

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>90138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE WESTAMPTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>480 W. WOODLANE ROAD</b> <b>WESTAMPTON, NJ 08060</b>
---	---

(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 #: NJ 00180358, NJ 00176077</p> <p>CENSUS: 42</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 235	<p>8:36-2.4(d) Licensure Procedures</p> <p>(d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00180358, NJ 00176077</p> <p>Based on interview, medical record review, and</p>	A 235		

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

TITLE

(X6) DATE

01/02/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>90138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE WESTAMPTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>480 W. WOODLANE ROAD</b> <b>WESTAMPTON, NJ 08060</b>
---	---

(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 235	<p>Continued From page 1</p> <p>review of pertinent facility documents, it was determined that the facility failed to provide full access to all resident electronic medical records and pertinent facility documents to surveyors who are representatives of the Department of Health (DOH), to complete investigations of 4 of 4 residents reviewed, Residents #1, #2, #3, and #4. The failure to provide access to necessary and significant information in the residents' electronic medical records and facility documents impeded DOH's investigation process.</p> <p>This deficient practice is evidenced by the following:</p> <p>On 12/10/24, the surveyors conducted a Complaint Survey to investigate two Facility Reportable Events (FREs). At 9:09 a.m., the surveyors interviewed the Health and Wellness Director (HWD) and inquired about the electronic medical record (EMR) system that the facility utilized. The HWD informed the surveyors that the facility used Point Click Care (PCC). The surveyors requested an access to PCC at that time. At 10:00 a.m., the HWD provided the surveyors with login credentials to access PCC.</p> <p>At 10:02 a.m., the surveyors interviewed the Executive Director (ED) and requested the facility's investigation reports related to the two FRE incidents.</p> <p>At 10:18 a.m., the surveyors tried to login to PCC, and were unable to. The surveyors informed the ED who then called the facility's Information Technology (IT) contact for assistance. The ED explained to the surveyors that the IT representative stated that the surveyors had to first login to the company's application, prior to logging in to PCC which the surveyors did.</p>	A 235		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>90138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE WESTAMPTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>480 W. WOODLANE ROAD</b> <b>WESTAMPTON, NJ 08060</b>
---	---

(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 235	<p>Continued From page 2</p> <p>However, the surveyors were still unable to access the PCC application. The ED called their IT again. The IT representative instructed the ED to provide the surveyors with facility-issued devices to provide PCC access to the surveyors. The ED provided two Chromebooks to the surveyors and both surveyors were able to login to PCC on facility-issued Chromebooks.</p> <p>At 10:49 a.m., as Surveyor #1 reviewed Resident #3's electronic medical record (MR). Surveyor #1 noted that Resident #3's MR on PCC, did not include the resident's Service Plan (SP) nor the Progress Notes (PNs) available for review. Surveyor #1 n made the ED aware that information available for surveyors were limited and did not include the resident's SP and PN.</p> <p>At 11:24 a.m., the ED explained to the surveyors that the District Director of Clinical Services (DDCS) instructed her that surveyors were not allowed to have full access to the EMR on PCC. In addition, the ED stated that per DDCS, the ED would sit with the surveyors and navigate the MRs on the ED's computer and that the surveyors could not independently navigate the EMR without the ED's supervision. In addition, the DDCS stated that since the incident investigations were "internal," the surveyors could not be provided or allowed to have access to the facility's investigations.</p> <p>At 11:32 a.m., the ED called the DDCS in the presence of the surveyors. According to the DDCS, the PNs would have everything that the investigation reports contain and would be printed and provided to the surveyors.</p> <p>At 11:54 a.m., the HWD provided the surveyors with a document (in Word Document), which she</p>	A 235		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>90138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE WESTAMPTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>480 W. WOODLANE ROAD</b> <b>WESTAMPTON, NJ 08060</b>
---	---

(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 235	<p>Continued From page 3</p> <p>explained was a copy of the original investigation report. By the completion of the survey, the surveyors were not provided with full access to the EMR nor provided with the facility's original investigation documents.</p> <p>Surveyor #1 reviewed the facility policy dated 8/2022, titled, "Electronic Medical Records - DOC-4" which indicated, "...Authorized State Survey agents, according to the state regulations, may be granted access to the electronic medical records ...."</p> <p>Surveyors were not able to complete the investigation and impeded the DOH's investigative process.</p>	A 235		

POC#2 received  
1/6/25  
Accepted



# BROOKDALE

— SENIOR LIVING SOLUTIONS —

**DEFICIENCY TAG#: A 235**

(d) Survey visits may be made to facility at any time by authorized staff of the Departments. Such visits may include, but not limited to, the review of all facility documents and resident records and conferences with residents.

- HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?
  - On 12/30/2024 and 1/2/2025 the Executive Director (ED) in-serviced all managers on how to give PointClickCare (PCC) access to surveyors. In-service started on 12/30/2024 and was completed with all managers on 1/2/2025.
  - Executive Director (ED) discussed PCC access concern with the Brookdale's regional team and informed the Information Technology (IT) team of PCC access concerns.
- HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?
  - All residents have the potential to be affected.
- WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?
  - On 12/30/2024 and 1/2/2025 the Executive Director (ED) in-serviced all managers on how to give PointClickCare (PCC) access to surveyors. In-service started on 12/30/2024 and was completed with all managers on 1/2/2025.
  - Surveyors will be provided electronic access and access to resident medical records through our ServiceNow Ticket System; Point Click Care – Clinical Access. Facility documents will be provided by the Executive Director (ED), Health and Wellness Director (HWD), and/or designee.
- HOW THE FACILITY WILL MONITOR IT'S CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?
  - Executive Director (ED) and Health and Wellness Director (HWD) to monitor compliance during all NJ Health Surveys.
- COMPLETION DATE: 1/2/2025

Approved by SOI  
1/10/25

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90138	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/13/2025
NAME OF FACILITY BROOKDALE WESTAMPTON	STREET ADDRESS, CITY, STATE, ZIP CODE 480 W. WOODLANE ROAD WESTAMPTON, NJ 08060	

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 A0235	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-2.4(d)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/06/2025	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 12/10/2024		<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		