and General Service Plan (GSP) to be reviewed every 6 months....," however, the policy titled, "AS05-Service Plans and Managed Risk Agreements," showed service plans were to be updated every six months.	A 310		
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: Complaint #: NJ00171770</p> <p>Based on interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident with NJ ex order 26.4b1 who received NJ ex order 26.4b1 was assessed and monitored when a NJ ex order 26.4b1 was NJ ex order 26.4b1 for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 3/1/24, at 9:30 a.m., the Department of Health (DOH) investigated a Reportable Event Survey (RES) received from the facility on NJ ex order 26.4b1 which occurred on NJ ex order 26.4b1. The RES revealed on NJ ex order 26.4b1 at 09:50 a.m., a Certified Medical</p>	A 745		

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A 745	<p>Continued From page 5</p> <p>Assistant (CMA) at the facility pushed through Resident #1's barricaded apartment door after the resident NJ ex order 26.4b1 on NJ ex order 26.4b1 and found Resident #1 NJ ex order 26.4b1, and NJ ex order 26.4b1. The RES also revealed the responding nurse NJ ex order 26.4b1 Resident #1's NJ ex order 26.4b1 however, the responding EMS team NJ ex order 26.4b1 Resident #1 NJ ex order 26.4b1 at 10:25 a.m.</p> <p>At 11:36 a.m., the surveyor reviewed the closed medical record (MR) of Resident #1 which revealed the resident was admitted to the facility in NJ ex order 26.4b1 with diagnoses of NJ ex order 26.4b1. The surveyor reviewed Resident #1's Medication Administration Record (MAR), which revealed the resident NJ ex order 26.4b1</p> <p>In addition, the MAR revealed Resident #1 refused his/her NJ ex order 26.4b1 NJ ex order 26.4b1, and NJ ex order 26.4b1. The MAR showed on NJ ex order 26.4b1 and NJ ex order 26.4b1 and NJ ex order 26.4b1. The MAR revealed Resident #1 NJ ex order 26.4b1</p> <p>During MR review, the surveyor observed Resident #1's service plan titled, "Service Description-Full," which showed the service plan</p>	A 745		

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A 745	<p>Continued From page 6</p> <p>was last updated on [redacted] and the next review was on [redacted]. The surveyor did not observe any documented evidence to show that Resident #1 [redacted] after the resident [redacted] or [redacted]</p> <p>At 10:54 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN), who last saw Resident #1 [redacted] when she administered medications to the resident the night before the [redacted]. The LPN stated Resident #1 recently requested that the doctor change two of the resident's medications, [redacted] and [redacted] because the resident stated the medications [redacted]. The LPN stated the doctor [redacted] for Resident #1.</p> <p>The surveyor reviewed a warning for [redacted] on WebMD.com, which showed, "Tell the doctor right away if you notice worsening depression/other psychiatric conditions, unusual behavior changes (including possible suicidal thoughts/attempts), or other mental/mood changes (including new/worsening anxiety, panic attacks, trouble sleeping, irritability, hostile/angry feelings, impulsive actions, severe restlessness, very rapid speech). Be especially watchful for these symptoms when a new antidepressant is started or when the dose is changed."</p> <p>On 4/4/24 at 12:13 p.m., the surveyor interviewed the Director of Health and Wellness (DHW) via telephone and inquired about the reason Resident #1 [redacted]. The</p>	A 745		

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A 745	<p>Continued From page 7</p> <p>DHW stated she did not see a need to re-assess Resident #1 after the NJ ex order 26.4b1 NJ ex order 26.4b1. The DHW also stated she had never done an assessment after a medication was discontinued in the past.</p> <p>The surveyor reviewed the facility's policy titled, "New Jersey Assessment/Service Plan," which revealed, "The community will have procedures in place to assess Residents, at minimum, prior to Move in, by Day 14 and annually in order to develop a Service Plan that will meet the needs of a Resident." The policy also revealed that an assessment would be completed as needed with a change in condition.</p>	A 745		
A 751	<p>8:36-7.3(b) Resident Assessments and Care Plans</p> <p>(b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00171770</p> <p>Based on interviews, record review and review of pertinent facility documents, it was determined that the facility failed to review and revise the Health Service Plan (HSP) for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 3/1/24 at 11:36 a.m., the surveyor reviewed</p>	A 751		

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A 751	<p>Continued From page 8</p> <p>the closed medical record (MR) of Resident #1, who NJ ex order 26.4b1 and NJ ex order 26.4b1 at 10:25 a.m. by NJ ex order 26.4b1. The MR revealed the resident was admitted to the facility in NJ ex order 26.4b1 with diagnoses NJ ex order 26.4b1. The surveyor also reviewed Resident #1's Medication Administration Record (MAR), which revealed the resident NJ ex order 26.4b1.</p> <p>In addition, the MAR revealed Resident #1 NJ ex order 26.4b1 and NJ ex order 26.4b1, and NJ ex order 26.4b1. The MAR showed or the NJ ex order 26.4b1, and NJ ex order 26.4b1, and NJ ex order 26.4b1. The MAR revealed Resident #1 NJ ex order 26.4b1, and the NJ ex order 26.4b1.</p> <p>During MR review, the surveyor observed Resident #1's service plan titled, "Service Description-Full," which showed the service plan was last updated on NJ ex order 26.4b1 and the next review was on NJ ex order 26.4b1. The surveyor did not observe any documented evidence to show that Resident #1 NJ ex order 26.4b1 NJ ex order 26.4b1 or NJ ex order 26.4b1.</p>	A 751		

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A 751	<p>Continued From page 9</p> <p>At 10:54 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN), who last saw Resident #1 [redacted] when she administered medications to the resident the night before the [redacted]. The LPN stated Resident #1 recently requested that the doctor [redacted] NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1 [redacted], because the resident stated the medications [redacted] NJ ex order 26.4b1. The LPN stated the doctor [redacted] NJ ex order 26.4b1 [redacted] or Resident #1.</p> <p>The surveyor reviewed a warning for [redacted] NJ ex order 26.4b1 [redacted] on WebMD.com, which showed, "Tell the doctor right away if you notice worsening depression/other psychiatric conditions, unusual behavior changes (including possible suicidal thoughts/attempts), or other mental/mood changes (including new/worsening anxiety, panic attacks, trouble sleeping, irritability, hostile/angry feelings, impulsive actions, severe restlessness, very rapid speech). Be especially watchful for these symptoms when a new antidepressant is started or when the dose is changed."</p> <p>At 2:36 p.m., the surveyor interviewed the ED regarding Resident #1's HSP and how often the HSP should be updated. The ED stated HSPs were updated semi-annually or [redacted] NJ Exec Order 26.4b1 [redacted]. The surveyor inquired about Resident #1's HSP not being updated when the [redacted] NJ ex order 26.4b1 [redacted] on [redacted] NJ ex order 26.4b1 [redacted]. The ED stated she was not sure why the HSP [redacted] NJ ex order 26.4b1 [redacted], as the Director of Health and Wellness (DHW) updated the HSPs. The DHW was not available for interview on the day of survey. In addition, the ED explained that she was not aware of the regulation that required the HSP to be updated</p>	A 751		

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A 751	Continued From page 10 every three months. The facility NJ ex order 26.4b1 Resident #1's HSP, to ensure that goals, interventions, and effects of treatments were evaluated and reassessed for efficacy or adverse reactions.	A 751		

ALLEGRIA ASSISTED LIVING
70 STOCKTON AVE - OCEAN GROVE, NJ 07756

May 11, 2024

A310 Administration N.J.A.C. 8:36-3.4(a)(1)

1) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice;

Resident (1) has been identified and **NJ ex order 26.4b1**

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

All residents have the potential to be affected by the deficient practice.

(3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;

Community Policy: *AS01- Resident Assessments* has been reviewed by the Regional Director of Resident Care (RDRC) and updated and revised to conform to regulations governing general and health care assessments including N.J.A.C. 8:36-7.2(f) on 5/13/2024.

Community Policy: *AS05- Service Plans and Managed Risk Agreements* has been reviewed by the Regional Director of Resident Care (RDRC) and updated and revised to conform to regulations governing general and health service plans including N.J.A.C. 8:36-7.3(b) on 5/13/2024.

A Quality Care Review (QCR) will be conducted on 3/2/2024 to review resident's medication regimen to identify psychotropic medications requiring assessment and/or monitoring for changes in condition.

A Quality Care Review (QCR) will be conducted on 3/4/2024 to review the status of all residents with a health service plan to determine whether an updated health service plan is needed pursuant to N.J.A.C. 8:36-1 et. seq and professional standards of practice. Residents that require updated health service plans will undergo a health care assessments will have the health service plan updated accordingly.

Issues or concerns will be addressed as they are identified.

Regional Director of Resident Care (RDRC) educated the Executive Director (ED) on tags A310 Administration N.J.A.C. 8:36-3.4(a)(1), A745 Resident Assessments and Care Plans (Healthcare Assessment) N.J.A.C. 8:36-7.2(f) and A751 Resident Assessments and Care Plans (Healthcare Service Plan) N.J.A.C. 8:36-7.3(b) with emphasis on the ED role and responsibilities on 5/7/2024.

Regional Director of Resident Care (RDRC) educated the Director of Health and Wellness (DHW) on tags A310 Administration N.J.A.C. 8:36-3.4(a)(1), A745 Resident Assessments and Care Plans (Healthcare Assessment) N.J.A.C. 8:36-7.2(f) and A751 Resident Assessments and Care Plans (Healthcare Service Plan) N.J.A.C. 8:36-7.3(b) with emphasis on the DHW role and responsibilities on 5/7/2024.

Regional Director of Resident Care (RDRC) educated the ED and DHW related to the findings outlined in the New Jersey Department of Health 2567 form, Summary Statement of Deficiencies specific to why the requirements were not met. The education included corrective action plan and ongoing process evaluation and monitoring responsibilities on 5/7/2024.

ALLEGRIA ASSISTED LIVING

70 STOCKTON AVE - OCEAN GROVE, NJ 07756

Interdisciplinary team (IDT) meeting was conducted on 5/15/2024 by the Executive Director. Participation included the review and approval of agenda items. Agenda items included:

- Tag A310 Administration N.J.A.C. 8:36-3.4(a)(1)
- Tag A745 Resident Assessments and Care Plans (Healthcare Assessment) N.J.A.C. 8:36-7.2(f)
- Tag A751 Resident Assessments and Care Plans (Healthcare Service Plan) N.J.A.C. 8:36-7.3(b)
- Policy AS01- Resident Assessments Revised 5/13/2024
- Policy AS05- General Service Plans and Health Service Plans Revised 5/13/2024

Attendees included Executive Director, Associate Executive Director, Director Health & Wellness, Memory Care Director, Business Office Manager, Director Facility Operations, Regional Director Facility Operations, Director Housekeeping, Executive Chef, and Senior Lifestyle Counselor

(4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes;

The results of the quality reviews will be reported to the RDRC monthly for 3 months to ensure compliance has been maintained and recommend moving to quarterly monitoring.

Date of Allegation of Compliance (5/13/2024)

A745 Resident Assessments (Healthcare Assessment) N.J.A.C. 8:36-7.2(f)

(1) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice;

Resident (1) has been identified and [NJ ex order 26.4b1](#)

(2) How the facility will identify other residents having the potential to be affected by the same deficient practice;

All residents have the potential to be affected by the deficient practice.

(3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;

A Quality Care Review (QCR) will be conducted on 3/2/2024 to review resident's medication regimen to identify psychotropic medications requiring assessment and/or monitoring for any changes in the resident's physical or cognitive status.

A Quality Care Review (QCR) will be conducted on 3/4/2024 to review the status of all residents with a health service plan to determine whether an updated health care assessment is needed pursuant to N.J.A.C. 8:36-1 et. seq and professional standards of practice. Residents that require updated assessments will have the health care assessment and health service plan updated.

Issues or concerns will be addressed as they are identified.

All residents will have their assessments reviewed and updated by 3/4/2024.

Electronic assessment and service plan has been modified to reflect the NJ guideline for updated service plans every 90 days effective 3/1/24.

Community Policy: *AS01- Resident Assessments* has been reviewed by the Regional Director of Resident Care (RDRC) and updated and revised to conform to regulations governing general and health care assessments including N.J.A.C. 8:36-7.2(f) on 5/13/2024.

ALLEGRIA ASSISTED LIVING

70 STOCKTON AVE - OCEAN GROVE, NJ 07756

Director of Health and Wellness (DHW) /designee will educate care staff on *Policy: AS01- Resident Assessments* on 5/21/2024.

Director of Health and Wellness (DHW) /designee will educate care staff on 5/21/2024 on the components of this regulation with an emphasis on,

- Health care assessment will be completed by a registered professional nurse
- Health care assessment will be updated as required, and in accordance with New Jersey regulations and professional standards

Newly hired employees will receive education in orientation.

(4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes;

The DHW will conduct a QCR of 3 residents weekly x 4 weeks, and then every 2 weeks x 2 months to ensure an appropriate health care assessment was completed timely and accurately.

The findings of these reviews will be reported to the Executive Director monthly to determine substantial compliance has been maintained and recommend moving to quarterly monitoring.

Date of Allegation of Compliance (3/8/2024)

A751 Resident Care Plans (Health Service Plan) N.J.A.C. 8:36-7.3(b)

{1) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice;

Resident (1) has been identified and NJ ex order 26.4 on NJ ex order 26.4b1

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

All residents have the potential to be affected by the deficient practice.

{3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;

Quality Care Review (QCR) will be conducted of resident's medication regimen on 3/2/24 to identify psychotropic medications requiring assessment and monitoring for changes in condition.

Quality Care Review (QCR) will be conducted on 3/4/24 of the status of all residents with a health service plan to determine whether an updated health service plan is needed pursuant to N.J.A.C. 8:36-1 et. seq and professional standards of practice. Residents that require updated health service plans will undergo a health care assessments will have the health service plan updated accordingly.

Issues or concerns will be addressed as they are identified.

An audit identifying all existing residents on psychotropic medications has been completed on 3/1/2024 by the Executive Director (ED)/Associate Executive Director (AED).

Electronic assessment and service plan reminder has been modified to reflect the NJ guideline for updated service plans every 90 days effective 3/1/24.

Community Policy: *ASOS- Service Plans and Managed Risk Agreements* has been reviewed by the Regional Director of Resident Care (RDRC) and updated and revised to conform to regulations governing general and health service plans including N.J.A.C. 8:36-7.3(b) on 5/13/2024.

ALLEGRIA ASSISTED LIVING

70 STOCKTON AVE - OCEAN GROVE, NJ 07756

Director of Health and Wellness (DHW) /designee will educate care staff on *Policy: ASOS- Service Plans and Managed Risk Agreements* on 5/21/2024.

Director of Health and Wellness (DHW) /designee will educate care staff on 5/21/2024 with responsibility of administering/observing medication administration on the components of this regulation with an emphasis on,

- The health service plans shall be updated each time the healthcare assessment is updated
- The health service plans will be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.

Newly hired employees will receive education in orientation.

(4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes;

The DHW will conduct a QCR of 3 resident assessments weekly x 4 weeks, and then every 2 weeks x 2 months to ensure the service plan was updated timely and accurately.

The findings of these reviews will be reported to the Executive Director monthly to determine substantial compliance has been maintained and recommend moving to quarterly monitoring.

Date of Allegation of Compliance (3/8/2024)

If you should have any questions, please do not hesitate to contact me.

Respectfully,



NJ Exec Order 26.4b1

Executive Director, Ocean Grove Assisted Living

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 82471	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/26/2024
NAME OF FACILITY ALLEGRIA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 70 STOCKTON AVENUE OCEAN GROVE, NJ 07756

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 A0310	Correction	ID Prefix A0745	Correction	ID Prefix A0751	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.2(f)	Completed	Reg. # 8:36-7.3(b)	Completed
LSC	08/26/2024	LSC	08/26/2024	LSC	08/26/2024
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 4/12/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO