

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 02/28/2023
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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 #: NJ00161291</p> <p>CENSUS: 115</p> <p>SAMPLE SIZE: 4</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

03/23/23

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: Compliant # NJ00161291</p> <p>Based on interview and record review, it was determined that the facility Administrator failed to implement and enforce the facility's policies and procedures titled, "Security". This deficient practice was evidenced by the following:</p> <p>On 2/28/2023 at 10:40 a.m., while conducting a complaint survey, the surveyor interviewed a Licensed Practical Nurse (LPN) who stated that there NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 LPN reported that Resident #2 NJ ex order 26.4b1 Resident #3's NJ ex order 26.4b1 NJ ex order 26.4b1 LPN reported that resident #2 NJ ex order 26.4b1</p> <p>The LPN also stated Resident #2 NJ ex order 26.4b1</p> <p>Resident #2 had a move in date of NJ ex order 26.4b1 with diagnoses NJ ex order 26.4b1 The surveyor reviewed a facility document titled "General Service Plan" dated NJ ex order 26.4b1 which revealed that Resident #2 NJ ex order 26.4b1</p> <p>Resident #3 had a move in date of NJ ex order 26.4b1 with diagnoses that NJ ex order 26.4b1 The surveyor reviewed a facility document titled</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>"General Service Plan" dated [redacted] which revealed that Resident #3 [redacted].</p> <p>The surveyor conducted an interview with Resident #3 at 10:57a.m., who stated that he/she was sitting on his/her bed, eating breakfast in his/her room with the door open when Resident #2 [redacted]. Resident #3 stated after he/she asked Resident #2 [redacted]. Resident #2 [redacted]. Resident #3's [redacted]. During continued surveyor interview, Resident #3 stated Resident #2 responded "[redacted]". Resident #3 [redacted]. Resident #2 until Resident #2 [redacted]. Resident #3 [redacted]. Resident #3 [redacted]. Resident #3 [redacted].</p> <p>The surveyor interviewed the facility's Executive Director (ED) at 1:13 p.m. who stated that an incident occurred on [redacted] with Resident #2 and Resident #3. The ED confirmed that Resident #2 went into Resident #3's room and [redacted]. The ED stated Resident #2 was [redacted] to ensure safety of all residents including Resident #3. The ED stated Resident #2 [redacted].</p> <p>During continued interview with facility's ED, it was revealed that after Resident #2 was discharged from facility on [redacted] due to the [redacted] with Resident #3. Resident #2 was seen by a facility staff member on the [redacted] attempting to get breakfast. The ED also stated that she did not know how Resident #2 [redacted] the</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>NJ ex order 26.4b1</p> <p>The ED explained that the facility's staff requested that Resident #2 vacate the premises in which Resident #2 NJ ex order 26.4b1. The ED stated she NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 by Resident #2's partner who also resides at the facility on NJ ex order 26.4b1 and that Resident #2 NJ ex order 26.4b1</p> <p>The ED stated that the security measures that were in place are the front doors were locked from 8p to 8am daily. The ED also revealed that the doors cannot be locked from the inside keeping residents from opening the door.</p> <p>The surveyor reviewed the facility's policy titled, "Security" which revealed:</p> <ol style="list-style-type: none"> 1. " that the building is appropriately secured at all times." 2. "The building will be appropriately monitored at all times" 	A 310		
A 749	<p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 749		

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A 749	<p>Continued From page 4</p> <p>Compliant # NJ00161291</p> <p>Based on interview and record review it was determined that the facility failed to ensure that the General Service Plan was updated or revised for 1 of 4 residents reviewed to include interventions to ensure the safety of all residents while on facility grounds. This deficient practice was evidenced by the following:</p> <p>The surveyor interviewed a Licensed Practical Nurse (LPN) on 2/28/2023 who revealed that there was an incident on [redacted] with Resident #2 [redacted] Resident #3's [redacted]</p> <p>The surveyor reviewed Resident #2's closed medical record (MR) which revealed that Resident #2 moved into the facility on [redacted] Resident #2 had [redacted] NJ ex order 26.4b1 [redacted]. Resident #2 MR revealed a facility document titled, "General Service Plan" (GSP) dated [redacted] NJ ex order 26.4b1 [redacted], which was updated on [redacted] NJ ex order 26.4b1 [redacted]. The Resident's GSP revealed that Resident #2 [redacted] NJ ex order 26.4b1 [redacted]</p> <p>The surveyor conducted an interview at 2:30 p.m., with the facility's Executive Director (ED) who revealed that Resident #2 [redacted] NJ ex order 26.4b1 [redacted] Resident #3 [redacted] NJ ex order 26.4b1 [redacted] Resident #3 [redacted] NJ ex order 26.4b1 [redacted]. The ED stated that Resident #2 [redacted] NJ ex order 26.4b1 [redacted] 1:1 [redacted] NJ ex order 26.4b1 [redacted] while [redacted] NJ ex order 26.4b1 [redacted] to not being able to require a staff member to [redacted] NJ ex order 26.4b1 [redacted] Resident #2. The ED</p>	A 749		

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A 749	<p>Continued From page 5</p> <p>revealed that there were NJ ex order 26.4b1 ██████████ Resident #2 to ensure the safety of all residents. ED stated the 1:1 NJ ex order 26.4b1 ██████████</p> <p>██████████ staff to stand outside with Resident #2. The facility's ED also stated that should an incident occur with Resident #2 outside of facility while still on facility property that it would be reported to the local police department. The ED stated that the NJ ex order 26.4b1 Resident #2 and Resident #3 NJ ex order 26.4b1 ██████████</p> <p>The facility failed to ensure that Resident #2's GSP was reviewed and updated to include observation and interventions that ensure resident safety while outside on facility grounds.</p>	A 749		



ALLEGRIA

AT OCEAN GROVE

POC A310:

1. Correction plan of action is extending front desk hours and maintain secured
NJ ex order 26.4b1 resident #3 and NJ ex order 26.4b1 . Resident # 2 NJ ex order 26.4b1
NJ ex order 26.4b1

2. All residents are potentially at risk for safety concerns. Upon admission, security policy is reviewed, and each resident is orientated to best practices for safety including alert pendant use.

3. Correction plan of action is development of job description for this role and appropriate in-servicing. Job Title is Concierge. Additionally, this new role will be responsible for maintaining facility security by monitoring visitor and resident activity for the main entrances 24 hours/7 days a week.

4. The executive director will monitor all corrective actions to ensure that the deficient practice is corrected weekly through audits at level of care conference for the facility. The executive director will review all schedules biweekly to ensure proper staffing. Executive Director will review schedules to be sure that there are no laps in security.

Completion date for POC A310 4/11/23

70 Stockton Avenue
Ocean Grove, NJ 07756

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AllegriaSeniorLiving.com

A Senior Living Community



ALLEGRIA

AT OCEAN GROVE

POC A749:

1. Corrective plan of action is [redacted] NJ ex order 26.4b1 for resident #2 to maintain resident safety interventions outside the facility with 1:1 placement on both parties and notifying local law enforcement for safety interventions. Resident # 2 [redacted] NJ ex order 26.4b1
2. All residents have potential for safety concerns. Any resident to resident altercation will require 1:1 [redacted] NJ ex order 26.4b1
3. Resident's will have safety interventions for resident to resident altercations including placement of 1:1 on all parties pending further investigation which will be reflected in updated GSP. 1:1 is placement of a staff member with assigned resident to provide continuous observation. There will also be an inservice for staff for best practices on security and safety measures.
4. The Director of Nursing will monitor all GSP to accurately reflect any interventions needed for safety and appropriate education for staff every 6 months or as needed with changes. All staff will be inserviced on this plan of correction.

Completion date for POC A749 is 3/23/23

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Ocean Grove, NJ 07756

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 82471	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/3/2023
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 A0749	Correction	ID Prefix _____	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # _____	Completed
LSC _____	04/11/2023	LSC _____	03/23/2023	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 2/28/2023
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO