

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 05/19/2022
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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 #: NJ00154750</p> <p>CENSUS: 58</p> <p>SAMPLE SIZE: 7</p> <p>CAPACITY: 161</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

06/09/22

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00154750</p> <p>Based on interview and record review it was determined that the Executive Director (ED) failed to implement and enforce the facility's policies and procedures titled, "NJ Exec Order 26.4b1" and "NJ Exec Order 26.4b1" for 2 of 7 residents reviewed for [redacted] and [redacted] orders, Resident #2 and #4.</p> <p>This deficient practice was evidenced by the following:</p> <p>A Facility Reported Event (FRE) was received via the New Jersey Department of Health Long Term Care Complaint email on 5/13/2022, which revealed that on [redacted] Resident #4 [redacted] LPN) who then assessed and determined the [redacted]. The FRE also revealed that although the [redacted] NJ ex order 26.4b1 [redacted] was not initiated by this [redacted] certified LPN.</p> <p>1. On 5/19/2022 at 12:00 p.m., the surveyor reviewed Resident #2's medical record which revealed that the resident moved into the facility in [redacted] NJ ex order 26.4b1 [redacted] with diagnoses which included [redacted] NJ ex order 26.4b1 [redacted]. The surveyor also noted</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>that there was not a NJ Exec Order 26.4b1 [REDACTED] located in Resident #2's medical record.</p> <p>2. On 5/19/2022 at 12:30 p.m., the surveyor reviewed Resident #4's closed medical record which revealed that the resident moved into the facility in NJ ex order 26.4b1 with diagnoses which included NJ ex order 26.4b1 [REDACTED].</p> <p>Further review of Resident #4's closed medical record included a document titled, "General Service Plan" dated NJ ex order 26.4b1 which revealed that Resident #4 was a NJ Exec Order 26.4b1 [REDACTED].</p> <p>[REDACTED]. The surveyor also noted that there was not a NJ Exec Order 26.4b1 [REDACTED] located in Resident #4's medical record. According to a "Progress Note" (PN) dated NJ ex order 26.4b1 at 9:43 a.m., written by a Licensed Practical Nurse (LPN), LPN #1 documented that she was notified by a CNA at 8:30 a.m., that Resident #4 NJ ex order 26.4b1 [REDACTED].</p> <p>The LPN referred to the aide as a CNA, Certified Nurse's Aide, however the aide informed the surveyor that she was a Certified Home Health Aide (CHHA) referred to in this report as a Nurse Aide (NA).</p> <p>On 5/19/2022 at 1:40 p.m., the surveyor interviewed LPN #1 who stated she was informed that Resident #4 NJ ex order 26.4b1 by a</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>"CNA" (NA). LPN #1 NJ ex order 26.4b1</p> <p>NJ Excec C Continued surveyor interview revealed that after LPN #1 completed her assessment of Resident #4, she exited Resident #4's room and unit/floor to obtain the resident's medical chart where she identified the Resident was a NJ Excec Order 26.4b1. While obtaining the resident's medical chart, LPN #1 stated she instructed the employee at the front desk to call 911. LPN #1 stated she should have initiated NJ Excec C as per the resident's code status and that she was not certified to NJ Excec Order 26.4b1 of a resident. LPN #1 stated she was not educated on the "NJ Excec Order 26.4b1" policy and procedure.</p> <p>On 5/19/2022 at 1:55 p.m., the surveyor interviewed the facility's Assistant Director of Nursing (ADON) who stated LPNs were unable to NJ Excec Order 26.4b1 of a resident and that LPN #1 should have initiated NJ Excec C on Resident #4. She continued to explain to the surveyor that the NJ Excec Order 26.4b1 procedure was not implemented by LPN #1 and the Nurse's Aide. The ADON also stated all staff were trained on the "NJ Excec Order 26.4b1" policy and procedure by their respective managers.</p> <p>On 5/19/2022 at 2:17 p.m., the surveyor interviewed the facility's NA who stated she found Resident #4 NJ ex order 26.4b1 and notified LPN #1. The NA revealed she NJ ex order 26.4b1 the NJ Excec Order 26.4b1 policy and procedure. The NA also stated she left the Resident's room because she did not want to alarm other residents of Resident #4's status by announcing over the walkie talkie that Resident #4 NJ ex order 26.4b1</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>On 5/19/2022 at 3:05 p.m., the surveyor interviewed the facility's Executive Director (ED) regarding staff education on NJ Exec Order 26.4b1 " policy and procedure. The ED stated employees were educated on the different type of codes utilized by the facility and given a reference card that was attached to the back of the facility's staff identification badges. The ED confirmed employees were not educated on the NJ Exec Order 26.4b1" policy and procedure but will provide an in-service. Continued surveyor interview revealed the ED was not aware of all residents requiring a NJ Exec Order 26.4b1. The surveyor reviewed the facility's NJ Exec Order 26.4b1 policy with the ED which indicated that every resident should have a NJ Exec Order 26.4b1 within 14 days of admission. The ED replied she was not aware of the new NJ Exec Order 26.4b1 policy.</p> <p>On 5/19/2022 at 3:20 p.m., the surveyor interviewed the facility's Director of Nursing (DON) who stated every resident should have a NJ Exec Order 26.4b1 and that the facility was in the process of ensuring all residents had a completed NJ Exec Order 26.4b1.</p> <p>On 5/19/2022 at 3:57 p.m., the surveyor interviewed the facility's Social Worker (SW) who stated she was responsible for educating new residents on the use of the NJ Exec Order 26.4b1 form. The SW stated she then informed the nursing department of a resident's decision to be a NJ Exec Order 26.4b1 in which the nursing department then informed the physician. The SW also revealed during the continued surveyor interview that the facility recently decided to complete a NJ Exec Order 26.4b1 form for all residents.</p> <p>According to surveyor review of the facility policy titled "AED/CPR/CODE BLUE" documents:</p>	A 310		

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A 310	<p>Continued From page 5</p> <p>"Rule When to Begin: Cardio-pulmonary resuscitation and external automated defibrillation should be started immediately if the patient has:</p> <ul style="list-style-type: none"> " No pulse " No respiration " No response <p>Procedure: 1. Identify patient</p> <p>2. Verify patient's lack of pulse, respiration, and unresponsiveness.</p> <p>3. Confirm Code status: Check DNR in Medical Record</p> <p>4. Call out for help if alone and have other staff immediately announce a "CODE BLUE" and the LOCATION three times in succession over the intercom immediately.</p> <p>5. Direct other staff to call 911 immediately after making CODE BLUE announcement.</p> <p>6. Have another staff member bring the emergency cart to the patient's bedside or to the location of the Code Blue ...</p> <p>8. Begin CPR immediately following American Heart Association guidelines.</p> <p>9. Continue CPR until AED and emergency cart is at the patient's side.</p> <p>10. Once the AED is at the patient's side, follow American Heart Association guidelines for use of the AED.</p> <p>11. Continue to follow AED voice prompts until paramedics arrive."</p>	A 310		

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A 310	Continued From page 6 According to surveyor review of the facility policy titled " POLST policy Practitioner Orders for Life-Sustaining treatment (POLST)" documents: "Procedure: 1. At the time of admission, the facility will determine whether the individual has completed a POLST form. 3. If the individual does not have a POLST form at the time of admission, the facility will introduce the POLST within 14 days of admission. 4. The original POLST form will remain in the individual's clinical record. with the physician/NP, may revise the POLST, as long as it is consistent with the expressed preferences of the individual..."	A 310		
A 363	8:36-4.1(a)(5) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 5. The right to make choices with respect to services and lifestyle; This REQUIREMENT is not met as evidenced by:	A 363		

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A 363	<p>Continued From page 7</p> <p>COMPLAINT #: NJ00154750</p> <p>Based on interview and record review it was determined that the facility failed to respect and comply with a resident's ^{NJ Exec Order 26.4b} status request by failing to perform ^{NJ Exec Order 26.4b1} or 1 of 7 residents, Resident #4, reviewed for ^{NJ Exec Order 26.4b} and ^{NJ Exec Order 26.4b} orders. This deficient practice was evidenced by the following:</p> <p>A Facility Reported Event (FRE) was received via the New Jersey Department of Health Long Term Care Complaint email on 5/13/2022, which revealed that on ^{NJ ex order 26.4b1}, Resident #4 ^{NJ ex order 26.4b1} and was assessed by the facility's Licensed Practical Nurse (LPN) who determined ^{NJ ex order 26.4b1}. The FRE also revealed that, although the resident was a ^{NJ Exec Order 26.4b} ^{NJ Exec Order 26.4b1} was not initiated by the ^{NJ Exec Order 26.4b} certified LPN.</p> <p>On 5/19/2022 at 12:30 p.m., the surveyor reviewed Resident #4's closed medical record which revealed that the resident moved into the facility in ^{NJ ex order 26.4b1} with diagnoses which ^{NJ ex order 26.4b1}</p> <p>Further review of Resident #4's closed medical record included a document titled, "General Service Plan" dated ^{NJ ex order 26.4b1} which revealed that Resident #4 was a ^{NJ Exec Order 26.4b1}, which indicates ^{NJ Exec Order 26.4b1} should be initiated if a resident is ^{NJ Exec Order 26.4b1}. According to a "Progress Note" (PN) ^{NJ ex order 26.4b1} at 9:43 a.m., written by a Licensed Practical Nurse (LPN), LPN # 1, documented that she was</p>	A 363		

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A 363	<p>Continued From page 8</p> <p>notified by a "CNA" (Nurse Aide, NA) at 8:30 a.m., that Resident #4 NJ ex order 26.4b1 [REDACTED]. The aide informed the surveyor that she was a Certified Home Health Aide (CHHA).</p> <p>On 5/19/2022 at 1:40 p.m., the surveyor interviewed LPN #1 who stated she was informed that Resident #4 NJ ex order 26.4b1 by a "CNA" (NA). LPN #1 stated she proceeded to the resident's room, NJ ex order 26.4b1 and determined the NJ ex order 26.4b1. Continued surveyor interview revealed that after LPN #1 completed her assessment of Resident #4, exited Resident #4's room and unit/floor to obtain the resident's medical chart in which she determined the Resident was a NJ Exec Order 26.4b1. While obtaining the resident's medical chart, LPN #1 stated she instructed the employee at the front desk to call 911. LPN #1 NJ ex order 26.4b1 [REDACTED]</p> <p>On 5/19/2022 at 1:55 p.m., the surveyor interviewed the facility's Assistant Director of Nursing (ADON) who stated LPNs are unable to NJ Exec Order 26.4b1 and that LPN #1 NJ ex order 26.4b1 #4.</p> <p>According to surveyor review of the facility policy titled "AED/CPR/CODE BLUE" documents:</p> <p>"Rule When to Begin: Cardio-pulmonary resuscitation and external automated defibrillation should be started immediately if the patient has:</p> <ul style="list-style-type: none"> " No pulse " No respiration 	A 363		

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A 363	Continued From page 9 " No response ...Procedure: 1. Identify patient 2. Verify patient's lack of pulse, respiration, and unresponsiveness. 3. Confirm Code status: Check DNR in Medical Record 4. Call out for help if alone and have other staff immediately announce a "CODE BLUE" and the LOCATION three times in succession over the intercom immediately. 5. Direct other staff to call 911 immediately after making CODE BLUE announcement. 6. Have another staff member bring the emergency cart to the patient's bedside or to the location of the Code Blue ... 8. Begin CPR immediately following American Heart Association guidelines. 9. Continue CPR until AED and emergency cart is at the patient's side. 10. Once the AED is at the patient's side, follow American Heart Association guidelines for use of the AED. 11. Continue to follow AED voice prompts until paramedics arrive..."	A 363		
A1079	8:36-15.7(b) Resident Records (b) A physician, registered nurse or paramedic may make a determination and pronouncement	A1079		

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A1079	<p>Continued From page 10</p> <p>of death in accordance with N.J.A.C. 13:35-6.2(d) and (e).</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00154750</p> <p>Based on interview and record review it was determined that the facility failed to ensure a physician, registered nurse or paramedic made the determination and NJ Exec Order 26.4b1 in accordance with N.J.A.C. 13:35-6.2 (d) and (e) for 1 of 1 residents reviewed, Resident #4. This deficient practice was evidenced by the following:</p> <p>A Facility Reported Event (FRE) was received via the New Jersey Department of Health Long Term Care Complaint email on 5/13/2022 which identified that on NJ ex order 26.4b1, Resident #4 NJ ex ord. Resident #4 was assessed by the facility's Licensed Practical Nurse (LPN) who determined the NJ Exec Order 26.4b1. The FRE also revealed that, although the resident was a NJ Exec Order 26.4b1 NJ ex order 26.4b1</p> <p>On 5/19/2022 at 12:30 p.m., the surveyor reviewed Resident #4's closed medical record which revealed that the resident moved into the facility in NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1</p> <p>Further review of Resident #4's closed medical record included a document titled, "General Service Plan" dated NJ ex order 26.4b1 which revealed that Resident #4 was a NJ Exec Order 26.4b1 (which indicated</p>	A1079		

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A1079	<p>Continued From page 11</p> <p>NJ Exec Order 26.4b1</p> <p>According to a "Progress Note" (PN) dated NJ ex order 26.4b1 at 9:43 a.m. written by a Licensed Practical Nurse (LPN), LPN #1, who documented that she was notified by a "CNA" (Nursing Aide) at 8:30 a.m. that Resident #4 NJ ex order 26.4b1 with an NJ ex order 26.4b1.</p> <p>The PN also identified that the resident's Responsible Party, Medical Doctor, Director of Nursing, and NJ Exec Order 26.4b1 were notified of the resident's NJ Exec Order 26.4b1.</p> <p>On 5/19/2022 at 1:40 p.m., the surveyor interviewed LPN #1 who stated she was informed that Resident #4 was NJ Exec Order 26.4b1 by a "CNA" (Nurse Aide, NA). LPN #1 stated she proceeded to the resident's room, completed a NJ Exec Order 26.4b1, and determined the NJ Exec Order 26.4b1. Continued surveyor interview revealed that after LPN #1 completed her assessment of Resident #4, she exited Resident #4's room and unit/floor to obtain the resident's medical chart in which she determined the Resident was a NJ Exec Order 26.4b1. While obtaining the resident's medical chart, LPN #1 stated she instructed the employee at the front desk to call 911. LPN #1 stated that she was NJ Exec C certified and should have initiated NJ Exec C as per the resident's code status. In addition, LPN #1 stated, as a LPN, she was unable to NJ Exec Order 26.4b1.</p>	A1079		



ALLEGRIA

AT OCEAN GROVE

POC A363 Policies and Procedures

1. Corrective action will be accomplished by ensuring the residents a timely review and implementation of Resident Rights and adhering to the Residents right to make choices with respect to services and lifestyle. Ensuring through in services that only a physician, registered nurse or paramedic make the determination and the pronouncement of death in the accordance with N.J.A.C. 13:35-6.2.
 - b. Resident 4. No longer resides in the community, corrective practice will ensure the deficient practice will not recur.

2. All residents are at risk pursuant to the deficient practice.

3. Measures to prevent recurrence as it pertains to:

Resident Rights and Lifestyle Choices – Orders for Life -Sustaining treatment (Authorized Person)

- a. A complete audit was performed by Director of Nursing ensuring compliance with Residents Rights and authorized persons to make the determination and pronouncement of death.
 - b. Staff education was performed by Assistant Director of Nursing on specific documentation tools used for recording incidents and identifying any violation of Resident Rights and Lifestyle choices.
 - c. Upon discovery all incidents shall be reported to the Director of Nursing, Executive Director and Social worker for immediate review and reporting to Department of Health and necessary investigation.
 - d. Director of Nursing and Executive Director shall keep records of all reportable events.
 - e. Policy review by Human Resource Director and Assistant Director of Nursing will ensure staff compliance with training and education; emphasizing on Residents rights and Lifestyle choices.
4. Monitoring of corrective action will be done quarterly and reported at the QAPI meeting by Director of Nursing or designee and accomplished through continued, education, staff training and document review.

70 Stockton Avenue
Ocean Grove, NJ 07756

☎ 732 774 1316
☎ 732 776 6313

AllegriaSeniorLiving.com

Senior Living Community

Completion date: May 25, 2022

Accepted
6/20/22



1. Corrective action will be accomplished by implementing and ensuring authorized persons to determine and pronounce Death are the following a physician, registered nurse or paramedic make the determination and pronounce as per accordance with N.J.A.C. 13:35-6.2.
 - a. Resident 4. No longer resides in the community, corrective practice will ensure the deficient practice will not recur.
2. All residents are at risk pursuant to the deficient practice.
3. Measures to prevent recurrence as it pertains to:

Policy and Procedure – Determination and Pronouncement of Death

- a. Provided a list of authorized persons that can determine and pronounce Death.
 - b. LPN 1. Has received coaching and education by Assistant Director of Nursing on the policy and procedure for Residents Rights, Code Status and made aware of authorized individuals responsible for determination and pronouncement of Death.
 - c. Staff education was performed by Assistant Director of Nursing ensuring compliance with acknowledgement of Residents Rights and lifestyle choices, understanding, and identifying authorized person to determine and pronounce death.
 - d. Human Resources and Director of Nursing will ensure compliance of staff participating upon hire and yearly In-Services for Residents' Rights and authorized person to determine and pronounce death.
4. Monitoring of corrective action will be done quarterly and reported at the QAPI meeting by Director of Nursing or designee and accomplished through continued, education, staff training and document review.

Completion date: May 25, 2022

100 Stockton Avenue
Ocean Grove, NJ 07756

T 732 774 1316
F 732 776 6313

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ALLEGRIA

AT OCEAN GROVE

POC A310 Policies and Procedures

1. Corrective action will be accomplished by ensuring timely review and implementation of "POLST policy Practitioner Orders for Life -Sustaining treatment (POLST)" policy and procedures.
 - a. Resident 4. No longer resides in the community, corrective practice will ensure the deficient practice will not recur.
2. All residents are at risk pursuant to the deficient practice.
3. Measures to prevent recurrence as it pertains to:

POLST policy Practitioner Orders for Life -Sustaining treatment (POLST)

- a. A complete audit was performed by the Director of Nursing ensuring compliance with POLST policy and procedure.
 - b. Staff education was performed by Assistant Director of Nursing on specific documentation and tools used for listing all residents with DNR and Identifying all residents without a completed POLST.
 - c. Upon discovery all residents that do not have a POLST form at the time of admission the facility will determine whether the individual has completed a POLST form. If the resident does not have a POLST form the facility Social Worker will introduce the POLST within 14 days of admission. Director of Nursing will review the DNR/FULL CODE list and report to Executive Director during weekly Level of Care meeting.
 - d. The original POLST form will remain in the resident's file. Only the physician may revise the POLST, if it is consistent with the expressed preference of the resident.
 - e. Director of Nursing keep on-going records of all POLST forms in resident files and a copy posted behind resident's door covered with DNR sign on red paper.
 - f. Director of Nursing shall keep on going list and update with change in condition, return from a hospitalization and/during Interdisciplinary care conference held every 6 months.
4. Monitoring of corrective action will be done quarterly and reported at the QAPI meeting by Director of Nursing or designee and accomplished through continued, education, staff training and document review.

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POC A310 Policies and Procedures

1. Corrective action will be accomplished by ensuring timely review and implementation of "POLST policy Practitioner Orders for Life -Sustaining treatment (POLST)" policy and procedures.
 - a. Resident 4. No longer resides in the community, corrective practice will ensure the deficient practice will not recur.
 - b. Resident 2. Upon audit completion, resident has a current POLST form.
2. All residents are at risk pursuant to the deficient practice.
3. Measures to prevent recurrence as it pertains to:

POLST policy Practitioner Orders for Life -Sustaining treatment (AED/CPR)

- a. Staff education was performed by Assistant Director of Nursing on specific documentation and tools used for initiating CPR if a resident and the use of AED machine. If resident is identified as "FULL CODE". List of residents requesting a FULL CODE is distributed to all staff members and in service provided.
 - b. CPR certified staff are identified on the staff schedule with a heart symbol prepared by Assistant Living Coordinator or designee. All staff that are CPR certified presented valid certification card upon hire and Human Resources audited yearly to ensure compliance.
 - c. Director of Nursing shall keep on going list and update CODE status with change in condition, return from a hospitalization and/during Interdisciplinary care conference held every 6 months.
4. Monitoring of corrective action will be done quarterly and reported at the QAPI meeting by Director of Nursing or designee and accomplished through continued, education, staff training and document review.

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POC A310 Policies and Procedures

1. Corrective action will be accomplished by ensuring timely review and implementation of "POLST policy Practitioner Orders for Life -Sustaining treatment (POLST)" policy and procedures.

- a. **Resident 4.** No longer resides in the community, corrective practice will ensure the deficient practice will not recur.

2. All residents are at risk pursuant to the deficient practice.

3. Measures to prevent recurrence as it pertains to:

POLST Policy Practitioner Orders for Life -Sustaining treatment (CODE BLUE)

- a. A complete audit was performed ensuring compliance by Human Resource Director with Code Blue policy and procedure.

- b. All staff education was performed by Assistant Director of Nursing on specific steps done before announcing CODE BLUE.

- c. The original POLST form will remain in the resident's file. Only the physician may revise the POLST, if it is consistent with the expressed preference of the resident. This process will be monitored by Social Worker and reported to Director of Nursing and Executive Director.

- d. If the residents POLST indicates "Full Code". All CPR/AED certified staff shall follow the instructions attached indicating when to start and how to operate the Resuscitation and External Automated Defibrillator (AED). The AED machine will be initiated if you have No Pulse, No Respiration and No response. Confirm code status, Call CODE BLUE and direct other staff to call 911 then initiate CPR. Continue CPR until AED machine is at residents' side. (exhibit a.)

- e. Human Resources and Director of Nursing will ensure compliance of staff participating upon hire and yearly in-services for all CODES.

4. Monitoring of corrective action will be done quarterly and reported at the QAPI meeting by Director of Nursing or designee and accomplished through continued, education, staff training and document review.

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Resuscitation and External Automated Defibrillation should be started immediately if the resident has:

- 1) No pulse**
- 2) No respiration**
- 3) No response**

Procedure:

- 1. Identify the resident**
- 2. Verify resident's lack of pulse, respiration, and unresponsiveness.**
- 3. Confirm Code Status: Check DNR in Medical Record.**
- 4. Call out for help if alone and have other staff immediately announce a "CODE BLUE" and the LOCATION three times in succession over the intercom.**
- 5. Direct other staff to call 911 immediately after making CODE BLUE announcement.**
- 6. Begin CPR immediately following American Heart Association guidelines.**
- 7. Continue CPR until AED is at the resident's side.**
- 8. Once the AED is at the patient's side, follow American Heart Association guidelines for use of the AED.**
- 9. Continue to follow AED voice prompts until paramedics arrive.**

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POC A363 Policies and Procedures

1. Corrective action will be accomplished by ensuring facility will respect and comply with resident Full Code status. If resident is a Full Code -Cardiopulmonary resuscitation (CPR) will be initiated

b. Resident 4. No longer resides in the community, corrective practice will ensure the deficient practice will not recur.

2. All residents are at risk pursuant to the deficient practice.

3. Measures to prevent recurrence as it pertains to:

Resident's right respecting choice for Full Code Status and complying with request:

a. A complete audit was performed by Director of Nursing to identify resident Code status. If the resident is a Full Code authorized persons will initiate, Cardiopulmonary resuscitation (CPR).

b. Staff education was performed by Assistant Director of Nursing on specific documentation tools used to identify the residents Code Status.

c. Upon discovery all incidents shall be reported to the Director of Nursing, Executive Director and Social worker for immediate review and reporting to Department of Health and necessary investigation.

d. Director of Nursing and Executive Director shall keep records of all reportable events.

e. Policy reviewed by Human Resource Director and Assistant Director of Nursing will ensure staff compliance with training and education, emphasizing on Residents Code Status.

4. Monitoring of corrective action will be done quarterly and reported at the QAPI meeting by Director of Nursing or designee and accomplished through continued, education, staff training and document review.

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 82471	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/23/2022
Y1	Y2	Y3
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 A0363	Correction	ID Prefix A1079	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(5)	Completed	Reg. # 8:36-15.7(b)	Completed
LSC	05/25/2022	LSC	05/25/2022	LSC	05/25/2022
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 5/19/2022
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO