

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 01/11/2023
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
R 000	Initial Comments Type: Focused Infection Control - COVID-19 Survey Sample: 3 Census: 17 Capacity: 19 A COVID-19 Focused Infection Control Survey was conducted by the State Agency on January 11, 2023. The facility was found not to be in compliance with the New Jersey Administrative Code 8:37 infection control regulations standards for Licensure of Dementia Care Homes and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	R 000		
R 100	8:37-2.3(a) Licensing: Administrator Each dementia care home shall have an administrator who is responsible for the day-to-day operations of the dementia care home. This STANDARD is not met as evidenced by: Based on observations, interviews, and review of facility documents, it was determined that the facility's Administrator failed to employ a Registered Nurse. The facility's Administrator also failed to employ or enter a contract with an Infection Control Preventionist. This deficient practice was identified during a COVID-19 Focused Infection Control survey conducted on 1/10/2023 and 1/11/2023, and was evidence by the following: Reference: N.J.S.A. 26:2H-12.87.3(e)(1)The	R 100		

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

TITLE

(X6) DATE

02/21/23

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 01/11/2023
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R 100	Continued From page 1 department shall require each facility to establish an infection prevention and control committee and assign to the facility's infection prevention and control committee an individual designated as the infection preventionist who is a licensed health care provider and who possesses five years of experience in infection control, or an individual who has successfully completed an online infection prevention course through the federal Centers for Disease Control and Prevention or the American Health Care Association course with a valid certificate therefrom... Reference: N.J.S.A. 26:2H-12.87.3(f)(1) An infection preventionist assigned to a facility's infection prevention and control committee pursuant to subsection e. of this section shall be a managerial employee and... (4) A facility that is unable to hire an infection preventionist on a full-time or part-time basis may contract with an infection preventionist on a consultative basis until February 1, 2022. A facility shall provide notice to the Department of Health, within 60 days after the effective date of P.L.2021, c.190 (C.26:2H-87.3 et al.), if the facility is unable to hire an infection preventionist on a full-time or part-time basis and if the facility has contracted with an infection preventionist on a consultative basis. A facility shall hire an infection preventionist on a full-time or part-time basis after February 1, 2022, except that the Department of Health may waive this requirement if a facility is unable to hire an infection preventionist following the facility's good faith efforts to hire an infection preventionist. At the time of the survey the 12 of the facility's 17 residents were positive for COVID-19.	R 100		

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R 100	Continued From page 2 On 1/10/2023 at 10:36 a.m., during the survey entrance conference, the surveyor interviewed the facility Director of Nursing (DON) in regard to the facility's designated Infection Control Preventionist (ICP). The DON stated the facility did not have a ICP employed at the facility at that time. When questioned about the facility's Registered Nurse (RN), the DON stated the facility did not have a RN or RN oversight. The DON revealed she was a Licensed Professional Nurse (LPN) and that facility had recently hired a RN (RN #1) who had a pending start date. At 10:46 a.m., the facility's Director of Operation (DOO) joined the survey entrance conference and stated the facility hired RN #1 who would also act as the facility's ICP. The DOO stated RN #1 would start her employment when the facility no longer had any NJ Exec Order 26.4b1 residents. The DOO did not provide the surveyor with an exact employment start date for RN #1. At 11:44 a.m., the surveyor interviewed the facility's DON who stated she would reach out to RN #1 to receive RN #1's tentative start date. During continued interview the DON stated the facility did not have RN oversight for the facility's Certified Medication Aide (CMA) program. The DON stated RN #1 will provide CMA oversight once RN #1 began employment at the facility. At 11:56 a.m., the surveyor interviewed the facility's Owner (Owner #1), who stated she became the facility's official owner on NJ Ex Order 26.4(b)(1). Owner #1 also stated the previous owner continued to provide the facility with RN oversight after NJ Ex Order 26.4(b)(1) but was unable to state when the previous owner stopped providing RN services to the facility.	R 100		

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R 100	Continued From page 3 At 11:57 a.m., the surveyor asked the facility's DOO, DON, and Owner #1 who would have provided RN services, such as conducted RN assessments after a resident has had a change in status, the DOO stated, "I guess there's no RN". At 11:58 a.m., Owner #1 stated she would call Owner #2 to inquire about a RN who was employed at the facility through a nursing agency. While on the phone with Owner #2, Owner #1 stated an agency acquired RN was employed at the facility since 12/1/2022. The surveyor requested the agency acquired RN contact information and employee file. At 12:17 p.m., the surveyor conducted a telephonic interview with the facility's agency acquired RN (RN #1) who stated she was had been the facility's "on-call" RN through Owner #2's nursing agency since [NJ Exec Order 20.4B]. During continued surveyor interview, RN #1 then stated she began on-call RN services for the facility on [NJ Exec Order 20.4B]. RN #1 stated the on-call RN duties only included emergency phone calls, such as a resident post fall assessments. At the time of the interview, RN #1 stated she had not provided the facility with CMA delegation oversight, ICP services or conduct any RN assessments. RN #1 stated she was not responsible for CMA delegation, RN admission assessments, or ICP services. RN #1 also stated she was informed that the facility's DOO was also a RN and that the DOO and DON would be responsible for the aforementioned RN tasks. At 1:10 p.m., the surveyor conducted an interview with the facility's DOO who stated she was not a RN. At that time the DOO provided the surveyor	R 100		

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R 100	Continued From page 4 with an unsigned offer letter addressed to RN #1 dated [REDACTED] NJ Exec Order 26.4b1. The DOO also stated that Dementia Care Home facilities are not required to staff an ICP. At 2:00 p.m., the facility's DOO stated that RN #1 was scheduled to begin employment the following day [REDACTED] NJ Exec Order 26.4b1. The DOO stated RN #1 had not began employment at the facility as previously stated. On 1/11/2023, at 2:05 p.m., the surveyor conducted an interview with RN #1, who stated her official date of employment at the facility began on [REDACTED] NJ Exec Order 26.4b1. RN #1 stated she received and signed her job description and offer letter on [REDACTED] NJ Exec Order 26.4b1. RN #1 denied previously receiving a job description or offer letter prior to [REDACTED] NJ Exec Order 26.4b1. RN #1 also stated she was not familiar with CMA delegation and was unsure if she had sufficient ICP credentials. RN #1 was unable to provide surveyor with ICP credentials. At 2:52 p.m., during the survey exit conference the facility's DOO stated RN #1 would be responsible for ICP duties and CMA delegation. On 1/25/2023, a post survey revisit was conducted at the facility. The facility provided the surveyor with the credentials for the facility's Consulting Administrator, RN, and ICP. On 1/25/2023 at 12:20 p.m., the DOO stated RN #1 was no longer employed at the facility and that RN #2 was hired on [REDACTED] NJ Exec Order 26.4b1. The facility did not employ a RN from [REDACTED] NJ Exec Order 26.4b1 to [REDACTED] NJ Exec Order 26.4b1. The facility did not employ a ICP from [REDACTED] NJ Exec Order 26.4b1 to [REDACTED] NJ Exec Order 26.4b1.	R 100		

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R1000	Continued From page 5	R1000		
R1000	8:37-6.2(a)(1) Pharmacy-Administration of Medication Facilities employing certified medication aides to administer medications to residents shall comply with the requirements at N.J.A.C. 8:36-11.5. This STANDARD is not met as evidenced by: Based on observations, interviews, and review of facility documents, it was determined that the facility's Administrator failed to employ a Registered Nurse to provide delegation and oversight to the facility's Certified Medication Aides. This deficient practice was identified during a NJ Ex Order 28.4(b)(1) Focused Infection Control survey conducted on 1/10/2023 and 1/11/2023, and was evidence by the following: On 1/10/2023 at 10:36 a.m., during the survey entrance conference, the facility Director of Nursing (DON) who is a Licensed Practical Nurse stated the facility did not have a RN at that time. The DON stated the facility recently hired an RN (RN #1) who had a pending start date. At 11:44 a.m., the surveyor interviewed the DON who stated at time of the survey, the facility employed 4 Certified Medication Aides (CMA). The DON also stated the facility did not have a RN to delegate and provide oversight to the facility's CMAs. The DON stated she was providing oversight at the time of the survey. At 12:17 p.m., the surveyor conducted a telephonic interview with RN #1 who stated she was had been the facility's "on-call" RN through the facility's Owner, Owner #2's nursing agency	R1000		

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R1000	Continued From page 6 since [NJ Exec Order 26.461]. During continued surveyor interview, RN #1 stated she began on-call RN services for the facility on [NJ Exec Order 26.461]. RN #1 then stated the on-call RN duties only included emergency phone calls, such as a resident post fall assessments. At the time of the interview, RN #1 stated she had not provided the facility with CMA delegation nor was she responsible for CMA delegation. RN #1 stated she was informed that the facility's DOO was also a RN and that the DOO and DON would be responsible for CMA delegation. On 1/11/2023 at 2:05 p.m., RN #1 stated she was not familiar with CMA delegation. The surveyor reviewed the facility's policy and procedure titled, "Serenity Gardens at Brick ...CMA Delegation" which revealed, "POLICY: The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse. (b) The registered professional nurse may choose to delegate the task of administering medication in accordance with 13:37-6.2 to certified medication aides, as defined in this chapter ... PROCEDURES: 10. The certified medication aide shall contact the registered professional nurse for any questions or clarification regarding medication administration. 11. The delegating nurse shall review with the certified medication aide medication actions and untoward effects for each drug to be administered. Pertinent information about medications' adverse effects, side effects, contraindications, and potential interactions shall be incorporated into the plan of care for each	R1000		

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R1000	Continued From page 7 resident, with interventions to be implemented by the personal care. 12. At least weekly, a registered professional nurse shall review and sign off on any modifications or additions to the MAR [Medication Administration Records] that were made by the certified medication aide under the registered professional nurse's delegation ..." On 1/25/2023, a post survey revisit was conducted at the facility. The facility provided the surveyor with the credentials for the facility's RN. On 1/25/2023 at 12:20 p.m., the DOO stated RN #1 was no longer employed at the facility and that RN #2 was hired on NJ Exec Order 20-401. At 12:33, the surveyor interviewed RN #2 who was able to provide the surveyor with the facility's updated CMA Delegation Manual and the facility's updated CMA Policy and Procedure. The facility did not employ a RN to provide RN CMA Delegation and oversight from 12/1/2022 to 1/11/2023.	R1000			



320 Herbertsville Rd, Brick, NJ 08724
Phone: 732-840-0941

PLAN OF CORRECTION for COVID Visit January 10-11, 2023

R100

8:37-2.3(a) - Administrator

Completion date: January 13, 2023

1. The administrator, who is responsible for the day-to-day operations of the dementia care home has hired a Registered Nurse who will provide oversight and delegation to the Certified Medication Aide Program.
2. All Residents have been affected by this deficient practice. All Residents not in this sample have the potential to be affected by the same deficient practice.
3. The Registered Nurse will:
 - a. conduct observations on all Certified Medication Aides both new and seasoned
 - b. review narcotic usage every 7 days
 - c. review each MAR every 7 days to ensure all medications given have been signed for and sign off on any modifications or additions to the MAR
 - d. train all CMA's on new drug monographs
 - e. delegate the task of administering medication in accordance with 13:37-6.2 to certified medication aides
4. Administrator has met with the Registered Nurse to confer on a monitoring schedule for CMA Program compliance. Administrator will review all audits that have been completed by Registered Nurse on a weekly basis to review the CMA Compliance Program



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PLAN OF CORRECTION for COVID Visit January 10-11, 2023

R100

8:37-2.3(a) - Administrator

Completion date: January 18, 2023

1. The administrator, who is responsible for the day-to-day operations of the dementia care home, has hired an ICP consultant to monitor and advise on infection control compliance.
2. All Residents have been affected by this deficient practice. All Residents not in this sample have the potential to be affected by the same deficient practice.
3. The Infection Control Preventionist shall be responsible for:
 - a. contributing to the development of policies, procedures and a training curriculum for staff based on best practices and clinical expertise
 - b. monitoring the implementation of infection prevention and control program by conducting internal quality improvement audits
 - c. directly training all employees in infection prevention at such intervals as determined to be necessary
 - d. assessing the facilities infection prevention and control program by conducting internal quality improvement audits.
 - e. the ICP will report directly to the administrator
4. Administrator will meet with the ICP consultant on a quarterly basis to review infection control compliance. ICP consultant will email results of random audits to the Administrator when they occur.



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PLAN OF CORRECTION for COVID Visit January 10-11, 2023

R100

NJSA 26:2H-12.87.3(e)(1) - Infection Prevention and Control Committee

Completion date: February 7, 2023

1. The Administrator has established an Infection Prevention and Control Committee.
2. All residents have been affected by this deficient practice. All residents not in the sample have the potential to be affected by the same deficient practice.
3. The committee shall discuss infection control protocols:
 - a. for isolating and cohorting infected and at-risk residents in the event of an outbreak of a contagious disease until the cessation of the outbreak.
 - b. availability of PPE supplies
 - c. strategy for securing more staff in the event of an outbreak
 - d. for reporting outbreaks to public health officials
 - e. for notifying residents families and staff in the event of an outbreak
4. Infection Control and Prevention Committee will meet quarterly. The first Quarterly meeting was held on February 7, 2023. Committee members include the Administrator, Registered Nurse, Licensed Practical Nurse, Infection Control Preventionist and one or more owners of the company. Minutes from the meeting will be kept by the administrator.



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PLAN OF CORRECTION for COVID Visit January 10-11, 2023

R100

NJAC 8:37-2.3 - Administrator

Completion date: February 2, 2023

1. The administrator, who is responsible for the day-to-day operations of the dementia care home, hired a consultant administrator to bring the facility into compliance.
2. All residents have been affected by this deficient practice. All residents not in the sample have the potential to be affected by the same deficient practice.
3. The consulting administrator will:
 - a. assess the facility's compliance applicable to state licensing standards
 - b. oversee the development, implementation and evaluation of corrective action plans
 - c. develop and implement management systems at the facility
 - d. collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements
 - e. ensure staff training needed is performed
 - f. monitor all departments to ensure policies and procedures are being followed to ensure timely corrective measures are being implemented
4. The consulting administrator will meet with the current administrator at least three times weekly to discuss the progress of bringing the building into compliance. He will review the qualifications of potential ICP consultant and RN prior to hiring.



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PLAN OF CORRECTION for COVID Visit January 10-11, 2023

R100

Infection Prevention

Completion date: January 22, 2023

1. All staff and visitors are being screened before entering the facility. Such screening processes include temperature checks and COVID-19 symptom questionnaires. All new admissions and readmissions are quarantined and will continue to be quarantined in accordance with CDC guidelines to reduce the risks of infection.
2. All residents have been affected by this deficient practice. All residents not in the sample have the potential to be affected by the same deficient practice.
3. All employees have been trained and re-educated on the following topics between January 18, 2023 thru January 22, 2023:
 - a. Proper use and disposal of gloves
 - b. Proper handwashing and implementation
 - c. needs.
 - d. Cleaning and disinfecting the facility
 - e. Basics on Infection Control
 - f. Bloodborne pathogens
 - g. Proper use of PPE donning and doffing
 - h. Proper mask fitting for N95 masks and the proper way to wear them
 - i. Proper signage for isolation rooms

Since the visit on 1/11/23, isolation carts have been completely stocked and prepared for the next outbreak of an infectious disease. One cart has been located on each floor for immediate use.

Daily rounds are being made by the administrator and the Wellness Director to ensure all employees are in compliance with PPE and are wearing their face mask properly to reduce the risk of infection.

It is the responsibility of the Director of Wellness and The Administrator to notify the IPC consultant when a resident has a new diagnosis of COVID or the flu. The ICP consultant will then advise on the next steps in isolation needs.

The front main entrance is the only entrance continuing to be used to ensure proper screening is done to reduce the risk of infection. The Wellness Director, Registered Nurse and Administrator are continuing to make daily rounds to ensure proper use of PPE and infection control. Audit findings will be reported at the quarterly Infection Control Meetings. An ICP consultant has been hired to monitor and advise infection control compliance on a monthly basis.

4. The wellness director and the administrator will meet with the ICP consultant on a monthly basis to review infection control compliance.



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PLAN OF CORRECTION for COVID Visit January 10-11, 2023

R100

NJAC 8:36-11.5 - CMA Program

Completion date: January 26, 2023

1. A Registered Nurse was hired on January 13, 2023. The RN provided her NJ Department of Consumer Affairs license and her current Train the Trainer Certificate which allows her to perform CMA observations, delegate and provide oversight to the CMA program.
2. All Residents have been affected by this deficient practice. All Residents not in the sample have the potential to be affected by the same deficient practice.
3. With the notification of the CMA Program curtailment on January 11, 2023, CMA's were immediately removed from administering medications. LPN's only passed medications until the curtailment was lifted on January 26, 2023. CMA's resumed administering medications January 26, 2023, on the evening shift.

The Registered Nurse will continue to delegate and provide oversight of the CMA program.

4. The RN will continuously oversee the CMA program by conducting quarterly competency observations on established CMA's. New hire CMA observations will be based on the CMA regulations. The RN will delegate new medications as they are prescribed. The Administrator will monitor the corrective action monthly to ensure this does not happen again. The CMA program will comply with the requirements of NJAC 8:36-11.5.



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PLAN OF CORRECTION for COVID Visit January 10-11, 2023

R1000

NJAC 8:36-11.5 - CMA Program

Completion date: January 26, 2023

1. The Registered Nurse began reviewing policies and procedures in accordance with NJAC 13:37-6.2, 8:36-11.4 and 8:35-11.5(a) (b). The Registered Nurse will ensure medication administration remains within the scope of practice of qualified personnel.
2. All residents have been affected by this deficient practice. All residents not in the sample have the potential to be affected by the same deficient practice.
3. RN has in-serviced all CMA's on the proper delegation of tasks regarding medication administration. The Registered Nurse is available at all times to answer questions or clarify concerns regarding medication administration. Certified Medication Aide observations will be completed by a RN who has attended the Train the Trainer program as dictated by the regulations.
4. The RN and administrator will continue to ensure all policies and procedures related to medication administration by a CMA are in accordance with 13:37-6.2. The administrator will ensure this corrective action will be ongoing. The Registered Nurse will take full responsibility of the CMA program. Policies and Procedures pertaining to the CMA Program will be reviewed annually and on going.



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PLAN OF CORRECTION for COVID Visit January 10-11, 2023

R1000

NJAC 8:36-11.5 - CMA Program

Completion date: January 26, 2023

1. The Registered Nurse reviewed and updated policies and procedures regarding the delegating nurse (RN) reviewing medication actions and untoward effects for each drug to be administered with the certified medication aides.
2. All residents have been affected by this deficient practice. All residents not in the sample have the potential to be affected by the same deficient practice.
3. The Delegation/Monograph binder has been reviewed and updated. Drug monographs were requested from the pharmacy for each medication for each resident. They were separated by room number and placed in a binder. The Registered Nurse and each CMA signed off on a delegation form for each monograph. If a new medication is prescribed, the pharmacy will send a monograph with the medication. A delegation form for the new medication will be established by the LPN who received the medication. The RN and CMA are both responsible to sign the delegation form. This states the medication has been delegated to the CMA. The CMA will notify the RN when a new medication has arrived in the building prior to administering the initial dose. All medications will be reconciled with the monograph binder ensuring all monographs have been received.
4. The Administrator/Registered Nurse will ensure all policies and procedures remain in place regarding regulation 8:36-11.5 (5). The Administration will complete monthly checks to ensure proper RN delegation is being performed to ensure compliance.



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PLAN OF CORRECTION for COVID Visit January 10-11, 2023

R1000

NJAC 8:36-11.5 - CMA Program

Completion date: January 26, 2023

1. The Registered Nurse will oversee the CMA delegation for medication administration.
2. All residents have been affected by this deficient practice. All residents not in the sample have the potential to be affected by the same deficient practice.
3. The RN will review the Medication Administration Record weekly to sign off on any modifications or additions made. The RN will also be notified when a new medication arrives in the facility prior to the initial dose being administered.
4. The administrator will complete monthly checks to the MAR to ensure RN is completing her tasks weekly to stay in compliance with 8:36-11.5 (6).

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/27/2023
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 R0100	Correction	ID Prefix R1000	Correction	ID Prefix	Correction
Reg. # 8:37-2.3(a)	Completed	Reg. # 8:37-6.2(a)(1)	Completed	Reg. #	Completed
LSC	01/18/2023	LSC	01/13/2023	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	
REVIEWED BY CMS RO ☐		REVIEWED BY (INITIALS)		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 1/11/2023		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			