STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	82471	A. BUILDING: _____ B. WING _____	C 01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRIA ASSISTED LIVING	70 STOCKTON AVENUE OCEAN GROVE, NJ 07756

(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	Initial Comments Initial Comments: CENSUS: 90 A Life Safety Code Survey was conducted by CertiSurv on 01/30/2024 and 01/31/2024. The facility was not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs. TYPE OF SURVEY: Standard with Complaint Complaint #'s: NJ00163071, NJ00165694, NJ00168716, NJ00145975, NJ00146324, NJ00147510, NJ00162632, NJ00166744, NJ00166271 CENSUS: 90 SAMPLE: 9 A Standard and Complaint survey was conducted by the State Agency on 1/30/2024 and 1/31/2024. The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this survey. A Life Safety Code Survey was conducted by the State Agency on 1/30/2024 and 1/31/2024. The facility is not in substantial compliance with with all of the standards in the New Jersey	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 000	Continued From page 1 Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this survey. 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; This REQUIREMENT is not met as evidenced by: Complaint's #: NJ00145975, NJ146324 Based on interview and record review it was determined that the Executive Director (ED) failed	A 310		

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A 310	Continued From page 2	A 310		

to ensure the implementation and enforcement of the facility's policy and procedures titled, "Fall Management Program" by not documenting [redacted] after [redacted] for a Resident, Resident #7. The ED also failed to ensure the implementation and enforcement of the facility policy titled, "Documentation" for a resident found with a [redacted] Resident #8. This deficient practice was evidenced by the following:

1. On 1/31/24 at 1:00 p.m., during review of Resident #7's medical record (MR) the surveyor observed on the "Admission Face Sheet (AFS)" an initial admit date of [redacted], and a last admit date of [redacted]. Additionally Resident #7 had a primary medical history of [redacted].

Surveyor review of Resident #7's "General Service Evaluation -Level of Care (Revision)" dated [redacted] revealed that the resident [redacted]

A review of Resident #7's [redacted] dated [redacted] revealed Resident #7 was [redacted], [redacted], and [redacted]. According to the [redacted], Resident #7 scored a [redacted] and, "a resident who scores [redacted]."

During continued surveyor review, a document titled, "Universal Incident Report (UIR)" for Resident #7 revealed the following: On [redacted] at 4:15 p.m., there was an [redacted] I, the Maintenance Supervisor observed [the] resident [redacted], the Nurse and Physician were notified and [redacted]

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A 310	Continued From page 3 NJ Exec Or . A review of a second UIR dated NJ ex order 26.4b1 at 11:30 p.m. revealed that the Aide found the resident on NJ Exec Order 26.4b1 but the resident NJ ex order 26.4b1 ; but the Physician and Nurse were notified and NJ ex orde . The Resident remained at the facility on both these incidents on NJ Exec Order 26.4b1 A review of a third UIR dated NJ ex order 26.4b1 at 3:32 a.m., revealed an NJ ex order 26.4b1, the Aide found Resident #7 NJ ex order 26.4b1 , the resident stated that he/she NJ ex order 26.4b1 . During continued review of the MR, Resident #7's Progress Notes (PN) dated NJ ex order 26.4b1 written by the Health Coordinator/Licensed Practice Nurse (HC/LPN) revealed an NJ ex order 26.4b1 reported by the Home Health Aide (HHA) that occurred around 3:00 a.m. NJ ex order 26.4b1 , and it was documented that Resident #7 NJ ex order 26.4b1 . The PN also documented that the Physician and family were notified, the resident NJ ex order 26.4b1, and per the Director of Nursing (DON), the resident NJ ex order 26.4b1 During surveyor interview on 1/30/24 at 11:45 a.m., the Registered Nurse (RN) stated that a NJ Exe assessment is done after each NJ Exec The surveyor interviewed the Wellness Director (WD) on 1/30/2024 at 12:04 p.m., who stated that anytime there is a NJ Ex a Nurse documents in the	A 310		

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A 310	Continued From page 4 PNs and an RN assessment is completed for any change in condition. During an interview on 1/31/24 at 10:33 a.m., when asked about the [redacted] protocol, LPN #2 stated that if an NJ Exec Order 26.4b1 occurs, the Doctor and family are notified, the resident is sent out to the hospital and the [redacted] would be documented on an incident report and in the PNs. On 1/31/24 at 12:11 p.m., the surveyor again interviewed the WD and asked about the protocol for a [redacted] with no [redacted] the WD stated a [redacted] assessment is still done along with the PNs and an incident report. During a telephone interview on 2/2/24 at 2:55 p.m., the RN (RN #2), who cared for Resident #7, stated that even if a resident [redacted] with no [redacted] an RN assessment should be done for the [redacted] Upon further review of the MR, there was no documented evidence provided that a "[redacted] Assessment" was done after each [redacted] for Resident #7. A review of the PNs for Resident #7 dated [redacted] at 11:41 a.m. written by RN #2 revealed the resident NJ ex order 26.4b1 [redacted] the HC/LPN notified the family member and RN #2 NJ ex order 26.4b1. Surveyor review of the facility's policy titled, "Fall Management Program" with an effective date 6/2022, revealed the following: Under Policy Overview: "The resident population we serve may be at an increased risk for falls. According to the Centers for Disease Control and Prevention, after the age of 65 the risk for falls	A 310		

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A 310	Continued From page 5	A 310		

with injuries increased sharply. Fall management is an important aspect of resident care and safety. Team Members will be educated on the fall management policy that is aimed at identifying and mitigating fall risks."

"Under Purpose: This policy provides guidance on mitigation of resident falls and injuries from falls." Under Definition of a Fall: "For purposes this policy, it is considered a fall when a resident has an unplanned descent to the floor or other surface where you wouldn't expect to find a resident, with or without injury to the resident ..." Under Policy Detail: "I. Assessment for Fall Risk A. All residents will be assessed for their risk for falls using the Fall Risk Tool in Vitals. B. Resident Fall Risk Assessments will occur during the pre-admission process, upon admission, 30 days post admission, every six months or quarterly if required by state regulations, upon change of condition and after each fall ...II. Documentation A. The fall risk assessment is part of the resident's record..."

2. At 12:30 p.m., the surveyor reviewed Resident #8's MR, according to the AFS the resident was initially admitted to the facility on [NJ ex order 26.4b1], the last admit date was [NJ ex order 26.4b1], and the discharge date was [NJ ex order 26.4b1]. Additionally, according to the AFS, Resident #8 had a primary medical history of unspecified [NJ Exec Order 26.4b1]

A review of the Facility Reportable Event (FRE), a New Jersey Department of Health (NJDOH) document used by the healthcare facilities to report incidents to the New Jersey Department of Health) dated [NJ ex order 26.4b1] revealed that on [NJ ex order 26.4b1], the Nurses Aide reported noticing a [NJ ex order 26.4b1] on Resident #8's [NJ ex order 26.4b1]. No apparent

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A 310	Continued From page 6 NJ Exec Order 26.4b1. During Surveyor interview on 1/30/2024 at 11:45 a.m., when the Surveyor asked about the protocol for a NJ Exec Order the Registered Nurse (RN) replied, the staff who found the NJ Exec Orde would report to the nurse, the [Nursing] shift supervisor would assess, call the doctor [physician] and family, and document in the Progress Notes (PNs). During an interview at 12:04 p.m., the Wellness Director stated, if a NJ Exec Orde appears, [the] family and physician are notified, an incident report is done and documented in the PNs by the nurse. At 12:48 p.m., the Health Coordinator/Licensed Practice Nurse (HC/LPN) stated "if a NJ Exec Orde appears, staff reports to me, the nurse, and I document in my nurse's note." A review of Resident #8's PNs dated NJ ex order 26.4b1 revealed no documentation of the NJ Exec Orde noted on the reportable dated NJ ex order 26.4b1. At the time of the survey, the surveyor contacted staff who cared for Resident #8; however, they were not available for interview. Surveyor review of the facility's policy titled, "Documentation," with an effective date 1/2022 revealed the following: Under Policy Overview: "The Director of Health and Wellness and/or designee will chart in the Resident Record to document service and situation exceptional to the Resident and their Service Plan." Under Definitions: "Charting by exception is a method for documenting exceptions to normal illnesses, incidents, disease progression or care where significant findings or exceptions to the norm for a resident are documented." Under Policy Detail:	A 310		

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A 310	Continued From page 7 "1. Documentation of services and situations exceptional to the Resident and their Service Plan, may include ...b. Change in Condition ...f. Incidents/Injuries ...3. Each entry should include the date, time, the exceptional service or situation, and the author's signature and title ..."	A 310		
A 703	8:36-7.2(a) Resident Assessments and Care Plans (a) Within 30 days prior to admission to the assisted living residence, comprehensive personal care home, or assisted living program, a physician, advanced practice nurse or physician assistant shall specify in writing that the resident is appropriate for this level of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that residents received a physical and/or medical certification from a Physician, Nurse Pracitioner, or Physician's Assistant within 30 days prior to admission certifying that the residents were appropriate for Assisted Living (AL) for 3 of 9 residents reviewed, Residents #6, #7, and #8. This deficient practice was evidenced by the following: On 1/31/24 at 2:55 p.m., the surveyor reviewed Resident #6's closed medical record which revealed the resident was admitted to the facility on [redacted] and [redacted] with diagnoses which included [redacted]. The surveyor continued review of the resident's	A 703		

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A 703	Continued From page 8 medical record did not observe documented evidence by a physician NJ Exec Order 26.4b that Resident #6 NJ ex order 26.4b1 On 1/31/24 at 1:00 p.m. the surveyor reviewed Resident's #7's closed medical record which revealed the resident was admitted to the facility on NJ Exec Order 26.4b and discharged on NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 During review of Resident #7's medical record, the surveyor did not observe documented evidence by a physician, of a NJ Exec Order 26.4b1 , NJ Exec Order 26.4b the resident was NJ Exec Order 26.4b1 . On 1/31/24 at 12:30 p.m. the surveyor reviewed Resident's #8's closed medical record which revealed the resident was admitted to the facility on NJ ex order 26.4b and NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 . Further, the surveyor reviewed the resident's medical record and found no documented evidence of NJ Exec Order 26.4b1 the resident NJ ex order 26.4b1 On 1/31/24 at 3:10 p.m., the surveyor informed the Executive Director (ED) and the Wellness Director/Registered Nurse (WD/RN) that there were no documented evidence of NJ Exec Order 26.4b for Residents #6, #7 and #8. The ED and WD/RN acknowledged that the residents' NJ Exec Order 26.4b1 were missing. The facility failed to provide the surveyors with documented evidence that Residents #6, #7, and	A 703		

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A 703	Continued From page 9 #8 NJ ex order 26.4b1 [redacted].	A 703		
A 709	8:36-7.2(d)(1-18) Resident Assessments and Care Plans (d) Each health care assessment by the registered professional nurse shall include, at a minimum, evaluation of the following: 1. Need for assistance with "activities of daily living"; 2. Cognitive patterns; 3. Communication/hearing patterns; 4. Vision patterns; 5. Physical functioning and structural problems; 6. Continence; 7. Psychosocial well-being; 8. Mood and behavior problems; 9. Activity pursuit patterns; 10. Disease diagnoses; 11. Health conditions and preventive health measures, including, but not limited to, pain, falls, and lifestyle; 12. Oral/nutritional status;	A 709		

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A 709	Continued From page 10 13. Oral/dental status; 14. Skin conditions; 15. Medication use; 16. Special treatment and procedures; 17. Restraint use; 18. Outside service utilization. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00145975, #NJ146324 Based on interview and record review, it was determined that the facility failed to have an assessment completed by a Registered Nurse (RN) for 2 of 8 residents, Resident #7 and Resident #8. This deficient practice was evidenced by the following: 1. On 1/31/24 at 1:00 p.m., during review of Resident #7's medical record (MR) the surveyor observed on the "Admission Face Sheet (AFS)" an initial admit date of NJ ex order 26.4b1 and a last admit date of NJ ex order 26.4b1. The AFS also documented that Resident #7 NJ ex order 26.4b1 . The surveyor reviewed Resident #7's Progress Notes (PNs) dated NJ ex order 26.4b1 at 8:52 p.m., written by a Registered Nurse (RN #2), which revealed that the resident NJ ex order 26.4b1; however, NJ ex order 26.4b1 .	A 709		

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A 709	Continued From page 11 Further review of Resident #7's MR revealed a document titled, "General Service Evaluation -Level of Care (Revision)" dated [NJ ex order 26.4b1] which indicated that the resident NJ ex order 26.4b1 [redacted] and NJ ex order 26.4b1 [redacted], meaning the resident NJ ex order 26.4b1 [redacted]. A continued review of Resident #7's PNs dated [NJ Exec Order 26.4] at 5:45 p.m., written by the RN, revealed the resident was sent out to hospital for evaluation for NJ Exec Order 26.4b1. Also, a PN dated [NJ ex order 26.4b1] at 11:01 a.m., written by the Licensed Practice Nurse (LPN), revealed the resident was readmitted to the facility around 1:30 p.m. During an interview on 1/30/24 at 11:45 a.m., RN assessments are done on admission, readmission to reassess the residents for returning with certain parameters, if there is a level of care changes, and for any change in condition. On 1/30/24 at 12:04 p.m., during surveyor interview, the Wellness Director (WD) stated that RN assessments are done pre-admission, upon admission, every 6 months or with any change in care, whether it is good or bad. Upon further review of the MR the surveyor did not observe documentation of RN assessments done on admission or readmission for Resident #7. On 1/31/24 at 1:20 p.m., the surveyor followed up with the Administrator regarding documents that were requested for Resident #7, the Administrator stated that the additional paperwork was missing	A 709		

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A 709	Continued From page 12 from the MR. 2. At 12:30 p.m., Surveyor #4 reviewed Resident #8's MR, the AFS revealed an initial admission date of NJ ex order 26.4b1, a last admission date of NJ ex order 26.4b1, and the NJ ex order 26.4b1. The AFS also revealed that Resident #8 NJ ex order 26.4b1 [redacted] Surveyor review the Facility Reportable Event (FRE), a New Jersey Department of Health (NJDOH) document used by the healthcare facilities to report incidents to the New Jersey Department of Health) dated NJ ex order 26.4b1 which revealed that on NJ ex order 26.4b1, the Nurses' Aide reported noticing NJ ex order 26.4b on Resident #8's NJ ex order 26.4b [redacted] During an interview on 1/30/24 at 11:45 a.m., the RN #1 stated if a NJ Exec Orde appears, the NJ Exec Orde is assessed by the Nurse. She continued and stated that the RN assessments are done on admission, readmission to reassess, to return with certain parameters, if level of care changes and for any change in condition. Surveyor review of the facility's policy titled, "Evaluation and Assessment of Resident Needs," undated revealed the following: Under Policy: "It is the policy of the facility that each resident in Assisted Living will have a Service Evaluation and Nursing Assessment completed prior to or on admission by a registered nurse. If the nursing assessment indicates a need for health care services, than a Health Care Plan will be developed in accordance with state regulations." Under Purpose: "To ensure appropriate services provided to each resident ..."	A 709		

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A 887	8:36-10.4(a)(1) Dining Services (a) If indicated, according to residents' needs, a dietitian shall be responsible for providing resident care, including, but not limited to, the following: 1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of the health care plan on the basis of the assessment, providing dietary services to the resident as specified in the dietary portion of the health plan, reassessing the resident, and revising the dietary portion of the health care plan. Each of these activities shall be documented in the resident's record; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00166271 Based on interview and record review, it was determined that the facility failed to ensure that a Registered Dietician (RD) conducted assessments of the nutritional needs of the facility residents. On 1/30/2024 at 11:40 a.m., the facility's Food Service Director (FSD) revealed that NJ ex order 26.4b1 [redacted] At 1:21 p.m., the facility's Executive Director indicated that there had not been a dietician in to assess the nutritional needs of the residents nor to do a kitchen tour since prior to September of	A 887		

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A 887	Continued From page 14 2023. The facility was unable to provide any documentation or contracts that the RD had been in the building since September 2023.	A 887		
A 891	8:36-10.5(a) Dining Services (a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code. This REQUIREMENT is not met as evidenced by: Complaint: # NJ00166271 Based on interview, observation, and review of facility documents, it was determined that the facility failed to comply with the provisions of N.J.A.C. 8:24-4.9(i)(3) for maintaining the facility's hot water dishwasher temperatures. This deficient practice could affect all residents of the facility. This deficient practice was evidence by the following: Reference: Chapter 24, N.J.A.C 8:24, "Sanitation in Retail Food Establishments and Food and	A 891		

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A 891	Continued From page 15 Beverage Vending Machines" 8:24-4.9(i)(3) "The temperature of the wash solution in the spray type warewashers that use hot water to sanitize shall not be less than: 3. For a single tank, conveyor dual temperature machine, 160 degrees Fahrenheit ..." On 1/30/2024 at 10:34 a.m., the surveyor observed the facility's dishwasher, with the Food Service Director (FSD), while it was being ran. The facility dishwasher temperatures were 170 degrees Fahrenheit during the rinse cycle and 110 degrees Fahrenheit during the wash cycle. At 11:32 a.m., the rinse and wash cycles were 120 degrees Fahrenheit; the rinse and wash temperatures were the same at 11:34 a.m. On 1/31/2024 at 9:15 a.m., the rinse cycle was 120 degrees Fahrenheit and 110 degrees Fahrenheit during the wash cycle. The FSD indicated that the dishwasher had not been running up to temperature recently; and that the temperatures should be 180 degrees Fahrenheit for the rinse and 150 degrees Fahrenheit for the wash. Complaint #: NJ00166271 Based on observations, interviews, review of facility policies, and review of New Jersey Administrative Code, Title 8, Chapter 24 (N.J.A.C. 8:24), Retail Food Establishments and Food and Beverage Vending Machines, the facility failed to ensure all dietary staff adhered to hygienic practices in the kitchen to prevent potential foodborne illness to residents who received meals from the dietary department. This deficient practice was evidenced by the following:	A 891		

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A 891	Continued From page 16 On 01/30/24 at 9:57 a.m., the surveyor observed signs at the kitchen entrance, which indicated, "Notice Hair Net Required Beyond This Point," and "DO NOT ENTER Dietary Staff Only Hair Nets Required..." At 10:00 a.m., the surveyor observed the Food Service Director (FSD) in the kitchen without a hair covering. At 11:32 a.m., the surveyor observed the FSD enter the kitchen a second time while meals were being served without a hair covering. At 10:02 a.m., the surveyor observed the cook with a hair covering on the top of his head, however, his hair hung down outside of the hair covering. At 11:24 a.m., the surveyor interviewed the cook to inquire why he did not place all of his hair under his hair covering. The cook stated he usually put all his hair under his hair covering, however, he did not know why he didn't do so on the day of survey. At 11:10 a.m. and 1:01 p.m., the surveyor observed the dishwasher staff member without a hair covering. The surveyor interviewed the dishwasher staff member to inquire about why he did not have a hair covering. The dishwasher staff member stated he did not grab a hair net, however, he would usually do so before he entered the kitchen. The dishwasher staff member then applied a hairnet, however, his hair hung outside of the hairnet. The surveyor later returned to the kitchen and observed the dishwasher staff member without a hairnet again. At 11:15 a.m., the surveyor observed a man on a ladder repair the walk-in fridge without a hair covering.	A 891		

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A 891	Continued From page 17 On 01/31/24 at 11:59 a.m., the surveyor observed the Assisted Living Coordinator enter the kitchen without a hair covering to ask the kitchen staff where the FSD was. At 12:03 p.m., the surveyor observed a staff member from housekeeping in the kitchen without a hair covering. The surveyor interviewed the housekeeper to inquire why she did not have a hair covering, and the housekeeper stated she usually did put on a hairnet. The housekeeper left the kitchen to apply a hairnet, however, she returned with a hairnet not properly applied, and her hair hung outside of the hairnet. Reference: Chapter 24, N.J.A.C. 8:24, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" 8:24-2.4(c), "...food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles." At 10:02 a.m., the surveyor, in the presence of the FSD, observed three uncovered pans of Jell-O in the walk-in refrigerator without a date/label. The surveyor interviewed the FSD to inquire why the Jell-O was not covered or dated/labeled, and the FSD stated the pans of Jell-O were not covered or dated/labeled because it would be served for lunch that day. The surveyor also observed other open undated/unlabeled food items, which included chicken base, lemon juice and orange marmalade, tartar sauce, italian dressing and blue cheese dressing. At this time the surveyor observed a sign on the refrigerator that indicated	A 891		

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A 891	Continued From page 18 food items should be dated. At 10:12 a.m., the surveyor, in the presence of the FSD, observed open undated/unlabeled sweet and sour sauce, cooking wine, burgundy wine, vanilla extract, and pasta. The FSD stated he did not know why the above-mentioned items were not labeled. Reference: Chapter 24, N.J.A.C. 8:24, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" 8:24-3.3(c)(1)(viii), "Food shall be protected from cross contamination by...Storing the food in packages, covered containers, or wrappings..." The surveyor reviewed the facility policy titled, "Food Service Protection from Contamination Policy & Procedure," which indicated, "...All prepared foods and drinks must be protected from contamination, and transported, held and served at the appropriate temperatures at all times...Label and date all left over foods with a "use by date" which is no more than 3 days from the date the food was prepared. Use or discard by the "use by date." Only use new paper, foil or plastic wrap to wrap or cover food...Employees will wear hairnets or caps with hair pulled back and secured when handling, preparing or serving food."	A 891		
A 901	8:36-10.5(c)(4) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 4. Current menus with portion sizes and any changes in menus shall be posted in the food	A 901		

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A 901	Continued From page 19 preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00166271 Based on observation, interview, and record review it was determined that the facility failed to provide residents with written changes and substitutions to the planned menu, failed to post menus in the food preparation area of the kitchen that included portion sizes for all meals, and failed to ensure that proper scoops related to portion sizes were used. This deficient practice was evidenced by the following: On 1/30/2024 at 10:24 a.m., while conducting a kitchen tour the Food Service Director (FSD) revealed that menus with portion sizes were not posted for staff while meals were being served. At 10:50 a.m., the facility's chef revealed that the menu that was posted for the day indicated that chicken pot pie was on the menu, however it was substituted for beef raviolis. The chef indicated that the menu changes were not posted for the residents to review prior to coming into the dining room and that the servers were responsible for communicating with the residents regarding the change in the menu. The chef also revealed that	A 901		

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A 901	Continued From page 20 meal changes were not documented or retained for future reference. At 11:34 a.m., the surveyor interviewed the FSD who stated, that meal changes should be documented, however it was not being done. Surveyor tour of the kitchen revealed no menus with portion sizes posted for the kitchen for the cook/ dietary staff to reference while plating and serving food. The chef reported that he knows the portion sizes due to his longevity of working in the dietary department. At 1:48 p.m., the FSD indicated that the food for the memory care unit was brought up on a two-tier pushcart and then put on the steam table when it arrived on the unit. The temperature was not checked upon arrival to unit. The FSD stated the facility did not have a hotbox to transport the food to the memory care unit. On 1/31/2024 at 11:42 a.m., the surveyor team observed lunch served in the memory care unit. The dietary server stated that she did not have a menu with portion sizes on it while she plated and served the meals. The server also indicated that she does not know the scoop measurements. The facility failed to ensure that any changes or substitutions in the menu were posted or provided in writing to each resident and that menus with portion sizes were posted while food was being served.	A 901		
A 913	8:36-10.5(c)(10) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the	A 913		

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A 913	Continued From page 21 following: 10. All meals shall be served at the proper temperature and shall be attractive when served to residents. Place settings and condiments shall be appropriate to the meal; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00166271 Based on observation, interview, record review, and in accordance with the New Jersey Administrative Code (N.J.A.C.) 8:24, it was determined that the dietary staff failed to monitor and record food temperatures in order to ensure meals were served at the proper temperatures, placing all residents at risk. This deficient practice was evidenced by the following: On 01/30/24 at 11:36 a.m., the surveyor observed the cook prepare a plate of beef raviolis along with peas and carrots, two hot dog platters, and one hamburger platter. The surveyor then observed the cook hand the completed plates and platters to a server, who put the plates on a cart. The surveyor inquired where the food would go and if the food temperatures were checked. The cook stated the food was for the dementia care unit and he did not conduct any food temperature checks. At 11:40 a.m., the surveyor conducted food temperature checks, and the results were within normal limits and as follows: Beef Ravioli: 176 degrees Peas and Carrots Blend: 149 degrees	A 913		

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A 913	Continued From page 22 Beef and Potato Casserole: 184 degrees At 11:42 a.m., the Food Service Director (FSD) entered the kitchen, and the surveyor interviewed him to inquire when food temperature checks should be conducted, and who should do the food temperature checks. The FSD stated the food temperature checks should be done in the morning and afternoon by the cook. The surveyor requested food temperature logs at this time. At 11:43 a.m., in the presence of the FSD, the surveyor interviewed the cook to inquire who should do the food temperature checks. The cook stated he was supposed to conduct food temperature checks, and stated he did not check the temperatures before food was served. At 1:40 p.m., the surveyor interviewed the FSD to inquire if the servers in the memory care unit conducted food temperature checks before the food was served. The FSD stated all food temperature checks were conducted in the main kitchen. The FSD stated he did not have any food temperature logs. On 01/31/24 at 11:47 a.m., the surveyor interviewed a server in the memory care unit to inquire if food temperature checks were conducted before the food was served. The server stated they did not do food temperature checks; however, they had in the past. The surveyor reviewed the facility policy titled, "Food Service Protection from Contamination Policy & Procedure," which indicated, "...All prepared foods and drinks must be protected from contamination, and transported, held and served at the appropriate temperatures at all times. This includes all food and drinks	A 913		

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A 913	Continued From page 23 transferred from another location...Use food thermometers to measure the temperature of the food to be served".	A 913		
A 937	8:36-11.5(a) Pharmaceutical Services (a) The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse. This REQUIREMENT is not met as evidenced by: Complaint #'s: NJ00165694, NJ00163071 Based on interview, and record review it was determined that the facility Registered Nurse, failed to ensure and oversee the appropriate responsibility of supervising tasks that were delegated to the Certified Medication Aides (CMAs) and Licensed Practical Nurses (LPNs) when a NJ Exec Order 26.4b1 resulted in NJ Exec Order 26.4b1 for 1 of 8 residents reviewed, Resident #6. This deficient practice was evidenced by the following: Reference: In accordance with the New Jersey Board of Nursing N.J.A.C. 13:37-6.2. that documents, "The registered professional nurse may delegate selected nursing tasks in the implementation of the nursing regimen to licensed practical nurses and ancillary nursing personnel ... In delegating selected nursing tasks	A 937		

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A 937	Continued From page 24	A 937		

to licensed practical nurses or ancillary nursing personnel, the registered professional nurse shall be responsible for exercising that degree of judgment and knowledge reasonably expected to assure that a proper delegation has been made."

According to the Facility's Reportable Event (FRE), (a New Jersey Department of Health document used by the healthcare facilities to report incidents) (NJDOH) dated [NJ ex order 26.4b], with an event date of [NJ ex order 26.4b], and a "time of event" of 9:00 a.m., revealed the following: On [NJ ex order 26.4b1] Resident #6 had a recent [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1], a [NJ Exec Order 26.4b1] used to [NJ Exec Order 26.4b1] for people taking [NJ Exec Order 26.4b1] - which is a [NJ Exec Order 26.4b1] but requires [NJ Exec Order 26.4b1] proper dosage) [NJ Exec Orde] resulting in a [NJ Exec Order 26.4b1].

Resident #6 was brought to the hosptial and diagnosed with [NJ Exec Order 26.4b1]. The Director of Nurses (DON) reviewed the Medication Adminsitration Record (MAR) and found that Resident #6 was on [NJ Exec Order 26.4b1] twice daily for 5 days [NJ Exec Order 26.4b1] [milligrams] at 9:00 a.m. and [NJ Exec Order 26.4b1] at 9:00 p.m.

On 1/31/24 at 12:55 p.m., during surveyor review of Resident #6's medical record (MR) the "Admission Face Sheet (AFS)" documented the initial admission date of [NJ ex order 26.4] and the last admission date of [NJ ex order 26.4b]. The AFS also revealed that Resident #6 [NJ ex order 26.4b1]

Surveyor review of Progress Notes (PNs) dated [NJ ex order 26.4] by Licensed Practical Nurse (LPN #1) revealed that Resident #6 was readmitted to the

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facility after a hospitalization on [NJ Exec Order] and that medication orders were transcribed to the MAR that included an order for NJ Exec Order 26.4b1 [redacted] prescribed by the Physician.

Further review of Resident #6's MR revealed PNs dated [NJ ex order 26.4b], by LPN #2 and revealed that there was a new order for NJ ex order 26.4b1, and NJ ex order 26.4b1. The MR revealed that the order was transcribed by LPN #2 to be administered at 9:00 a.m. Upon continued review of the MR, there was no documentation provided showing the discontinuation of the prior order for NJ ex order 26.4b1.

The Surveyor reviewed Resident #6's MAR which documented that Resident #6 received both NJ Exec Order 26.4b1 (1) one tablet by mouth at 9:00 a.m. and NJ Exec Order 26.4b1 (1) one tablet by mouth at 6:30 p.m. on the dates of [NJ Exec Order 26] [redacted] and [NJ Exec Order 26] the medications were administered by Certified Medication Aides (CMAs).

Further review of Resident #6's MR revealed that on [NJ ex order 26.4b], upon receiving the new NJ ex order 26.4b1 [redacted], LPN #2 did not verify or clarify orders with the Physician or the DON.

Surveyor review of PNs written by the DON dated [NJ ex order 26.4] revealed that the DON was notified that Resident #6 was admitted to the hospital for NJ Exec Order 26.4b1".

On 1/30/24 at 1:16 p.m., the surveyor interviewed LPN #1, who stated that presently all [NJ Exec Order 26.4b1] orders go through the DON and then the DON delegates all new orders to the LPN and CMAs. LPN #1 further stated that there was an incident

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A 937	Continued From page 26	A 937		

with a past resident who was NJ Exec Order 26.4b1 and changes were made after that. LPN #1 further stated that education on NJ Exec Order 26.4b1 was done after the incident and that there were ongoing in-services at each staff meeting. LPN #1 stated that there were three forms of communication between the LPN's, CMA's, RN and DON that included nursing documentation, a twenty-four-hour written report and an online shift report in email format by LPN's, RN and or the DON.

On 1/30/24 at 1:35 p.m., the surveyor interviewed the current DON who stated that she was aware of the incident when Resident # 6 received two Physician orders of NJ Exec Order 26.4b1 although she was not employed at the facility at that time. The DON further stated that she was aware of the investigation that revealed several contributing factors, including that the Physician sent a new NJ Exec Order 26.4b1 order but did not discontinue the prior NJ Exec Order 26.4b1 order and, that LPN #2 transcribed the order to be given on the day shift, in addition to the NJ Exec Order 26.4b1 order that was already in place and being administered in the evening at 6:30 p.m.

In the same interview, the DON stated that LPN #2 did not question the order and there was no system in place to cross check orders at that time. Further, the DON was unable to provide documentation that the prior RN, or DON delegated administration of the NJ Exec Order 26.4b1 orders to the CMAs.

During continued surveyor interview with the DON, she further stated that since that incident, all NJ Exec Order 26.4b1 orders were managed and delegated by the DON. She continued and stated that she was involved in overseeing the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	82471	A. BUILDING: _____ B. WING _____	C 01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRIA ASSISTED LIVING	70 STOCKTON AVENUE OCEAN GROVE, NJ 07756

(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 937	Continued From page 27 NJ Exec Order 26.4b1 ordering, transcribing and was always the final check before NJ Exec Order 26.4b1 administration. The DON further stated that she educated and delegated all new medication orders to the CMAs and met weekly to oversee, in-service or conduct an education huddle. Surveyor review of the facility documents and medical records showed no indication that the former RN, DON delegated the administration of NJ Exec Order 26.4b1 to the CMAs for Resident #6. Surveyor staff interviews and review of medical records showed no indication that the RN/DON ensured responsibility for overseeing the ordering, transcribing, administration of NJ Exec Order 26.4b1 or the concurrent monitoring of NJ Exec for Resident #6, that resulted in NJ Exec Order 26.4b1 for Resident #6.	A 937		
A1179	8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance (a) The facility shall provide and maintain a sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility provided a safe and sanitary environment for residents by failing to maintain 1 of 1 trash container rooms. This had the potential to affect all residents of the facility. Findings included:	A1179		

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A1179	Continued From page 28 Observation and interview on 01/31/2024 at 11:34 AM revealed a significant accumulation of trash, dirt, and debris on all floor surfaces within the trash container room of the facility. The Director of Maintenance (DOM) confirmed the observation. The DOM stated he was unsure who was responsible for maintaining the room in clean condition but stated that it may be the Director of Housekeeping (DOH). During an interview on 01/31/2024 at 11:40 AM, the DOH stated she had worked in her position at the facility for [redacted]. The DOH stated there was not a written policy regarding the responsibility for or frequency of cleaning the trash room. The DOH also stated there were no logs maintained regarding when the trash container room was last cleaned, but stated maintenance staff cleaned the room on Mondays, housecleaning staff cleaned the room on Wednesdays, and dietary staff cleaned the room on Fridays. Complaint #: NJ00166271 Based on observation, interview, and pertinent facility document review, it was determined that the facility failed to provide and maintain a sanitary and safe environment for the residents. This deficient practice was evidenced by the following: On 01/30/24 at 9:59 a.m., the surveyor toured the kitchen and observed an ice machine with a cleaning schedule attached, which indicated the last cleaning was on 01/02/22. The surveyor observed visible reddish-brown build-up inside the ice machine, and the exterior of the ice machine was visibly dirty. The surveyor also observed a refrigerator which held gallons of milk,	A1179		

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A1179	Continued From page 29	A1179		

a box of butter, salad dressing, and sauce. There was a yellowish-brown liquid substance with clumps that filled the inside of the bottom of the refrigerator.

At 10:08 a.m., the surveyor, in the presence of the Food Service Director (FSD), observed a meat slicer which was clean and not being used, however, the meat slicer was uncovered.

At 10:18 a.m., the surveyor observed the kitchen can opener, which had a dried red substance on the can opener knife along with visible build-up.

At 10:19 a.m., the surveyor observed a hole in the ceiling which was over top of the 3-chamber sink in the kitchen. The surveyor also observed water from the hole collecting in a trash bin which was placed on top of the sanitation chamber of the sink. The surveyor interviewed the FSD, who confirmed that there was a leak in the ceiling. The FSD stated they put a trash can under the hole in the ceiling to collect the water that leaked, and added that the hole had been there since he started at the facility two months ago.

At 10:23 a.m., the surveyor observed dried rags on the floor, and the floor was discolored. The FSD stated there was a leak by the serving area as well.

At 10:38 a.m., the surveyor asked the FSD to open the refrigerator which held the milk, butter, salad dressing, and sauce. The surveyor then inquired about why the liquid with clumps at the bottom of the refrigerator was not cleaned and when the ice box was last cleaned. The FSD stated the uncleanliness of the refrigerator was why he wanted to move the refrigerator to memory care and the ice machine was cleaned

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A1179	Continued From page 30	A1179		

when it was last serviced three weeks prior to the survey date.

At 10:49 a.m. and 1:23 p.m., the surveyor interviewed the cook in the kitchen, to inquire about the hole in the ceiling, who stated about a year prior to the survey date, there were bubbles in the ceiling filled with water, and the facility poked holes in them to allow the water to drain. The cook also stated there was no cleaning schedule for the kitchen and the ice machine had not been cleaned since he returned to the facility one year ago.

At 11:01 a.m., the surveyor interviewed a server from the kitchen, who stated the kitchen, "was bad," and she told the FSD about the uncleanliness of the kitchen many times. The server stated the FSD wanted to move the refrigerator upstairs because it was dirty, and it had been that way since the FSD started (two months ago). The server also stated the holes in the ceiling had been there for more than three months.

At 1:04 p.m., the Director of Facility Operations stated the hole in the ceiling was an active leak from a fire alarm and had been there since August.

At 1:40 p.m., the surveyor interviewed the FSD to inquire about the kitchen's cleaning schedule. The FSD confirmed there was no cleaning schedule, however, the FSD and the dishwasher staff did the cleaning. The FSD also stated the ice machine was to be cleaned once a month, however, in the two months that he had been there, the ice machine was only serviced. The FSD stated he thought the ice machine was cleaned when it was serviced, however, it was

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A1179	Continued From page 31 not. The surveyor reviewed the "Retail Food Inspection Report" from 01/23/23 by the Monmouth County Board of Health, which indicated, "ceiling in disrepair, chunks missing/falling on to floor". The surveyor reviewed the facility policy titled, "Equipment Cleaning Procedures," which indicated, "...CAN OPENER (BENCH TYPE) After each use: Wipe the blade clean with a cloth saturated in sanitizer solution. Daily: Remove the opener by lifting the shank out of the base. Scrub the opener with a small wire brush, especially around the cutting edge. Wash/Rinse can opener shank in dish machine. Scrub the base with warm water detergent and rinse with clean warm water. Return the shank to base. Check blades to ensure they are sharp. Monthly: Remove the base from the mounting and clean in the dish machine...ICE MACHINE AND SCOOPS Ice machine: Monthly Disconnect or turn off the ice machine. Allow machine to defrost. Scrub all ice machine surfaces and gaskets with hot soapy water. Rinse with clear, hot water. Sanitize inside with clean cloth that has been saturated with sanitizing solution. Allow inside to air dry. Dry outside with clean dry cloth. Refer to the manufacturer recommendations for cleaning the ice machine lines...MEAT SLICER After each use: Safety precautions...Leave the knife in place until ready to clean the knife. Then replace the guard as soon as the blade and guard are cleaned...REFRIGERATOR (REACH-IN) Daily: Wipe up spills on the exterior and interior of the unit as they occur." The surveyor reviewed the facility policy titled, "Food Service Sanitation Policy & Procedure,"	A1179		

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A1179	Continued From page 32 which indicated, "...All kitchens, kitchen areas, and dining areas shall be kept clean...All utensils, countertops, shelves and equipment shall be kept clean, maintained in good repair and shall be free from dust, grease, dirt, breaks, corrosions, open seams, cracks and chipped areas...All equipment must be cleaned and sanitized as needed- inside and outside. This includes but is not limited to...can opener..." The surveyor reviewed the facility policy titled, "Food Service Protection From Contamination Policy & Procedure," which indicated, "...Clean and sanitize all work surfaces, equipment and utensils after each task...Clean the refrigerator door handles, doors and shelves as needed...Floors, walls, and ceilings in the food service areas must be cleaned FACILITY DETERMINATION OF SCHEDULE to keep the area free from spills, splatters, rubbish, dust, grease, dirt, etc...All equipment in the food service areas must be kept clean and free from dust, grease, dirt, spills and splatters."	A1179		
A1225	8:36-17.3(b)(8)(i-ii) Housekeeping-Sanitation-Safety-Maintenance (b) The following safety conditions shall be met: 8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition; i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent	A1225		

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A1225	Continued From page 33 fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and ii. The written statement shall be available for review by the Department during survey. This REQUIREMENT is not met as evidenced by: Based on facility document review and interview, the facility failed to ensure the electrical system was inspected annually as required. This had the potential to affect all residents of the facility. Findings included: A review of the facility's Life Safety Code records did not reveal an annual inspection of the electrical system in the prior year. During an interview on 01/31/2024 at 9:40 AM, the Director of Maintenance (DOM) stated an annual electrical inspection had not been completed in the last year.	A1225		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a	A1249		

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A1249	Continued From page 34 pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility document review, the facility failed to maintain the building free from fire hazards. Specifically, the facility failed to ensure kitchen equipment met National Fire Protection Association (NFPA) 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations and NFPA 54, National Fuel Gas Code; failed to maintain their ceiling assembly and corridor doors to resist the passage of smoke, inspect fire door assemblies, or maintain their egress corridors free from obstructions, according to NFPA 101, Life Safety Code. These deficiencies affected 30 of 30 smoke compartments in the facility. Findings included: Observation on 01/30/2024 at 1:02 PM in the kitchen area revealed a two feet by two feet hole in the ceiling smoke barrier above the three-bay dishwashing sink, negating the barrier's ability to resist the passage of smoke. During an interview at that time, the Director of Maintenance (DOM) stated there was an active water leak above the ceiling and that had it been ongoing for at least five months with no plan in place to resolve the water leak issue, as the facility was having difficulty hiring a contractor.	A1249		

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A1249	Continued From page 35 Observation on 01/30/2024 at 1:25 PM in the main kitchen revealed two grease baffles in the hood system were held in place by clamps and not installed in support tracks as designed by the manufacturer of the system. During an interview at that time, the Director of Maintenance (DOM) stated that he was unaware clamps were used to hold the baffles in place. Observation on 01/30/2024 at 1:30 PM in the main kitchen revealed a four-burner griddle that was not fully underneath the coverage area of the exhaust hood. During an interview at that time, Cook #1 stated that he had been an employee at the facility[redacted]. He stated that the four-burner griddle had been in place in the observed position for as long as he had worked at the facility. Observation on 01/30/2024 at 1:40 PM revealed two natural gas fueled kitchen cooking appliances mounted on casters that did not have a restraining device installed to ensure that the natural gas flexible fuel supply line was not damaged if the appliance was pulled from the wall beyond the length of the line. During an interview at that time, the Director of Maintenance (DOM) stated that he was not aware of the requirement for a restraining device. Observation on 01/30/2024 at 1:55 PM revealed a ceiling tile had been removed from the first-floor corridor suspended ceiling in front of the Marketing Director's office, negating the assembly's ability to resist the passage of smoke as designed and installed. There was an active water leak coming from the ceiling with a bucket on the floor collecting the water. During an interview at that time, the Director of Maintenance	A1249		

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A1249	Continued From page 36 (DOM) stated there was a water supply line actively leaking above the ceiling and that it was extremely difficult to access. The DOM stated that the leak had been ongoing for three weeks. He stated that the facility had been trying to hire a contractor to repair the leak, but the access to the leak was difficult. He stated that there was not a plan in place regarding when or how the leak would be repaired. Review of the facility's floor plan revealed the facility had six stories and four stairways, indicating the facility should have at least 24 fire door assemblies. Review of the facility's life safety code documents did not reveal an annual fire door assembly inspection. During an interview on 01/31/2024 at 9:40 AM, the Director of Maintenance (DOM) stated an annual fire door inspection had not been conducted. Observation on 01/31/2024 at 10:36 AM revealed an electric scooter stored in the egress corridor on the fourth floor West Wing, outside of Room [redacted] created an obstruction to the clear width of the corridor in the event of occupant use in the event of an emergency. During an interview at that time, the Director of Maintenance (DOM) confirmed the observation and stated that the facility did not have any policies in place to complete environmental inspections that would ensure the prevention of unauthorized storage in a means of egress corridor. Observation on 01/31/2024 at 11:05 AM revealed the corridor door to Room [redacted] was damaged to the core, negating the door assembly's ability to	A1249		

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A1249	Continued From page 37 resist the passage of smoke. During an interview at that time, the Director of Maintenance (DOM) confirmed the observation and stated that the facility did not have any policies in place regarding how the resident room doors were inspected and who was responsible to ensure the inspections were conducted.	A1249		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
82471 Y1	A. Building B. Wing Y2	4/19/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRIA ASSISTED LIVING	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 A0703	Correction	ID Prefix A0709	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.2(a)	Completed	Reg. # 8:36-7.2(d)(1-18)	Completed
LSC	03/30/2024	LSC	03/30/2024	LSC	03/30/2024
ID Prefix A0887	Correction	ID Prefix A0891	Correction	ID Prefix A0901	Correction
Reg. # 8:36-10.4(a)(1)	Completed	Reg. # 8:36-10.5(a)	Completed	Reg. # 8:36-10.5(c)(4)	Completed
LSC	03/30/2024	LSC	03/30/2024	LSC	03/30/2024
ID Prefix A0913	Correction	ID Prefix A0937	Correction	ID Prefix A1179	Correction
Reg. # 8:36-10.5(c)(10)	Completed	Reg. # 8:36-11.5(a)	Completed	Reg. # 8:36-17.1(a)	Completed
LSC	03/30/2024	LSC	03/30/2024	LSC	03/30/2024
ID Prefix A1225	Correction	ID Prefix A1249	Correction	ID Prefix	Correction
Reg. # 8:36-17.3(b)(8)(i-ii)	Completed	Reg. # 8:36-17.7	Completed	Reg. #	Completed
LSC	03/30/2024	LSC	03/30/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
1/31/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO