

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>sipfep</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE ECHELON LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>207 LAUREL ROAD</b> <b>VOORHEES, NJ 08043</b>
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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</p> <p>Complaint #: NJ00175460</p> <p>Census: 108</p> <p>Sample Size: 3</p> <p>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.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: NJ00175460</p> <p>Based on interview and record review it was determined that the facility failed to follow and implement its policy and procedure titled, "Documentation Policy" to show that the Registered Nurse (RN) and Physician were notified of the resident's transfer to the hospital for pain management for 1 of 3 residents reviewed, Resident #2 as evidenced by the following:</p> <p>On 7/16/24 at 10:45 a.m., the surveyor reviewed Resident #2's Medical Record which revealed that on [redacted] at 12:58 a.m., a Licensed Practical Nurse (LPN) documented in the "Progress Notes" (PN) that the resident [redacted] by [redacted] Emergency Services (911) NJ ex order 26.4b1 [redacted]. There was no documented evidence that indicated the Registered Nurse (RN) and the resident's Physician were notified.</p> <p>At 12:25 p.m., the surveyor interviewed the Regional RN regarding Resident #2's [redacted] and documentation in the MR. The RN stated that he was notified of the [redacted] and acknowledged that the above should have been documented in the MR.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Documentation Policy" which revealed "Documentation is completed on a</p>	A 310		

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A 310	Continued From page 2  documentation by exception basis. Documentation of exceptions in care and services provided may include events such as ...change in condition, unexpected clinical outcomes, physician/healthcare provider and responsible party notification ...and may be documented in detail in the Resident ...Progress Notes. ..."  Reference: 8:36-15.6(b)	A 310		
A1073	8:36-15.6(b) Resident Records  (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00175460  Based on interview and record review it was determined that the facility failed to ensure that the Registered Nurse (RN) and Physician notification were documented in a resident's Medical Record (MR) when the resident [redacted] for 1 of 3 residents, Resident #2 as evidenced by the following:  On 7/16/24 at 10:45 a.m., the surveyor reviewed	A1073		

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A1073	<p>Continued From page 3</p> <p>the closed MR of Resident #2 which revealed the resident moved into the facility in [redacted] NJ ex order 26.4b1 and moved out in [redacted] NJ ex order 26.4b1 with diagnoses of [redacted] NJ ex order 26.4b1. According to the "Resident Health Care Plan" dated [redacted] NJ ex order 26.4b1, the resident was [redacted] NJ ex order 26.4b1 to [redacted] NJ ex order 26.4b1.</p> <p>Surveyor review of the resident's MR revealed that on [redacted] NJ ex order 26.4b1 at 12:58 a.m., a Licensed Practical Nurse (LPN) documented in the "Progress Notes" (PN) that the resident [redacted] NJ ex order 26.4b1 by [redacted] NJ ex order 26.4b1 as [redacted] NJ ex order 26.4b1. There was no documentation observed in the MR to confirm that the RN and the resident's Physician were notified.</p> <p>At 12:25 p.m., the surveyor interviewed the Regional RN regarding Resident #2's [redacted] NJ ex order 26.4b1 and documentation in the MR. The RN stated that he was notified of the [redacted] NJ ex order 26.4b1 and acknowledged that the above should have been documented in the MR. The surveyor then requested a copy of the facility documentation policy for review.</p> <p>At 1:00 p.m., the surveyor interviewed the LPN via telephone regarding her [redacted] NJ ex order 26.4b1 documentation in the PN, where the resident was [redacted] NJ ex order 26.4b1. The LPN stated that on [redacted] NJ ex order 26.4b1 the [redacted] NJ ex order 26.4b1. In addition, the LPN explained that she notified the facility RNs, the Nurse Practitioner, and the Executive Director (ED) that the resident [redacted] NJ ex order 26.4b1 but did not document the notification in the MR.</p>	A1073		
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A1073	<p>Continued From page 4</p> <p>At 3:00 p.m., the surveyor interviewed the ED and the Health and Wellness Director/RN regarding Resident #2's <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>. The ED and the RN both confirmed that the LPN notified them via telephone call of the resident's <b>NJ ex order 26.4b1</b> on <b>NJ ex order 26.4b1</b></p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Documentation Policy" which revealed "Documentation is completed on a documentation by exception basis. Documentation of exceptions in care and services provided may include events such as ...change in condition, unexpected clinical outcomes, physician/healthcare provider and responsible party notification ...and may be documented in detail in the Resident ...Progress Notes. ..."</p>	A1073		

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{A 000}	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ00175460</p> <p>Census: 108</p> <p>Sample Size: 3</p> <p>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.</p>	{A 000}		

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

TITLE

(X6) DATE

08/25/24



**Brookdale Echelon Lake  
207 Laurel Road  
Voorhees, NJ 08043**

**Survey Date- July 16, 2024**

**A 310 8:36-3.4(a)(1) Administration**

**• HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

Resident #2- record is closed due to resident being [redacted] HWD -Health and Wellness Director and designee inserviced all RN staff, LPN staff and Medication Technicians on 8/22/2024 regarding the documentation policy and processes of RN/Physician notification. Discussed timely notification to Physician/Nurse practitioner/responsible parties as well.

**• 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. The documentation policy has been reviewed. The HWD- Health and Wellness Director or designee will review follow up items daily stand up and will indicate at that time that RN/Physician notification has been documented in the medical records of residents.

**• WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

All RN staff, LPN staff and Medication Technicians staff will be in-serviced on documentation policy and processes of RN/Physician notification. HWD or designee will cross reference the 24 hour report concerns with resident records during stand up meetings to confirm that RN/Physician notification has occurred in the medical records of residents.

**• HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

HWD -Health and Wellness Director or designee will audit and monitor documentation compliance 5 days weekly x 1 month, then monthly, and finally quarterly.

*accepted 8/28/24*

**COMPLETION DATE: 08/23/2024**

**A1073 8:36-15.6(b) Resident Records**

**• HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

Resident #2- record is closed due to resident being [redacted] HWD -Health and Wellness Director or designee inserviced all RN staff, LPN staff and Medication Technicians on 8/22/2024 regarding documentation policy and processes of RN/Physician notification.

**• 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. The documentation policy has been reviewed. The HWD- Health and Wellness Director or designee will review follow up items daily stand up and will indicate at that time that RN/Physician notification has been documented in the medical records of residents.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

All RN staff, LPN staff and Medication Technicians were in-serviced on 8/22/2024 on documentation policy and processes of RN/Physician notification. HWD or designee will cross reference the 24 hour report concerns with resident records during stand up meetings to confirm that RN/Physician notification has occurred in the medical records of residents.

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

HWD -Health and Wellness Director or designee to audit and monitor documentation compliance 5 days weekly x 1 month then monthly and finally quarterly.

**COMPLETION DATE: 08/23/2024**

*accepted  
8/28/24*

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER sipfep <span style="float:right">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/16/2024 <span style="float:right">Y3</span>
NAME OF FACILITY BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043	

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 A0310	Correction	ID Prefix A1073	Correction	ID Prefix _____	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. # _____	Completed
LSC _____	08/23/2024	LSC _____	08/23/2024	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 7/16/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO