

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 03/08/2023
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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 #: NJ00160878</p> <p>CENSUS: 115</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

04/26/23

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 03/08/2023
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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #NJ00160878</p> <p>Based on interview and record review, it was determined the facility's administrator failed to implement and enforce the facility's policy and procedure titled "Wander Guard". The deficient practice is evidence by the following:</p> <p>On 3/8/2023 at 10:40 a.m., the surveyor conducted an interview with a Licensed Practical Nurse (LPN) who stated that there was a resident elopement on [redacted] NJ ex order 26.4b1. The LPN reported that Resident #2 [redacted] NJ ex order 26.4b1</p> <p>[redacted]</p> <p>Resident #2 [redacted] NJ ex order 26.4b1. The LPN stated that Resident #2 [redacted] NJ ex order 26.4b1.</p> <p>Resident #2 had a move in date of [redacted] NJ ex order 26.4b1 with diagnoses [redacted] NJ ex order 26.4b1</p> <p>[redacted]</p> <p>The surveyor reviewed a facility document titled "General Service Plan" dated [redacted] NJ ex order 26.4b1, which stated that Resident #2 [redacted] NJ ex order 26.4b1, and [redacted] NJ ex order 26.4b1.</p> <p>The facility failed to provide the [redacted] NJ ex order 26.4b1.</p> <p>The surveyor interviewed the facility's Director of Nursing (DON) on [redacted] NJ ex order 26.4b1 at 11:45 a.m., who stated Resident #2 [redacted] NJ ex order 26.4b1. The DON stated that on [redacted] NJ ex order 26.4b1 at 3:55 p.m., the</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>nurse on duty was NJ ex order 26.4b1 that Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1, where Resident #2 was diagnosis with NJ ex order 26.4b1. The DON also stated that Resident #2 NJ ex order 26.4b1 at the time of the NJ ex order 26.4b1, nor was the NJ Ex Or on the Medication Administration Record (MAR) to be signed for. The ED stated Resident #2 was given a NJ ex ord on NJ ex order 26.4b1 at 9:50 p.m.</p> <p>The surveyor conducted an interview with the facility's ED (Executive Director) at 11:52 a.m., who stated facility staff were unaware that Resident #2 NJ ex order 26.4b1. The ED revealed that it was unknown how Resident #2 got out of the facility between NJ ex order 26.4b1.</p> <p>The ED stated at 12:01p.m., that Resident #2's assessment was not completed upon the resident's return to the facility due to resident not being considered a readmission as Resident #2 NJ ex order 26.4b1.</p> <p>The ED also stated there was no nursing assessment completed on NJ ex order 26.4b1 upon the Resident's NJ ex order 26.4b1.</p> <p>The surveyor interviewed the facility's ED and Assistant Director of Nursing (ADON) at 2:02 p.m., the ADON stated Resident #2 NJ ex order 26.4b1 on NJ ex order 26.4b1 after a NJ ex order 26.4b1. The ADON stated that Resident #2's NJ ex order 26.4b1. The ED stated Resident #2's NJ ex order 26.4b1.</p>	A 310		

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A 310	Continued From page 3 [redacted] at 9:50 p.m. The surveyor reviewed the facility's policy titled, "Wander Guard" which revealed: "1. The placement of the wander guard / watch mate monitoring device will be visually checked daily and signed as viewed in the Medication Administration Record. This record will also identify where the device is located ... 2. The devise [device] will be tested for function weekly, or as applicable, and signed as functioning in the Medication Administration Record. If the device does not function or if the device is missing, it will be replaced immediately."	A 310		
A 765	8:36-7.4(c)(1) Resident Assessments and Care Plans (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital; This REQUIREMENT is not met as evidenced by: Compliant # NJ00160878 Based on interview and record review it was determined that the facility failed to reassess	A 765		

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A 765	<p>Continued From page 4</p> <p>resident NJ ex order 26.4b1 for 1 of 3 residents, Resident #2 NJ ex order 26.4b1. This deficient practice was evidenced by the following:</p> <p>Resident #2's medical record revealed that the resident moved into the facility on NJ ex order 26.4b1 with NJ ex order 26.4b1.</p> <p>According to surveyor review of the facility document titled "Progress Notes" which revealed that Resident #2 had a NJ ex order 26.4b1 on NJ ex order 26.4b1 requiring NJ ex order 26.4b1 and returned the same day. The facility failed to produce documented evidence that Resident #2 NJ ex order 26.4b1.</p> <p>On 3/8/2023 at 2:02 p.m., during interview with the Executive Director (ED) and Assistant Director of Nursing (ADON), both confirmed that Resident #2 NJ ex order 26.4b1.</p> <p>The facility failed to provide an assessment of the resident in order to determine that the resident's safety needs were met.</p>	A 765		
H5790	<p>8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.</p>	H5790		

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H5790	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Compliant # NJ00160878</p> <p>Based on interview and record review it was determined that the facility failed to retain a copy of the Universal Transfer Form (UTF) in the medical record for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 3/8/2022, the surveyor reviewed the medical records for Resident #2 which revealed that on <small>NJ ex order 26.4b1</small> at 4:15 p.m., Resident #2 was NJ ex order 26.4b1. The resident's medical record failed to contain documented evidence of a copy of the UTF.</p> <p>The surveyor interviewed the Executive Director and Assistant Director of Nursing on <small>NJ ex order 26.4b1</small> at 1:46 p.m., who stated that a completed <small>NJ ex order 26.4b1</small> but the facility failed to retain a copy of the <small>NJ ex order 26.4b1</small> Resident #2's medical records.</p>	H5790		



ALLEGRIA

AT OCEAN GROVE

POC A310 Policies and Procedures

1. Corrective action will be accomplished by ensuring timely review and implementation of "Wander Guard" policies and procedures.
 - a. Resident 2. Is currently [REDACTED] and has been monitored to ensure placement and functionality. 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:

POC A310 Policies and Procedures Wander Guard-

- a. Upon admission all residents will be assessed for elopement risk, by admitting nurse.
- b. A complete audit shall be performed ensuring proper orders in place and documentation on Medication Administration Record (MAR), weekly by the Director of Nursing.
- c. Staff education in wander guard policy and procedure and identifying the residents that are wearing a wander guard.
- d. All incidents of missing and/or nonfunctioning wander guards shall be reported to DON for immediate replacement.
- e. Review every week the list of residents with wander guards during Level of Care meeting.
- f. The Wander guard list will be updated and distributed to all management and posted at the front desk, by the Assisted Living Coordinator.

Wander Guard- Safety

- a. All residents readmitting nursing staff must complete the re-admission check list which includes wander guards, by the nurse.
- b. Report quarterly at safety meeting any incidents of elopement, to the Building Services Manager.

4. Monitoring of corrective action will be ongoing and accomplished through continued education, staff training and document review. The Executive Director and Director of Nursing on a quarterly basis.

70 Stockton Avenue
Ocean Grove, NJ 07756

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Completion date: May 9, 2023

A Senior Living Community



ALLEGRIA

AT OCEAN GROVE

POC A765 Policies and Procedures

1. Corrective action will be accomplished by ensuring timely review and implementation of "General Service Plan" policies and procedures.
 - a. Resident 2. Has a current general service plan. We will ensure general service plans will be completed semiannual, upon readmission, and as needed. 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:

POC A765 Policies and Procedure

General Service Plan

1. The General Service Plan will be reviewed/updated semi annual, with changes in ADL's and changes in resident in condition, by the Registered Nurse.
2. Nursing staff will be in serviced on policy and procedure evaluation and assessment of resident needs, by the Registered Nurse.
3. All updated general service plans will be submitted to the Director of Nursing and Executive Director. These will be reviewed during the weekly level of care meeting.
4. Monitoring of corrective action will be ongoing and accomplished through continued education, staff training and document review. The Executive Director and Director of Nursing will review during the weekly Level of Care meeting.

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ALLEGRIA

AT OCEAN GROVE

POC H5790 Policies and Procedures

4. Corrective action will be accomplished by ensuring timely review and implementation of "Universal Transfer Form" policies and procedures.
 - a. Resident 2. Was sent out [REDACTED] and staff forwarded information to the hospital. We did not obtain a copy of the records sent. The Director of Nursing will ensure that nursing makes a copy for our resident file. 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:

POC H5790 Policies and Procedure

Universal Transfer Form

1. In-service staff on policy and procedure for transferring residents to the hospital and documents needed. Ensure copies are made by the Assistant Director of Nursing.
2. The Director of nursing will oversee all transfers out of the facility weekly and audit charts to ensure all documentation is completed.

Universal Transfer Form- Resident transfer

1. When transferring a resident out of the community a Universal Transfer form should be completed.
2. All sections 1-28 should be completed, and a face sheet and a medication list attached.
3. A copy of the transfer form should be filed on the resident's chart as a part of the medical record.
4. Monitoring of corrective action will be ongoing and accomplished through continued education, staff training and document review. The Director of Nursing will perform weekly audit.

Completion date: May 9, 2023

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 82471	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/8/2023
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 A0765	Correction	ID Prefix _____	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.4(c)(1)	Completed	Reg. # _____	Completed
LSC _____	05/09/2023	LSC _____	05/09/2023	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 3/8/2023

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 82471	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/8/2023	Y3
NAME OF FACILITY ALLEGRIA ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 70 STOCKTON AVENUE OCEAN GROVE, NJ 07756		

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ITEM	DATE	ITEM	DATE	ITEM	DATE
Y4	Y5	Y4	Y5	Y4	Y5
ID Prefix H5790	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:43E-13.4(d)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	05/09/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/8/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		