

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/04/2025
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NAME OF PROVIDER OR SUPPLIER BROOKDALE WESTAMPTON	STREET ADDRESS, CITY, STATE, ZIP CODE 480 W. WOODLANE ROAD WESTAMPTON, NJ 08060
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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 COMPLAINT #: NJ00182844 CENSUS: 42 SAMPLE SIZE: 3 SURVEY DATE: 02/03/2025 - 02/04/2025</p> <p>The facility is not in substantial compliance with all 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, based on this Complaint Survey.</p> <p>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 Regulation.</p>	A 000		
A 389	<p>8:36-4.1(a)(16) Resident Rights</p> <p>(a) Each assisted living provider shall 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:</p> <p>16. The right to be free from physical and mental abuse and/or neglect;</p>	A 389		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A 389	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: C#1182844 Based on interview, record review, and facility document and policy review, the facility failed to protect 1 (Resident #1) of 3 sampled residents' right to be ^{NJ Exec Order 26.4b1} from ^{NJ Exec Order 26.4b1}. Specifically, NJ Ex Order 26. 4B1.</p> <p>Findings included:</p> <p>A facility policy titled, "NJ [New Jersey] Resident Bill of Rights," revised 06/2007, revealed, "In accordance with this right to dignity and respect, residents are entitled to all the freedom and privileges of any other citizen. The resident also has obligations and responsibilities to the residence, staff, and other residents." Further review revealed, "Each resident is entitled to the following rights:" which include, "16. The right to be free from physical and mental abuse and/or neglect."</p> <p>Resident #1's "Admission Record" indicated the facility admitted the resident on ^{NJ Ex Order 26. 4B1}. According to the Admission Record, the resident had a medical history that included a diagnosis of NJ Ex Order 26. 4B1.</p> <p>A "Reportable Event Record/Report," dated ^{NJ Exec Order 26.4b1}, revealed Resident #1 ^{NJ Ex Order 26. 4B1}. ^{NJ Ex Order 26. 4B1}. The report revealed that at 12:46 PM, local ^{NJ Ex Order 26. 4B1} Resident #1 ^{NJ Exec Or} to the facility. The report revealed Resident #1 did not NJ Exec Order 26.4b1.</p>	A 389		
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A 389	<p>Continued From page 2</p> <p>A "RN [Registered Nurse] Assessment," dated [NJ Exec Order 26.4b1], revealed Resident #1 [NJ Ex Order 26. 4B1]. The assessment revealed the resident stated, " [NJ Ex Order 26. 4B1]."</p> <p>During an interview on 02/03/2025 at 3:15 PM, the Manager on Duty (MOD) stated she had been working at the facility for [NJ Ex Order 26. 4B1]. The MOD stated that at around 11:00 AM, she was informed that a receptionist had to leave for a personal matter. The MOD stated she took over the front desk and about 10 minutes later, three [NJ Exec Order 26.4b1], two interior doors and one exterior door, started to go off. The MOD stated she radioed for someone to check all the doors. The MOD stated a staff member called back and she got a clear, but the [NJ Exec Order 26.4b1] were still blinking. The MOD stated a staff member was showing her the alarm system when another staff member came up and asked if they had [NJ Exec Ord] Resident #1, as [NJ Ex Order 26. 4B1] Resident #1. The MOD stated she retrieved Resident #1's chart and called the Executive Director (ED), who instructed her to call [NJ Ex Or] immediately. The MOD stated staff continued to [NJ Exec Order] the building and the community for Resident #1. The MOD stated the [NJ Ex Order 26. 4B1] Resident #1 [NJ Exec Or] to the facility. The MOD stated the [NJ Ex Order 26. 4B1] did not say what time they [NJ Ex Order 26. 4B1] the resident. The MOD stated that the [NJ Ex Order 26. 4B1] said the resident was found [NJ Ex Order 26. 4B1]. The MOD stated it was [NJ Exec O] that day. The MOD stated Resident #1 was assessed and sent to the [NJ Ex Order 26. 4B1]. The MOD stated she did not believe the resident [NJ Exec Order 26.4b1], but the resident stated they did.</p> <p>During an interview on 02/04/2025 at 10:40 AM, Receptionist #5 stated that (on [NJ Ex Order 26. 4B1]) she</p>	A 389		
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A 389	<p>Continued From page 3</p> <p>had to leave her shift due to a family emergency. Receptionist #5 stated she clocked out at [REDACTED], and she observed Resident #1 in the front common area before she left.</p> <p>The facility "NJ Ex Order 26. 4B1 Investigation" revealed an interview with the MOD dated NJ Ex Order 26. 4B1 at 2:45 PM that indicated a staff member called the MOD at 11:02 AM and stated that they had an emergency and had to leave. The investigation revealed that as the MOD was walking to the front desk, she crossed paths with the staff member that had to leave; they crossed paths in NJ Exec Order 26.4b1. The investigation revealed the MOD arrived at the front desk at "about" 11:05 AM and she called staff on the handheld radio to check all interior doors as she had noticed that the alarms for D Hallway's interior and exterior doors were going off and the E Hallway's interior door. The investigation revealed the MOD stated that NJ Ex Order 26. 4B1." Per the investigation, the MOD had silenced the NJ Exec Order 26. but when she looked at the NJ Exec Order system panel, the lights were still going off. The investigation revealed that "around" 11:45 AM "everyone" was getting ready to go back for lunch when a staff member came to the front desk and asked the MOD about the NJ Exec Order system panel lights still going off. The investigation revealed the MOD explained the reason she believed the lights were still blinking; in the middle of her explanation another staff member came to inform them that they NJ Ex Order 26. 4B1 Resident #1. Per the investigation, the MOD notified the ED, and she was instructed to have all staff start looking in the community and outside for the resident. The investigation revealed the MOD retrieved the resident's chart from the nursing office and called NJ Ex Or. Per the investigation, the</p>	A 389		
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A 389	<p>Continued From page 4</p> <p>resident had on NJ Ex Order 26. 4B1. The investigation revealed that at "about" NJ Ex Order 26. 4B1 the MOD spoke with another resident's family member who stated that they saw Resident #1 in the front entrance at "about" 11:10 AM and thought they were leaving with family. Per the investigation, the MOD stated that the NJ Ex Order 26. 4B1 the resident back at "about" 1:07 PM. The investigation revealed that the NJ Ex Order 26. 4B1 stated the resident was "NJ Ex Order 26. 4B1" located on NJ Ex Order 26. 4B1 and they received a wellness check from people in the area around the initial time the facility called.</p> <p>During an interview on 02/04/2025 at 11:02 AM, the Health and Wellness Director (HWD) confirmed Resident #1 was able to NJ Ex Order 26. 4B1.</p> <p>During an interview on 02/04/2025 at 12:30 PM, the ED confirmed that on NJ Ex Order 26. 4B1, Resident #1 NJ Ex Order 26. 4B1.</p>	A 389		
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**Brookdale Westampton
480 West Woodlane Road
Westampton NJ 08060**

Survey Date- February 4, 2025

A389:36-3.4(a)(1) Administration

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**
Resident #1. No residents found to be affected by the deficient practice.
- **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 by this deficient practice.
- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**
In-service nurses (LPN, RN), Certified Med, and Care Associates (CHHA/CAN) on: Brookdale policy and procedure on "Elopement and Missing Resident" Alzheimer's/Dementia, ED or designee to conduct Elopement Drills, 3rd party providers and visitor's signage will be implemented at the reception desk (Safety measures to prevent resident from leaving the building unattended), and re-training of Care Associates on "Understanding Behavioral Expressions/ Unmet Needs".
- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**
Executive Director, and Health and Wellness Director, or designee to monitor training compliance 1x monthly, then annually and as needed.

COMPLETION DATE: 07/28/2025

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90138 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/7/2025 Y3
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 A0389	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(16)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/07/2022	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 2/4/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90138 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/7/2025 Y3
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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 2/4/2025		<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		