

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R 000	Initial Comments Complaint #: NJ00166408 Census: 19 Sample: 11 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R 016	8:37-1.1(b) Purpose and Scope This chapter is promulgated for the purpose of establishing licensing standards for dementia care homes in the State of New Jersey to ensure that they are maintained and operated in such a manner that will protect the health, safety, and welfare of its residents and at the same time preserve and promote a home-like atmosphere appropriate to such facilities. This STANDARD is not met as evidenced by: Based on interview, observation, and record review it was determined that the facility administration failed to ensure staff certified in Cardio Pulmonary Resuscitation/Automated External Defibrillator (CPR)/AED were scheduled at all times to ensure the safety of residents. This deficient practice was evidenced by the following: During surveyor review of the employee files beginning on 10/7/24 and ending on 10/8/24, the surveyor observed that there were no CPR/AED	R 016		

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

TITLE

(X6) DATE

11/04/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R 016	<p>Continued From page 1</p> <p>certificates in the employee files reviewed. The surveyor then interviewed the Assistant Administrator regarding staff that were CPR certified and she stated "I have never collected CPR information from staff since I have been here." I then inquired how long has that been, to which she replied, I have been here since [REDACTED].</p> <p>The surveyor then observed facility staff calling various employees and asking their CPR status and requesting them to provide that information to the facility. The facility failed to ensure it scheduled staff that were CPR certified for every shift.</p>	R 016		
R 365	<p>8:37-3.1(a)(12) Resident Rights</p> <p>Every resident of a dementia care home shall have the right to: A safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident;</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure the resident right to a safe living environment, for 19 of 19 residents reviewed, for which an Imminent Danger was identified. This deficient practice was evidenced by the following:</p> <p>On 10/7/24 at 10:49 a.m., during tour of the facility kitchenette located on the first floor, the the surveyor observed that there were two open areas of access into the kitchenette. The surveyor observed there were two ropes (theater type) in place; however, only the rope on the right side was latched. The barrier was not sufficient</p>	R 365		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R 365	<p>Continued From page 2</p> <p>enough to prevent the residents from accessing the kitchenette.</p> <p>In addition, the surveyor observed two kitchen cabinet doors beneath a sink that were unlocked. The surveyor opened the cabinet doors, and observed multiple bottles of cleaning chemicals that included the following:</p> <ol style="list-style-type: none"> 1. Zep Disinfectant and Sanitizer Spray that was observed with the cautionary warning, "KEEP OUT OF REACH OF CHILDREN CAUTION." 2. Favor Furniture Polish that was observed with the cautionary warning, "CAUTION CONTENTS UNDER PRESSURE." 3. Liquid Ant 6 bait stations 4. Great Value Automatic Dishwasher Gel that was observed with the cautionary warning, "CAUTION: EYE AND SKIN IRRITANT. HARMFUL IF SWALLOWED OR PUT IN MOUTH. KEEP OUT OF REACH OF CHILDREN..." 5. Ajax Ultra Dish Soap 6. Real Kill Ant and Roach Spray that was observed with the cautionary warning, "KEEP OUT OF REACH OF CHILDREN." 7. Easy-Off Heavy Duty Oven and Grill Cleaner 8. Great Value Furniture Polish that was observed with the cautionary warning, "CAUTION CONTENTS UNDER PRESSURE." <p>During the kitchenette observation, the surveyor observed the Maintenance Director checking the security of the kitchenette barriers and stated to the surveyor that the ropes were always kept in place.</p> <p>On 10/8/24 at 11:00 a.m., the surveyor interviewed the facility Administrator who stated that she was aware of the cleaning supplies</p>	R 365		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R 365	<p>Continued From page 3</p> <p>underneath the sink, and that the staff utilized the supplies to clean the kitchen. The Administrator further stated that the staff kept the area roped off and that the residents never went into the kitchenette area.</p> <p>The surveyor reviewed the facility policy titled, "Maintenance" revised February 1, 2022, which revealed, "It is the responsibility of Alcoeur Gardens to provide for the orderly maintenance of the premises."</p> <p>1. "The storage of objects or materials shall be done in an orderly manner so as not to constitute a health, safety, or fire hazard."</p> <p>Additionally, the surveyor reviewed the facility policy titled, "Resident Rights" revised February 1, 2022, which indicated, "Every resident Alcoeur Gardens shall have the right to: ... 12. A safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident."</p> <p>On 10/8/24 at 10:00 a.m., the surveyor informed the Administrator of the Imminent Danger (ID). The Administrator was presented with the ID template which included information about the concern for the safety of the facility residents.</p> <p>On 10/8/24, the Administrator submitted an acceptable Removal Plan. The Removal Plan was accepted prior to survey exit on 10/8/24.</p>	R 365		
R 608	<p>8:37-5.1(b) Personal Care-Restriction on Health Care Serv</p> <p>A licensed health care professional employed by the licensee or by an outside agency, who is acting within the scope of that person's license,</p>	R 608		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R 608	<p>Continued From page 4</p> <p>may provide health care services to a resident of a dementia care home.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure that all staff that provided care to residents were licensed or certified to perform the work they were hired to perform for 1 of 6 staff who's personnel files were reviewed, Home Health Aide #1 (HHA). This deficient practice was evidenced by the following:</p> <p>References:</p> <p>Pursuant to N.J.S.A. 45:1-7.1(b) Every holder of a professional or occupational license or certificate of registration or certification, issued or renewed by a board specified in section 2 of P.L.1978, c.73 (C.45:1-15), who seeks renewal shall submit a renewal application and pay a renewal fee prior to the date of expiration of the license or certificate of registration or certification. If the holder does not renew the license or certificate prior to its expiration date, the holder may renew it within 30 days of its expiration date by submitting a renewal application and paying a renewal fee and a late fee. During the 30-day period, the license shall be valid and the licensee shall not be deemed practicing without a license. Any professional or occupational license or certificate of registration or certification not renewed within 30 days of its expiration date shall be suspended without a hearing.</p> <p>Pursuant to N.J.S.A. 45:1-7.1(c) Any individual who continues to practice after the 30 days following the expiration date of that individual's license or certificate of registration or certification</p>	R 608		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R 608	<p>Continued From page 5</p> <p>shall be deemed to be engaged in unlicensed practice of the regulated profession or occupation, even if no notice of suspension has been provided to the individual.</p> <p>On 10/7/24 and 10/8/24, the surveyor reviewed the facility personnel files and observed, and reviewed HHA #1's personnel file which indicated a date of hire of [redacted], however, the job description was dated [redacted]. On 10/7/24 at 1:00 p.m., the surveyor inquired as to why the dates were years apart. According to surveyor interview with the Owner, and the Assistant Administrator (AA), the HHA worked for the facility previously, she left employment with the facility and moved to [redacted] she returned to employment in [redacted], and applied for a re-instatement of her HHA certification. The AA further stated that it took over [redacted] for HHA #1 to get re-instated.</p> <p>Post survey, on 10/10/24 the surveyor contacted the New Jersey State Board of Nursing, Division of Consumer Affairs and inquired as to the status of HHA #1's certification. The surveyor was informed that there was an active certification for HHA #1 at that time, however the surveyor was referred to the Office of the Attorney General for additional information requested by the surveyor.</p> <p>On 10/28/24 the surveyor interviewed a staff member from the Office of the Attorney General and they provided the surveyor with the reference information included above and stated that the HHA should have received their re-instatement of their certification prior to working as a HHA. The staff member further stated that HHA #1's certification expired on [redacted] and was re-instated on [redacted].</p> <p>The surveyor observed that HHA #1 was hired</p>	R 608		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R 608	Continued From page 6 and worked at the facility as a HHA on ^{NJ Ex Order 26. 4B} [REDACTED], which is prior to the re-instatement date of ^{NJ Ex Order 26. 4B} [REDACTED].	R 608		
R1304	<p>8:37-7.4(d)(1) Physical Plant-Lighting & Electrical Service</p> <p>An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement to the facility that the electrical circuits and wiring in the facility are satisfactory and in safe condition. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview on 10/07/2024, it was determined that the facility failed to provide electrical inspections.</p> <p>On 10/07/2024 at approximately 9:46 a.m., during the survey entrance, a request was made to the facility Director of Operations and Maintenance Staff (MS) to provide the following mandatory inspections from 01/01/2023 through 10/06/2024 which include the following, Uniform Fire Code Inspections, Fire Alarm and Detection System Inspections, Fire Sprinkler System Inspections, Annual Electrical Inspections and all Emergency Drills (Fire and Disaster drills) for review later.</p>	R1304		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R1304	<p>Continued From page 7</p> <p>At approximately 10:30 a.m., a review of the mandatory inspections was conducted. The surveyor observed no evidence of an annual Electrical Inspection for 2023 or 2024.</p> <p>A request was made to the facility MS to provide any annual Electrical Inspections that had been performed. The MS could not provide any electrical inspections.</p> <p>The Owner and MS were informed of the deficiency during the survey exit on 1/07/2024 at approximately 1:40 p.m., of Resident Safety Hazard.</p>	R1304		
R1592	<p>8:37-7.9(c) Physical Plant-Control of Access</p> <p>All doors providing a means of egress shall be freely openable from the inside at all times.</p> <p>This STANDARD is not met as evidenced by: Based on observation and review of facility provided documentation on 10/07/2024 in the presence of facility management, it was determined that the facility failed to provide 1 of 6 designated exit access/discharge (illuminated exit signs above door) doors with-in the means of egress readily accessible and free of all obstructions or impediments to full instant use in the case of fire or other emergencies.</p> <p>Findings include:</p> <p>On 10/07/2024 at approximately 9:46 a.m., during the survey entrance, a request was made to the facility Director of Operations and Maintenance</p>	R1592		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R1592	<p>Continued From page 8</p> <p>Staff (MS) to provide a copy of the facility lay-out which identifies the various rooms in the facility.</p> <p>A review of the facility provided lay-out identified the facility is a two-story (2) building with basement. There are five (5) designated exit access/ discharge doors (illuminated exit signs above doors) that Resident, Staff and Visitors would use in the event of an emergency to exit the building.</p> <p>Starting at approximately 10:47 a.m., in the presence of the MS a tour of the facility was conducted.</p> <p>Along the tour at approximately 11:23 a.m., the surveyor observed that the exit access door (illuminated exit sign above the door) from the Living room leading to the foyer had a keyed lock door knob on the egress side of the door. The keyed lock door knob on the door could restrict emergency use of the designated exit discharge door.</p> <p>The MS confirmed the findings at the time of the observation.</p> <p>The Owner and MS were informed of the deficiency during the survey exit on 1/07/2024 at approximately 1:40 p.m., of Resident Safety Hazard.</p>	R1592		
R2008	<p>8:37-9.1(a) Dietary-Diet and Menu</p> <p>Every resident shall be provided with an appetizing, nutritionally adequate diet that is of good quality food, served at the proper temperature, correctly prepared, attractively and properly served in sufficient quantity, and in a</p>	R2008		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R2008	<p>Continued From page 9</p> <p>form and texture that will meet his or her nutritional needs, taking into account his or her food preferences.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, it was determined that the facility staff failed to consistently monitor and record food temperatures to ensure meals were served at the proper temperatures which placed 19 out of 19 residents at risk. This deficient practice was evidenced by the following:</p> <p>On 10/7/24 at 10:49 a.m., during tour of the facility kitchenette, the surveyor inquired about the food temperature log. The Certified Medication Aide (CMA) provided the surveyor with the food temperature log dated from 10/1/24 to 10/7/24. The food temperature log did not have food temperatures recorded for the following dates and food items:</p> <p>1) On 10/1/24, breakfast items which included, cheeses omelet and bacon, did not have temperatures listed. In addition, the corn niblets and steamed cabbage served for dinner did not have temperatures recorded.</p> <p>2) On 10/2/24, breakfast items which included, oatmeal with raisins, did not have a temperature listed. In addition, the pasta fagioli served for lunch did not have a temperature recorded.</p> <p>3) On 10/3/24, the flakey biscuits served for breakfast did not have a temperature listed. Lunch items which included, grilled cheese sandwich and cherry pie a la mode, did not have temperatures recorded. In addition, none of the</p>	R2008		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R2008	<p>Continued From page 10</p> <p>dinner items which included, spaghetti, meatballs, and Texas toast had temperatures recorded.</p> <p>4) On 10/4/24, breakfast items which included, oatmeal with banana slices and apple muffins, did not have temperatures listed.</p> <p>5) On 10/5/24, breakfast items which included, English muffin, scrambled egg, and has brown patty, did not have temperatures recorded. The cheesy cream of broccoli soup, egg salad sandwich, and banana pudding served for lunch did not have temperatures listed. Furthermore, the cream of mushroom hamburger, mashed potatoes, buttered carrots, and cherry pie served for dinner did not have temperatures recorded.</p> <p>6) On 10/6/24, the waffles with whipped cream and bacon served for breakfast did not have temperatures recorded. The lunch items which included, Texas ranch potato salad and brownies, did not have temperatures listed. The chicken dijonaise, egg noodles, buttered carrots, and apple pie a la mode served for dinner also did not have temperatures listed.</p> <p>7) On 10/7/24, the English muffin served for breakfast did not have a temperature recorded.</p> <p>On 10/8/24 at 11:08 a.m., the surveyor interviewed the CMA and inquired about the process of checking food temperatures. The CMA explained that the food temperatures should be checked for every meal, and recorded in the food temperature log binder. The CMA further explained that if the food was too hot or too cold, the corrective action should be listed next to the food and temperature on the food temperature log.</p>	R2008		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALCOEUR GARDENS AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755
--	---

(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
R2008	Continued From page 11 The surveyor reviewed the facility policy and procedure titled, "Diet and Menu" dated February 1, 2022, which revealed, " ... Every resident shall be provided with an appetizing, nutritionally adequate diet that is of good quality food, served at the proper temperature, correctly prepared ..."	R2008		



1126 Lakewood Road
Toms River, NJ 08753
Tel: 732.290.2273
Fax: 732.244.2831
www.alcoeurgardens.com

November 4, 2024

ALCOEUR GARDENS PLAN OF CORRECTION

R 016 - 8:37-1.1(b) Purpose and Scope

1. Our D.O.N. (LPN), one **NU CARE USE** aide (CMA/HHA), one **NU CARE USE** aide (CMA/HHA) have obtained their CPR licenses as of October 28, 2024.
2. *All residents have the potential to be affected by this deficient practice.*
3. CPR Certifications for Alcoeur Gardens Employees are being scheduled for our employees and will be obtained by 1/1/2025. All new employees will be required to obtain their CPR certification.
4. During monthly Q&A meetings the D.O.N. and administrative assistant will review the caregiver licenses and certifications.
5. Completion date: January 1, 2025

R 365 8:37-3.1(a)(12) Resident Rights

1. Barrier Ropes were fixed & proper storing of Chemicals was completed on 10/8/2024.
2. *All residents have the potential to be affected by this deficient practice.*
3. Employees were in-serviced on the policy on 10/8/2024 that the barrier ropes MUST be up at all times to ensure the safety of the residents. Employees were in-serviced on the policy on 10/8/2024 for proper storing of all chemicals in the facility. On 10/8/2024 our Maintenance Director installed locks on the cabinets where the chemicals are being stored and all employees were made aware of where the keys are located. Employees will be continuously in-serviced on all policies at Alcoeur Gardens to ensure proper policies and procedures are being followed. Any employee that is found not following the policies and procedures are subject to disciplinary action that outlines an employee's misconduct and the consequences, including possible termination. All new employees will be in-serviced upon hire.
4. During monthly Q&A meetings the maintenance director will review and be responsible for all environmental conditions in the building.
5. Completion date: 10/31/2024

R 608 8:37-5.1 (b) Personal Care-Restriction on Health Care Serv

1. Home Health Aide #1's HHA license is active.
2. *All residents have the potential to be affected by this deficient practice.*
3. The administrative assistant will continue to monitor employees licenses and certifications.
4. During monthly Q&A meetings, the administrative assistant will review all license/certification statuses with management.
5. Completion Date: 10/31/2024

R1304 8:37-7.4(d)(1) Physical Plant-Lighting & Electrical Service

1. Our annual electrical inspection was conducted on October 15, 2024. Inspection report emailed to DOH on Thursday, October 17, 2024 at 1:54 PM - Report included in this POC. The electrical inspection report from February 3, 2023 was obtained from Bayard Electric and a copy was placed in the inspection binder.
2. *All residents have the potential to be affected by this deficient practice.*
3. Bayard Electric will continue to conduct annual electrical inspections at Alcoeur Gardens.
4. During monthly Q&A meetings the maintenance director will review all environmental conditions in the building.
5. Completion Date: 10/31/2024



**1126 Lakewood Road
Toms River, NJ 08753**

Tel: 732.290.2273

Fax: 732.244.2831

www.alcoeurgardens.com

R1592 8:37-7.9(c) Physical Plant-Control of Access

1. On October 7, 2024 our Maintenance Director replaced the keyed door knob with a non-keyed door knob.
2. *All residents have the potential to be affected by this deficient practice.*
3. Employees will be continuously in-serviced on all policies at Alcoeur Gardens to ensure proper policies and procedures are being followed. Any employee that is found not following the policies and procedures are subject to disciplinary action that outlines an employee's misconduct and the consequences, including possible termination. All new employees will be in-serviced upon hire.
6. During monthly Q&A meetings the maintenance director will review all environmental conditions in the building.
7. Completion Date: 10/31/2024

R2008 8:37-9.1(a) Dietary-Diet and Menu

1. Food Temperature Checks were done on each meal. Employees were in-serviced 10/8/2024 on the policy that food temperature logs must be completed at every meal.
2. *All residents have the potential to be affected by this deficient practice.*
3. The Director of Nursing and/or the Housekeeper is monitoring the log book daily to ensure that the temperatures are being logged with no exceptions. Employees will be continuously in-serviced on all policies at Alcoeur Gardens to ensure proper policies and procedures are being followed. Any employee that is found not following the policies and procedures are subject to disciplinary action that outlines an employee's misconduct and the consequences, including possible termination. All new employees will be in-serviced upon hire.
4. During monthly Q&A meetings, the results of the above intervention shall be reviewed and if needed, changed.
5. Completion Date: 10/31/2024

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35000	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/13/2024	Y3
NAME OF FACILITY ALCOEUR GARDENS AT TOMS RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755		

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 R0365	Correction	ID Prefix R2008	Correction	ID Prefix	Correction
Reg. # 8:37-3.1(a)(12)	Completed	Reg. # 8:37-9.1(a)	Completed	Reg. #	Completed
LSC	11/12/2024	LSC	11/12/2024	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 10/8/2024		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35000	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/13/2024	Y3
NAME OF FACILITY ALCOEUR GARDENS AT TOMS RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 1126 ROUTE 166 TOMS RIVER, NJ 08755		

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 <u>R0016</u>	Correction	ID Prefix <u>R0365</u>	Correction	ID Prefix <u>R0608</u>	Correction
Reg. # <u>8:37-1.1(b)</u>	Completed	Reg. # <u>8:37-3.1(a)(12)</u>	Completed	Reg. # <u>8:37-5.1(b)</u>	Completed
LSC _____	11/12/2024	LSC _____	11/12/2024	LSC _____	11/12/2024
ID Prefix <u>R1304</u>	Correction	ID Prefix <u>R1592</u>	Correction	ID Prefix <u>R2008</u>	Correction
Reg. # <u>8:37-7.4(d)(1)</u>	Completed	Reg. # <u>8:37-7.9(c)</u>	Completed	Reg. # <u>8:37-9.1(a)</u>	Completed
LSC _____	11/12/2024	LSC _____	11/12/2024	LSC _____	11/12/2024
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 10/8/2024		<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		