

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/20/2022
NAME OF PROVIDER OR SUPPLIER SERENITY GARDENS AT BRICK, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 320 HERBERTSVILLE ROAD BRICK, NJ 08724		
(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
H 000	Initials Comments Complaint #: NJ 00155259 Census: 13 Sample: 5 The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.	H 000		
H5790	8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00155259 Based on interview and record review, it was determined that the facility failed to retain a completed Universal Transfer Form (UTF) for 2 of 5 residents reviewed who were transferred to the hospital for evaluation, Residents #1 and #4. This deficient practice was evidenced by the following:	H5790		

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

TITLE

(X6) DATE

08/05/22

New Jersey Department of Health

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H5790	Continued From page 1 1. On 7/20/22 at 9:45 a.m., during the entrance conference, the surveyor interviewed the Executive Director (ED) and inquired if there had been incident/accident investigations in the past 3 months. The ED stated that she could recall one incident on [REDACTED] at 2 a.m. in which Resident #1 [REDACTED] his/her [REDACTED] during ambulation while [REDACTED] in the hallway. The ED stated that the Resident #1 complained of [REDACTED] and was sent to the hospital and admitted with a [REDACTED]. The surveyor then requested Resident #1's medical record for review. At 10:30 a.m., the surveyor reviewed Resident #1's medical record and according to the "Face Sheet", the resident was admitted to the facility in [REDACTED] with diagnoses which included [REDACTED]. The surveyor did not observe documented evidence that a copy of the UTF was retained in the resident's medical record when the resident was transferred to the hospital on [REDACTED]. 2. At 11:45 a.m., the surveyor reviewed Resident #4's closed medical record which revealed that the resident was admitted to the facility in [REDACTED] with diagnosis which included [REDACTED]. Surveyor review of the medical record identified that the resident was transferred to the hospital on [REDACTED] due to [REDACTED]. However, there was no documented evidence that a copy of the UTF was retained in the medical record when the resident was transferred out to the hospital. At 12:50 p.m., the surveyor interviewed the ED and requested the UTF for [REDACTED] when the residents were transferred to the	H5790		

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H5790	Continued From page 2 hospital. The ED informed the surveyor that a completed UTF was sent with the resident at the time of transfer and was not aware that a copy needed to be retained in the residents' medical record. The facility failed to retain a copy of the UTF in the residents' medical record when the Residents #1 and #4 were transferred to the hospital on <u>NJ Ex Order 26. 4B1</u> .	H5790			
R 000	Initial Comments Complaint #: NJ 00156259 Census: 13 Sample: 5 THE FACILITY IS 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			

ALCOEUR GARDENS @ BRICK

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Brick Township, NJ 08724
densie@alcoeurgardens.com

PLAN OF CORRECTION for visit on 7/20/2022

H5790 -8.43E-13.4(d) UNIVERSAL TRANSFER FORM: MANDATORY USE OF FORM Completion date - 8/5/2022

1. The Administrator and Registered Nurse have enforced a new policy, procedure, and written in-service training on proper protocol for sending a universal transfer form with a patient as part of their medical record. Each time a resident is sent out of the community a universal transform will be filled out , sent with the resident, and a copy will be kept in the resident's chart. All employees will be made aware of such policy and procedure by completion date of 8/5/2022.

1. All residents have been affected by this deficient practice. Resident #1 was sent safely to the hospital following a NJ Ex Order 26. 4B1 . A universal transfer form was sent with resident #1, but failed to have a copy for their chart. Resident #4 was sent safely to the hospital due to difficulty NJ Ex Order 26. 4B1 . A universal transfer form was sent with resident #4, but failed to have a copy for their chart. All residents not in sample have the potential to be affected by the same deficient practice.

1. A written in-service was given to all employees on proper protocol for sending a resident out for emergencies. Documentation was handed to each employee. Training has been conducted by the LPN in the community for any needed clarification. A new policy has been created for sending residents out of the community with proper universal form and copy of records.

1. The Administrator and Director of Nursing have met with LPN/Charge Nurse to implement a new monitoring procedure following transporting residents out of the community. The charge nurse will assess the residents chart to ensure proper universal transfer form and proper documentation has been done within 24 hours of a resident being sent out. The Director of Nursing will assess falls, transfers and residents charts during her quarterly quality assurance visits in the community. During this time the DON will ensure proper documentation is kept in each resident's chart. The Administrator will retrain any nurse, or aide not following the new policy.

Received 8/5/22
Accepted 8/5/22
W

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/5/2022
NAME OF FACILITY SERENITY GARDENS AT BRICK, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 320 HERBERTSVILLE ROAD BRICK, NJ 08724	

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 H5790	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-13.4(d)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/05/2022	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/20/2022		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			