New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90138	A. BUILDING: ______ B. WING ______	C **07/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WESTAMPTON	**480 W. WOODLANE ROAD** **WESTAMPTON, NJ 08060**

(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: TYPE OF SURVEY: Complaint COMPLAINT#: NJ00163521, NJ00163571, NJ00175627 CENSUS: 41 SAMPLE SIZE: 4 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.	A 000		
A 751	8:36-7.3(b) Resident Assessments and Care Plans (b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00175627	A 751		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/03/24

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A 751	Continued From page 1 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that a Health Service Plan (HSP) was updated with interventions in response to a resident NJ Exec O for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 7/30/2024 at 11:28 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed a move-in date of NJ Exec O with diagnoses that included NJ Exec Order 26 and NJ Exec Order 26.4b1. Upon continued surveyor review of Resident #2's MR, a facility document titled, "Progress Notes" (PNs) was reviewed and revealed the following: 1. On NJ Ex Order 26.4b1, Resident #2 NJ Exe in an attempt to NJ Exec Order 26.4 after a facility staff member acknowledged his/her request and called for assistance. The Director of Health and Wellness (DHW) documented that NJ Exec Order 26.4 and NJ Exec Order 26.4b1 were requested, and approval from insurance was needed. The PN continued to indicate that Resident #2 was encouraged by facility staff to NJ Exec Order 26.4b1 2. On NJ Ex Order 26.4b1, the DHW documented that Resident #2 NJ Exec Order 26.4. The NJ Exec Order 2 occurred at approximately 7:30 a.m., and Resident #2 was NJ Exec Order 26.4b1. At 8:30 a.m., Resident #2 was NJ Exec Order 26.4b1 The DHW indicated she spoke to Resident #2's representative about the need for the family to NJ Exec Order 26.4b1 or for Resident #2 to be transferred to a NJ Exec Order 26.4b1. Continued surveyor review of the PN revealed Resident #2 was encouraged NJ Exec Order 26.4b1 .	A 751		

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A 751	Continued From page 2 3. On [redacted], Resident #2 reported to facility staff that he/she had NJ Exec Order Resident #2's representative NJ Exec Order 26 a hospital evaluation. The PN indicated, "NJ Exec Order 26.4b1 " 4. On NJ Ex Order 26.4b1, the Assistant DHW documented that Resident #2 NJ Exe in the facility's common area. Facility staff also provided Resident #2 with a handbell and educated him/her to alert staff when he/she NJ Exec Order 26.4b1 5. On NJ Ex Order 26.4b1, the Assistant DHW documented that Resident #2 NJ Exe and was noted with NJ Exec Ord which NJ Exec Order 26.4b1 Resident #2 was sent to the hospital for evaluation. The surveyor reviewed a facility document titled, "Personal Service Plan" (PSP), dated NJ Exec Order 26.4b1 which did not include a HSP related to NJ Exec O At 12:52, the surveyor interviewed the facility's DHW who stated that the document PSP included HSPs. During continued surveyor interview with the DHW, the DHW stated that Resident #2's PSP was not updated to contain a HSP related to NJ Exec O because he/she NJ Exec Order 26.4b1 and there was no change in care that Resident #2 required. The facility failed to ensure that the HSP was updated after Resident #2 had NJ Exec Order 26 in NJ Exec, and no interventions were implemented to NJ Exec Order 26.4b1.	A 751		
A 765	8:36-7.4(c)(1) Resident Assessments and Care Plans (c) Written policies and procedures shall be	A 765		

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A 765	Continued From page 3 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: COMPLAINT #: NJ00163571, NJ00175627 Based on interview, and record review, it was determined that the facility's Registered Nurse (RN) failed to reassess residents upon return from hospitalizations to determine the medical needs for 2 of 3 residents, Resident #1 and #2, reviewed for care. This deficient practice was evidenced by the following: 1. On 7/30/2024, at 11:28 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed a move in date of NJ Exec Or with diagnoses that included NJ Exec Order 26 and NJ Exec Order 26.4b1. Continued surveyor review of the MR revealed a facility document titled, "Progress Notes" (PNs), which indicated that Resident #2 was sent to the hospital on NJ Exec Order 26.4b1. The PN's failed to provide documentation which indicated Resident #2 was assessed by the RN upon return from the hospital on NJ Exec Order 26.4b1.	A 765		

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A 765	Continued From page 4	A 765		

2. At 11:58 a.m., the surveyor reviewed Resident #1's closed MR, which revealed a move-in date of NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.

The surveyor reviewed Resident #1's PN's, which indicated Resident #1 was sent to the hospital on NJ Exec Order 26.4b1. Continued review of the PN's revealed that Resident #1 returned to the facility on NJ Exec Order 26.4b1; however, the MR failed to contain documented evidence that an RN assessed Resident #1 upon return from the hospital.

At 12:56 p.m., the surveyor interviewed the Assistant Director of Health and Wellness, who confirmed that there was no documented assessment when Resident #1 or Resident #2 returned from the hospital.

At 1:25 p.m., the surveyor interviewed the Director of Health and Wellness, who stated that if an RN assessment was completed it would be documented in the PN section of the MR.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
90138	A. Building B. Wing	9/9/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WESTAMPTON	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 A0751 Reg. # 8:36-7.3(b) LSC	Correction Completed 09/10/2024	ID Prefix A0765 Reg. # 8:36-7.4(c)(1) LSC	Correction Completed 09/10/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
7/30/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO